

**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: Northwest Community Hospital Cancer and Neurosciences Center                        |                        |                            |
| Street Address: Between existing Northwest Community Hospital and West Kirchhoff Road (see PIN #s) |                        |                            |
| City and Zip Code: Arlington Heights 60005                                                         |                        |                            |
| County: Cook                                                                                       | Health Service Area: 7 | Health Planning Area: A-07 |

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

|                                                             |
|-------------------------------------------------------------|
| Exact Legal Name: Northwest Community Hospital              |
| Street Address: 800 Central Road                            |
| City and Zip Code: Arlington Heights 60005                  |
| Name of Registered Agent: Shivani Bautista                  |
| Registered Agent Street Address: 800 West Central Road      |
| Registered Agent City and Zip Code: Arlington Heights 60005 |
| Name of Chief Executive Officer: David Rahija               |
| CEO Street Address: 800 W. Central Road                     |
| CEO City and Zip Code: Arlington Heights 60005              |
| CEO Telephone Number: 847-618-5005                          |

**Type of Ownership of Applicants**

- |                                                            |                                              |                                |
|------------------------------------------------------------|----------------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership         |                                |
| <input type="checkbox"/> For-profit Corporation            | <input type="checkbox"/> Governmental        |                                |
| <input type="checkbox"/> Limited Liability Company         | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |
- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
  - Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

**APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Primary Contact** [Person to receive ALL correspondence or inquiries]

|                                                                                  |
|----------------------------------------------------------------------------------|
| Name: Kara M. Friedman                                                           |
| Title: Attorney                                                                  |
| Company Name: Aronberg Goldgehn Davis & Garmisa                                  |
| Address: 225 W. Washington St. Suite 2800 Chicago, IL 60606                      |
| Telephone Number: 312-828-9600                                                   |
| E-mail Address: <a href="mailto:kfriedman@agdqlaw.com">kfriedman@agdqlaw.com</a> |

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

|                                                                                        |
|----------------------------------------------------------------------------------------|
| Name: Shivani Bautista                                                                 |
| Title: Chief Legal Officer                                                             |
| Company Name: Endeavor Health                                                          |
| Address: 1301 Central Street, Evanston, IL 60201                                       |
| Telephone Number: 847-570-5230                                                         |
| E-mail Address: <a href="mailto:sbautista@northshore.org">sbautista@northshore.org</a> |

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| City and Zip Code: Arlington Heights 60005                                                         |                        |                            |
| County: Cook                                                                                       | Health Service Area: 7 | Health Planning Area: A-07 |

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

|                                                      |
|------------------------------------------------------|
| Exact Legal Name: Endeavor Health                    |
| Street Address: 1301 Central St.                     |
| City and Zip Code: Evanston 60201                    |
| Name of Registered Agent: Shivani Bautista           |
| Registered Agent Street Address: 1301 Central St.    |
| Registered Agent City and Zip Code: Evanston 60201   |
| Name of Chief Executive Officer: Gerald P. Gallagher |
| CEO Street Address: 1301 Central St.                 |
| CEO City and Zip Code: Evanston 60201                |
| CEO Telephone Number: 847-570-2000                   |

**Type of Ownership of Applicants**

- |                                                            |                                              |                                |
|------------------------------------------------------------|----------------------------------------------|--------------------------------|
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| Title: Chief Legal Officer                                                             |
| Company Name: Endeavor Health                                                          |
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| Telephone Number: 847-570-5230                                                         |
| E-mail Address: <a href="mailto:sbautista@northshore.org">sbautista@northshore.org</a> |

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| County: Cook                                                                                       | Health Service Area: 7 | Health Planning Area: A-07 |

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

|                                                                |
|----------------------------------------------------------------|
| Exact Legal Name: Swedish Covenant Health dba Swedish Hospital |
| Street Address: 5145 N. California Ave.                        |
| City and Zip Code: Chicago 60625                               |
| Name of Registered Agent: Shivani Bautista                     |
| Registered Agent Street Address: 5145 N. California Ave.       |
| Registered Agent City and Zip Code: Chicago 60625              |
| Name of Chief Executive Officer: Gerald P. Gallagher           |
| CEO Street Address: 1301 Central St.                           |
| CEO City and Zip Code: Evanston 60201                          |
| CEO Telephone Number: 847-570-2000                             |

**Type of Ownership of Applicants**

- |                                                            |                                              |                                |
|------------------------------------------------------------|----------------------------------------------|--------------------------------|
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| Name: Shivani Bautista                                                                 |
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| Company Name: Endeavor Health                                                          |
| Address: 1301 Central Street, Evanston, IL 60201                                       |
| Telephone Number: 847-570-5230                                                         |
| E-mail Address: <a href="mailto:sbautista@northshore.org">sbautista@northshore.org</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: Cheryl Eck                                                                                 |
| Title: Vice President, Strategy, Community & Government Relations                                |
| Company Name: Endeavor Health                                                                    |
| Address: 4201 Winfield Road; Warrenville, IL 60555                                               |
| Telephone Number: 331-221-3478                                                                   |
| E-mail Address: <a href="mailto:Cheryl.eck@endeavorhealth.org">Cheryl.eck@endeavorhealth.org</a> |

### Site Ownership

[Provide this information for each applicable site]

|                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Exact Legal Name of Site Owner: Northwest Community Hospital                                                                                                                                                                                                                                                    |
| Address of Site Owner: 800 W. Central Rd. Arlington Heights, IL 60005                                                                                                                                                                                                                                           |
| Street Address or Legal Description of the Site:<br>Between existing Northwest Community Hospital and West Kirchhoff Road<br>PIN #s: <ul style="list-style-type: none"><li>• 03-31-301-101</li><li>• 03-31-414-001</li><li>• 03-31-414-080</li><li>• 03-31-301-114</li></ul>                                    |
| <b>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.</b> |
| <b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>                                                                                                                                                                                           |

### Operating Identity/Licensee

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |                                      |                                                 |                                       |                                                    |                                              |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------|-------------------------------------------------|---------------------------------------|----------------------------------------------------|----------------------------------------------|--------------------------------|
| Exact Legal Name: Northwest Community Hospital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |                                      |                                                 |                                       |                                                    |                                              |                                |
| Address: 800 W. Central Rd. Arlington Heights, IL 60005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                      |                                                 |                                       |                                                    |                                              |                                |
| <table><tr><td><input checked="" type="checkbox"/> Non-profit Corporation</td><td><input type="checkbox"/> Partnership</td></tr><tr><td><input type="checkbox"/> For-profit Corporation</td><td><input type="checkbox"/> Governmental</td></tr><tr><td><input type="checkbox"/> Limited Liability Company</td><td><input type="checkbox"/> Sole Proprietorship</td><td><input type="checkbox"/> Other</td></tr></table> <ul style="list-style-type: none"><li>○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li><li>○ 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.</li><li>○ <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li></ul> | <input checked="" type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |
| <input 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       |                                                 |                                       |                                                    |                                              |                                |
| <b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                      |                                                 |                                       |                                                    |                                              |                                |

### 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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://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.

Endeavor Health proposes to build a new three-story building, Northwest Community Hospital cancer and neurosciences center, on the Northwest Community Hospital ("NCH") campus. No Category of Service will be housed in the new building.

The new cancer and neurosciences center will be attached to the main Northwest Community Hospital building between that building and West Kirchhoff Road (see PIN #s). The following is a stacking summary of the planned building as anticipated at the current time.

- **First Floor (42,463 gsf):** Radiation oncology and neurosciences programs.
- **Second Floor (32,806 gsf):** Medical oncology services. It will be occupied by the cancer institute of Swedish Hospital and part of Endeavor Health (and a co-applicant to this CON permit application).
- **Third Floor (28,795 gsf):** Shelled space for future expansion of other campus services as further described in this CON application.

A connecting walkway (bridge) will also be constructed to allow inpatients receiving radiation therapy services along with staff and visitors to access the building from the main hospital building.

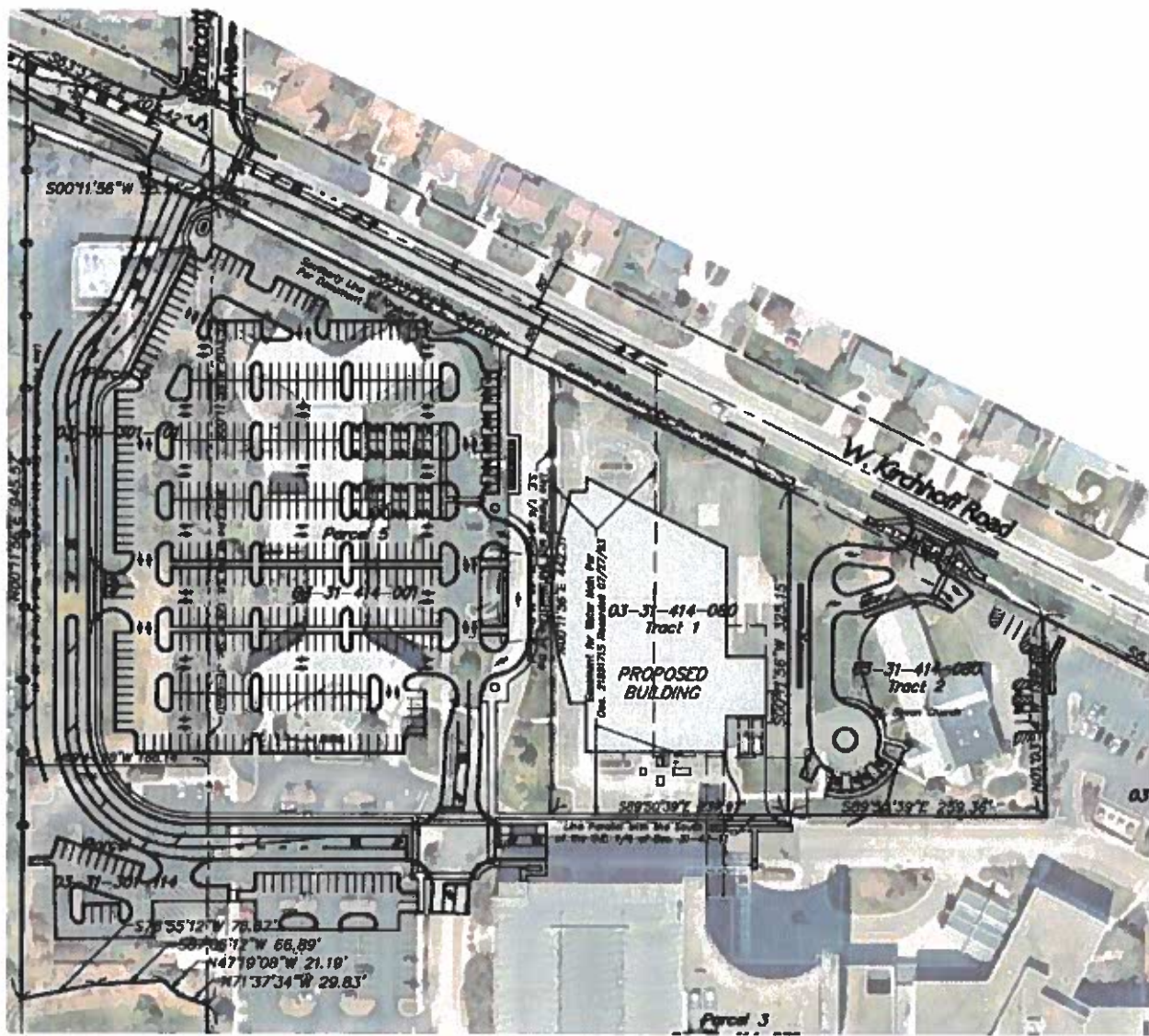
The project's total square footage is 104,064. The total cost of the project is \$175,203,169 with an anticipated completion date of December 31, 2029.

The project is classified as non-substantive as it does not establish a new Category of Service or health care facility as defined by 20 ILCS 3690/3.

## **Rendering**



## Site Plan



## 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                                                                                                                                     | \$270,869           | \$3,372,437          | \$3,643,305          |
| Site Survey and Soil Investigation                                                                                                                    | \$116,864           | \$0                  | \$116,864            |
| Site Preparation                                                                                                                                      | \$249,065           | \$5,147,618          | \$5,396,683          |
| Off Site Work                                                                                                                                         | \$0                 | \$0                  | \$0                  |
| New Construction Contracts                                                                                                                            | \$6,835,734         | \$70,463,543         | \$77,299,277         |
| Modernization Contracts                                                                                                                               | \$0                 | \$0                  | \$0                  |
| Contingencies                                                                                                                                         | \$683,285           | \$6,936,509          | \$7,619,794          |
| Architectural/Engineering Fees                                                                                                                        | \$498,785           | \$4,863,822          | \$5,362,607          |
| Consulting and Other Fees                                                                                                                             | \$557,217           | \$6,007,511          | \$6,564,728          |
| Movable or Other Equipment (not in construction contracts)                                                                                            | \$9,796,582         | \$7,742,250          | \$17,538,832         |
| Bond Issuance Expense (project related)                                                                                                               | \$551,297           | \$2,623,774          | \$3,175,071          |
| Net Interest Expense During Construction (project related)                                                                                            | \$1,653,889         | \$7,871,321          | \$9,525,210          |
| Fair Market Value of Leased Space or Equipment                                                                                                        | \$0                 | \$0                  | \$0                  |
| Other Costs to Be Capitalized                                                                                                                         | \$14,125,305        | \$24,835,493         | \$38,960,798         |
| Acquisition of Building or Other Property (excluding land)                                                                                            | \$0                 | \$0                  | \$0                  |
| <b>TOTAL USES OF FUNDS</b>                                                                                                                            | <b>\$35,338,891</b> | <b>\$139,864,278</b> | <b>\$175,203,169</b> |
| SOURCE OF FUNDS                                                                                                                                       | CLINICAL            | NONCLINICAL          | TOTAL                |
| Cash and Securities                                                                                                                                   | \$0                 | \$0                  | \$0                  |
| Pledges                                                                                                                                               | \$0                 | \$0                  | \$0                  |
| Gifts and Bequests                                                                                                                                    | \$0                 | \$0                  | \$0                  |
| Bond Issues (project related)                                                                                                                         | \$30,073,151        | \$139,864,278        | \$169,937,429        |
| Mortgages                                                                                                                                             | \$0                 | \$0                  | \$0                  |
| Leases (fair market value)                                                                                                                            | \$0                 | \$0                  | \$0                  |
| Governmental Appropriations                                                                                                                           | \$0                 | \$0                  | \$0                  |
| Grants                                                                                                                                                | \$0                 | \$0                  | \$0                  |
| Other Funds and Sources (NBV of equipment to be transferred)                                                                                          | \$5,265,740         | \$0                  | \$5,265,740          |
| <b>TOTAL SOURCES OF FUNDS</b>                                                                                                                         | <b>\$35,338,891</b> | <b>\$139,864,278</b> | <b>\$175,203,169</b> |
| <b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b> |                     |                      |                      |

### Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No  
Purchase Price: \$ \_\_\_\_\_  
Fair Market Value: \$ \_\_\_\_\_

The project involves the establishment of a new facility or a new category of service  
☐ Yes ☒ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ \_\_\_\_\_.

### Project Status and Completion Schedules

**For facilities in which prior permits have been issued please provide the permit numbers.**

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary  
☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): December 31, 2029

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.

**APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

### State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable?

☒ Cancer Registry  
☒ 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.**

## 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 |
| <b>REVIEWABLE</b>     |      |                   |          |                                                     |            |       |               |
| Medical Surgical      |      |                   |          |                                                     |            |       |               |
| Intensive Care        |      |                   |          |                                                     |            |       |               |
| Diagnostic Radiology  |      |                   |          |                                                     |            |       |               |
| MRI                   |      |                   |          |                                                     |            |       |               |
| Total Clinical        |      |                   |          |                                                     |            |       |               |
| <b>NON-REVIEWABLE</b> |      |                   |          |                                                     |            |       |               |
| Administrative        |      |                   |          |                                                     |            |       |               |
| Parking               |      |                   |          |                                                     |            |       |               |
| Gift Shop             |      |                   |          |                                                     |            |       |               |
| Total Non-clinical    |      |                   |          |                                                     |            |       |               |
| <b>TOTAL</b>          |      |                   |          |                                                     |            |       |               |

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

## 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: Northwest Community Hospital       |                 |            | CITY: Arlington Heights |             |
| REPORTING PERIOD DATES: From: 1/1/25 to: 12/31/25 |                 |            |                         |             |
| Category of Service                               | Authorized Beds | Admissions | Patient Days            | Bed Changes |
| Medical/Surgical                                  | 296             | 14,941     | 71,256                  | n/a         |
| Obstetrics                                        | 44              | 3,076      | 6,018                   | n/a         |
| Pediatrics                                        | 16              | 33         | 157                     | n/a         |
| Intensive Care                                    | 60              | 2,239      | 9,387                   | n/a         |
| Comprehensive Physical Rehabilitation             | 33              | 864        | 9,609                   | n/a         |
| Acute/Chronic Mental Illness                      | 52              | 263        | 2,054                   | n/a         |
| Neonatal Intensive Care                           | 8               | 192        | 2,949                   | n/a         |
| General Long-Term Care                            |                 |            |                         |             |
| Specialized Long-Term Care                        |                 |            |                         |             |
| Long Term Acute Care                              |                 |            |                         |             |
| Other (identify)                                  |                 |            |                         |             |
| TOTALS:                                           | 509             | 21,608     | 101,430                 | n/a         |

## CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

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

This Application is filed on the behalf of Northwest Community Hospital \*  
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.

Doug Welday  
SIGNATURE

Doug Welday  
PRINTED NAME

System Chief Financial Officer  
PRINTED TITLE

Shivani Bautista  
SIGNATURE

Shivani Bautista  
PRINTED NAME

System Chief Legal Officer  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 15 day of April

Notarization:  
Subscribed and sworn to before me  
this 15 day of April

Irís Montero  
Signature of Notary

Seal



Irís Montero  
Signature of Notary

Seal



\*Insert the EXACT legal name of the applicant

## 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 Endeavor Health \*  
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

Doug Welday

PRINTED NAME

System Chief Financial Officer

PRINTED TITLE



SIGNATURE

Shivani Bautista

PRINTED NAME

System Chief Legal Officer

PRINTED TITLE

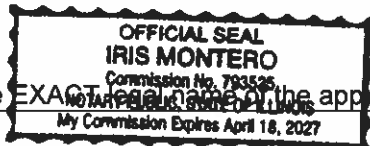
Notarization:

Subscribed and sworn to before me  
this 15 day of April



Signature of Notary

Seal



Notarization:

Subscribed and sworn to before me  
this 15 day of April



Signature of Notary

Seal



\*Insert the EXACT legal name of the applicant

## 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 Swedish Covenant Health dba Swedish Hospital \* 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

Doug Welday  
PRINTED NAME

System Chief Financial Officer  
PRINTED TITLE

  
SIGNATURE

Shivani Bautista  
PRINTED NAME

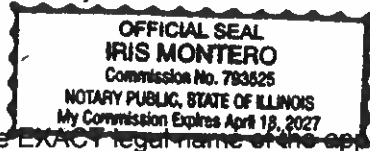
System Chief Legal Officer  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 15 day of April

Notarization:  
Subscribed and sworn to before me  
this 15 day of April

  
Signature of Notary

Seal



\*Insert the EXACT legal name of the applicant

  
Signature of Notary

Seal



## 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.

### 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:

##### BACKGROUND OF APPLICANT

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.
  - 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.

**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<br>BGSF/DGSF | STATE<br>STANDARD | DIFFERENCE | MET<br>STANDARD? |
|                    |                       |                   |            |                  |

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./<br>SERVICE | HISTORICAL<br>UTILIZATION<br>(PATIENT DAYS)<br>(TREATMENTS)<br>ETC. | PROJECTED<br>UTILIZATION | STATE<br>STANDARD | MET<br>STANDARD? |
| YEAR 1      |                   |                                                                     |                          |                   |                  |
| YEAR 2      |                   |                                                                     |                          |                   |                  |

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

**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.**

**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.**

## SECTION VI. SERVICE SPECIFIC REVIEW CRITERIA

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

- Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than categories of service must submit the following information:
- Indicate changes by Service: Indicate # of key room changes by action(s):

| Service                                                                    | # Existing Key Rooms | # Proposed Key Rooms |
|----------------------------------------------------------------------------|----------------------|----------------------|
| <input checked="" type="checkbox"/> Radiation Oncology- Linear Accelerator | 3                    | 3                    |
| <input checked="" type="checkbox"/> Radiation Oncology- Simulator          | 1                    | 1                    |
| <input type="checkbox"/>                                                   |                      |                      |

- 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     |
| <b>1APPEND DOCUMENTATION AS ATTACHMENT 31, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b> |                                                   |

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]:

|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ \$169,937,429 _____</p> | <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"> <li>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</li> <li>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.</li> </ol> <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> <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"> <li>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.</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate.</li> <li>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.</li> <li>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.</li> </ol> |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>_____</p> <p>_____</p> <p>____\$5,268,740____</p> | <p>5) For any option to lease, a copy of the option, including all terms and conditions.</p> <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> <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. (NBV of equipment to be transferred)</p> |
| <p><b>\$175,203,169</b></p>                          | <p><b>TOTAL FUNDS AVAILABLE</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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

## 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<br>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).

**COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE**

| Department<br>(List below) | A                       | B    | C                    | D      | E                     | F      | G                    | H                  | Total<br>Cost<br>(G + H) |
|----------------------------|-------------------------|------|----------------------|--------|-----------------------|--------|----------------------|--------------------|--------------------------|
|                            | Cost/Square Foot<br>New | Mod. | Gross Sq. Ft.<br>New | Circ.* | Gross Sq. Ft.<br>Mod. | Circ.* | Const. \$<br>(A x C) | Mod. \$<br>(B x E) |                          |
|                            |                         |      |                      |        |                       |        |                      |                    |                          |
| Contingency                |                         |      |                      |        |                       |        |                      |                    |                          |
| TOTALS                     |                         |      |                      |        |                       |        |                      |                    |                          |

\* 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                            |      |      |      |
| <b>Total</b>                          |      |      |      |
| Charity (cost in dollars)             | Year | Year | Year |
| Inpatient                             |      |      |      |
| Outpatient                            |      |      |      |
| <b>Total</b>                          |      |      |      |
| MEDICAID                              |      |      |      |
| Medicaid (# of patients)              | Year | Year | Year |
| Inpatient                             |      |      |      |
| Outpatient                            |      |      |      |
| <b>Total</b>                          |      |      |      |
| Medicaid (revenue)                    | Year | Year | Year |
| Inpatient                             |      |      |      |

|  |            |  |  |  |  |
|--|------------|--|--|--|--|
|  | Outpatient |  |  |  |  |
|  | Total      |  |  |  |  |

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

## 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 third-party 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                     |      |      |      |
|----------------------------------|------|------|------|
|                                  | Year | Year | Year |
| Net Patient Revenue              |      |      |      |
| Amount of Charity Care (charges) |      |      |      |
| Cost of Charity Care             |      |      |      |

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

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                                        | 31    |
| 2                    | Site Ownership                                                                                         | 35    |
| 3                    | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. | 36    |
| 4                    | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.                  | 37    |
| 5                    | Flood Plain Requirements                                                                               | 38    |
| 6                    | Historic Preservation Act Requirements                                                                 | 39    |
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| 9                    | Cost Space Requirements                                                                                | 42    |
| 10                   | Discontinuation                                                                                        | 43    |
| 11                   | Background of the Applicant                                                                            | 44-47 |
| 12                   | Purpose of the Project                                                                                 | 48-54 |
| 13                   | Alternatives to the Project                                                                            | 55-56 |
| 14                   | Size of the Project                                                                                    | 57    |
| 15                   | Project Service Utilization                                                                            | 58    |
| 16                   | Unfinished or Shell Space                                                                              | 59    |
| 17                   | Assurances for Unfinished/Shell Space                                                                  | 60    |
|                      | <b>Service Specific:</b>                                                                               | n/a   |
| 18                   | Medical Surgical Pediatrics, Obstetrics, ICU                                                           | n/a   |
| 19                   | Comprehensive Physical Rehabilitation                                                                  | n/a   |
| 20                   | Acute Mental Illness                                                                                   | n/a   |
| 21                   | Open Heart Surgery                                                                                     | n/a   |
| 22                   | Cardiac Catheterization                                                                                | n/a   |
| 23                   | In-Center Hemodialysis                                                                                 | n/a   |
| 24                   | Non-Hospital Based Ambulatory Surgery                                                                  | n/a   |
| 25                   | Selected Organ Transplantation                                                                         | n/a   |
| 26                   | Kidney Transplantation                                                                                 | n/a   |
| 27                   | Subacute Care Hospital Model                                                                           | n/a   |
| 28                   | Community-Based Residential Rehabilitation Center                                                      | n/a   |
| 29                   | Long Term Acute Care Hospital                                                                          | n/a   |
| 31                   | Clinical Service Areas Other than Categories of Service                                                | 62    |
| 32                   | Freestanding Emergency Center Medical Services                                                         | n/a   |
| 33                   | Birth Center                                                                                           | n/a   |
|                      | <b>Financial and Economic Feasibility:</b>                                                             |       |
| 34                   | Availability of Funds                                                                                  | 63    |
| 35                   | Financial Waiver                                                                                       | 64-69 |
| 36                   | Financial Viability                                                                                    | 70    |
| 37                   | Economic Feasibility                                                                                   | 71-75 |
| 38                   | Safety Net Impact Statement                                                                            | 76    |
| 39                   | Charity Care Information                                                                               | 77    |
| 40                   | Flood Plain Information                                                                                | 38    |

## **ATTACHMENT 1**

Attached hereto as Attachment 1 are Good Standing Certificates issued by the Illinois Secretary of State for:

1. Northwest Community Hospital;
2. Endeavor Health;
3. Swedish Covenant Health dba Swedish Hospital\*

|              |
|--------------|
| Attachment 1 |
|--------------|

\*The second floor of the cancer and neurosciences center will be occupied by the cancer institute of Swedish Hospital, an affiliate of Northwest Community Hospital.



***To all to whom these Presents Shall Come, Greeting:***

*I, Alexi Giannoulas, 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*

NORTHWEST COMMUNITY HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 09, 1953, 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.



Authentication #: 2504301492 verifiable until 02/12/2028  
Authenticate at: <https://www.ilsos.gov>

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of FEBRUARY A.D. 2025 .***

*Alexi Giannoulas*  
SECRETARY OF STATE



***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*

ENDEAVOR HEALTH, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 14, 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.



Authentication #: 2526102860 verifiable until 09/18/2026  
Authenticate at: <https://www.ilsos.gov>

***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 18TH*  
*day of SEPTEMBER A.D. 2025 .*

*Alexi Giannoulis*  
SECRETARY OF STATE



***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*

SWEDISH COVENANT HEALTH, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 06, 1907, 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.



Authentication #: 2608301872 verifiable until 03/24/2027  
Authenticate at: <https://www.isos.gov>

***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 24TH*  
*day of MARCH A.D. 2026 .*

*Alexi Giannoulis*  
SECRETARY OF STATE

**ATTACHMENT 2**  
**Site Ownership**

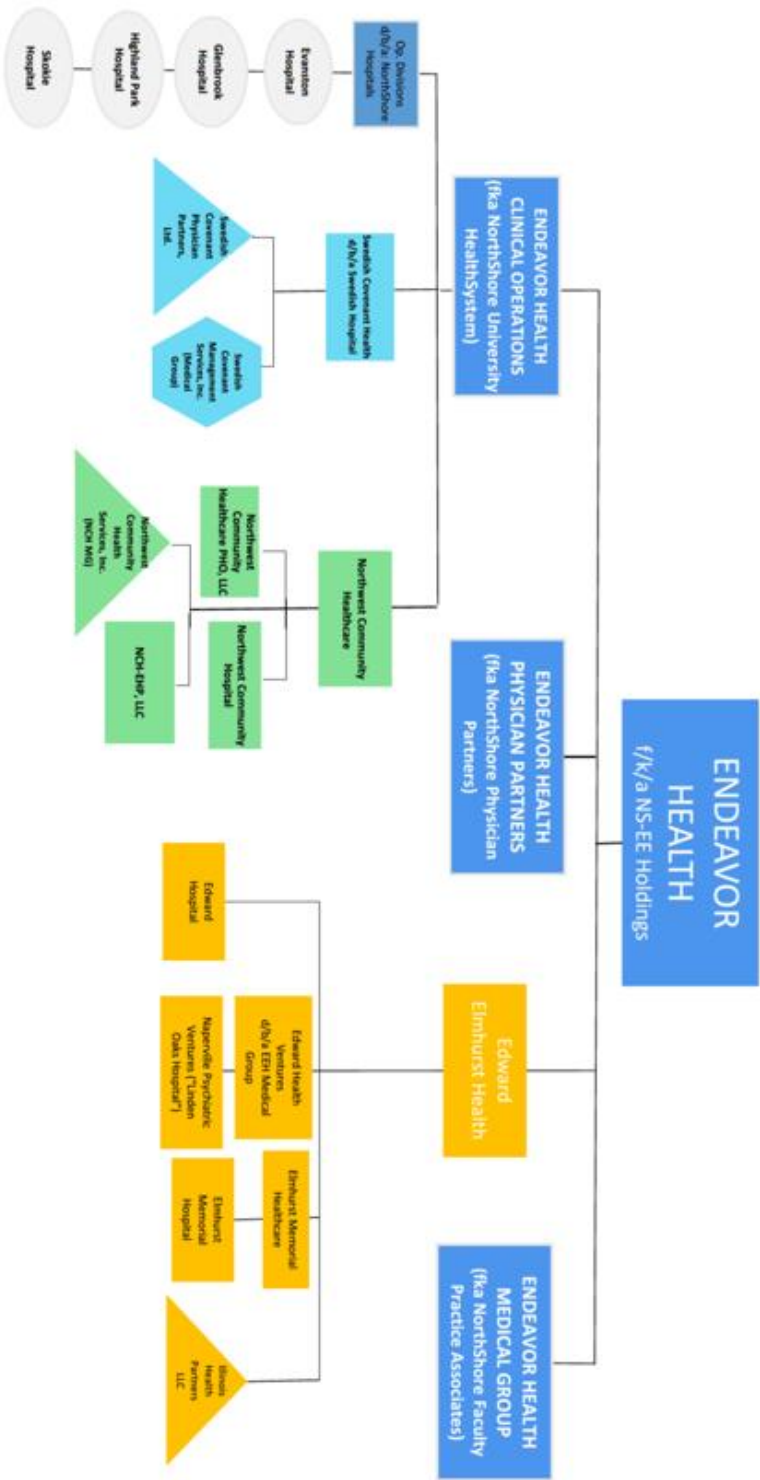
By signing the certification pages within this application, the Applicants attest that Northwest Community Hospital owns the property between the existing Northwest Community Hospital and West Kirchhoff Road (see PIN #s) where the planned new hospital building will be located.

**ATTACHMENT 3**  
**Operating Entity/Licensee**

Northwest Community Hospital is the licensee and operator of the Healthcare Facility. Copies of the Healthcare Facility's license and accreditation are attached at Attachment-11.

# **ATTACHMENT 4** **Organizational Relationships**

## **Endeavor Health\*: Organizational Structure**



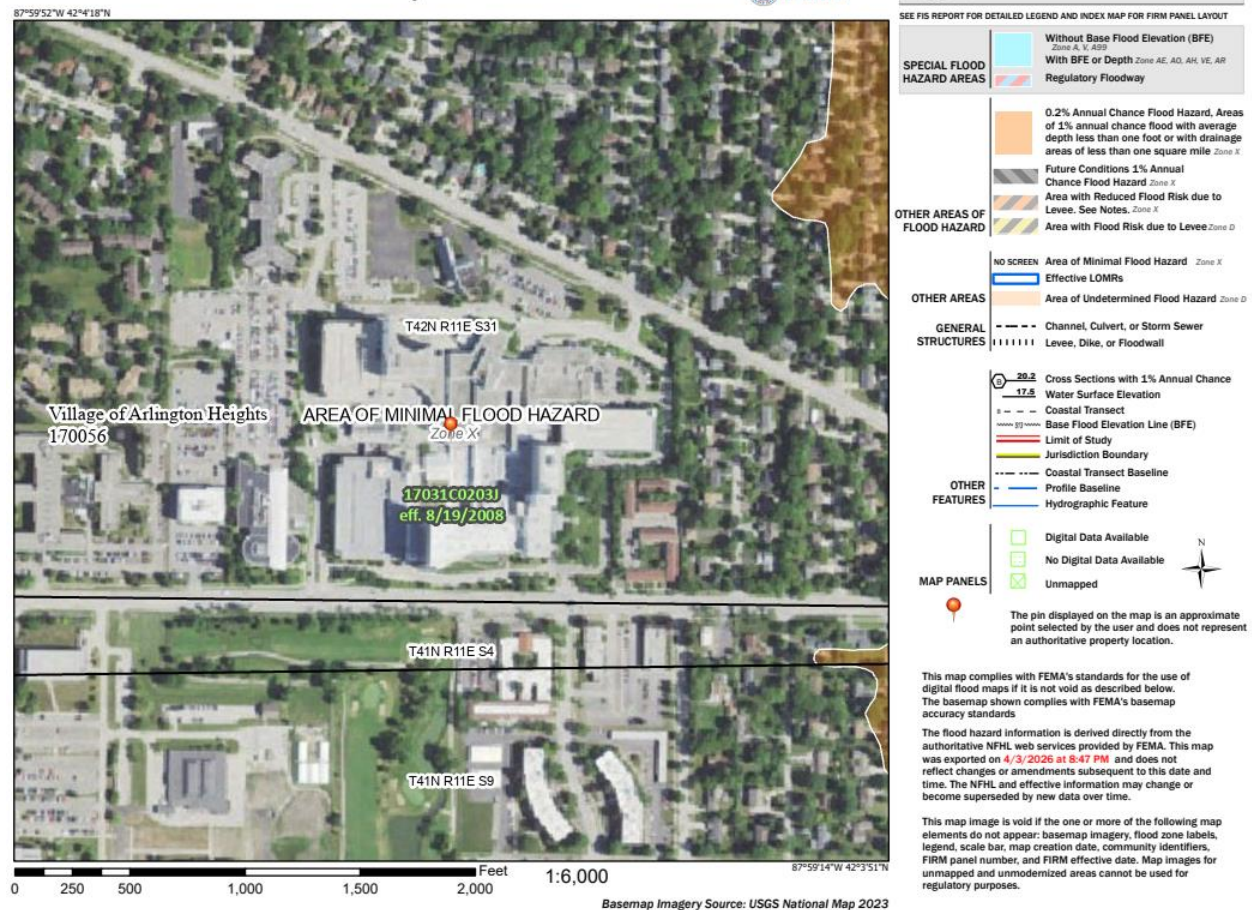
NFP     Op. Divisions  
 FP     NFP TAXABLE  
 \*Only certain subsidiary provider entities of Endeavor Health are represented, corporate affiliates and other jointly owned IVs are not reflected here.

Attachment 4

## ATTACHMENT 5 Flood Plain Requirements

The site of the proposed project complies with the requirements of Illinois Executive Order #2005-5. Please see the following FEMA National Flood Hazard Layer map documenting that the project site is not located in a Special Flood Hazard Area.

### National Flood Hazard Layer FIRMette



**ATTACHMENT 6**  
**Historic Resources Preservation Act Requirements**

The Applicants have requested a letter from the Illinois Historic Preservation Agency stating that the proposed project complies with the requirements of the Historic Resources Preservation Act. Once received, the letter will be submitted under separate cover.

## **ATTACHMENT 7**

### **Detailed Project Costs**

| Use of Funds                                                       | Clinical            | Nonclinical          | Total                |
|--------------------------------------------------------------------|---------------------|----------------------|----------------------|
| <b>Preplanning Costs</b>                                           | <b>\$270,869</b>    | <b>\$3,372,437</b>   | <b>\$3,643,305</b>   |
| Site Survey and Soil Investigation                                 | \$116,864           | \$0                  | \$116,864            |
| Site Preparation                                                   | \$249,065           | \$5,147,618          | \$5,396,683          |
| Off Site Work                                                      | \$0                 | \$0                  | \$0                  |
| <b>New Construction Costs</b>                                      | <b>\$6,835,734</b>  | <b>\$70,463,543</b>  | <b>\$77,299,277</b>  |
| Modernization Contracts                                            | \$0                 | \$0                  | \$0                  |
| Contingencies                                                      | \$683,285           | \$6,936,509          | \$7,619,794          |
| Architectural/Engineering Fees                                     | \$498,785           | \$4,863,822          | \$5,362,607          |
| Consulting and Other Fees                                          | \$557,217           | \$6,007,511          | \$6,564,728          |
| <b>Movable and Other Equipment (not in construction contracts)</b> | <b>\$9,796,582</b>  | <b>\$7,742,250</b>   | <b>\$17,538,832</b>  |
| Linear Accelerators                                                | \$7,035,000         | \$0                  | \$7,035,000          |
| CT Simulator                                                       | \$1,800,000         | \$0                  | \$1,800,000          |
| Dosimetry Equipment                                                | \$50,000            | \$0                  | \$50,000             |
| Mould Room Equipment                                               | \$50,000            | \$0                  | \$50,000             |
| Pharmacy Refrigeration and Hoods                                   | \$0                 | \$300,000            | \$300,000            |
| Neuro EEG/EMG/Ultrasounds                                          | \$0                 | \$390,000            | \$390,000            |
| Oncology/Infusion Specialty Equipment                              | \$0                 | \$572,000            | \$572,000            |
| Equipment General                                                  | \$369,026           | \$2,775,569          | \$3,144,595          |
| Furniture                                                          | \$173,905           | \$1,307,995          | \$1,481,900          |
| Security Access/Cameras                                            | \$44,165            | \$332,180            | \$376,345            |
| IT/Telecom                                                         | \$196,289           | \$1,476,353          | \$1,672,642          |
| Signs/Wayfinding                                                   | \$53,225            | \$400,325            | \$453,550            |
| Artwork                                                            | \$24,973            | \$187,827            | \$212,800            |
| <b>Bond Issuance Expense (Project related)</b>                     | <b>\$551,297</b>    | <b>\$2,623,774</b>   | <b>\$3,175,071</b>   |
| <b>Net Interest Expense During Construction (Project related)</b>  | <b>\$1,653,889</b>  | <b>\$7,871,321</b>   | <b>\$9,525,210</b>   |
| <b>Fair Market Value of Leased Space or Equipment</b>              | <b>\$0</b>          | <b>\$0</b>           | <b>\$0</b>           |
| <b>Other Costs to be Capitalized</b>                               | <b>\$14,125,305</b> | <b>\$24,835,493</b>  | <b>\$38,960,798</b>  |
| Bridge                                                             | \$0                 | \$7,351,225          | \$7,351,225          |
| Traffic Signal                                                     | \$0                 | \$850,000            | \$850,000            |
| Vaults                                                             | \$8,859,565         | \$0                  | \$8,859,565          |
| Tube System                                                        | \$0                 | \$750,000            | \$750,000            |
| Existing Building Demolition                                       | \$0                 | \$667,568            | \$667,568            |
| Ring Road Relocation & Dropoff                                     | \$0                 | \$2,298,553          | \$2,298,553          |
| Re-Work Adjacent Property (St. Simons)                             | \$0                 | \$441,193            | \$441,193            |
| Existing Utilities Relocations                                     | \$0                 | \$1,469,516          | \$1,469,516          |
| Stormwater Detention for Kirchoff/St. Simons/Site                  | \$0                 | \$2,077,099          | \$2,077,099          |
| Extend Site Electrical Loop to Accommodate new Building            | \$0                 | \$1,930,339          | \$1,930,339          |
| Previous Site Exploration costs incurred                           | \$0                 | \$7,000,000          | \$7,000,000          |
| Net Book Value of equipment to be transferred                      | \$5,265,740         | \$0                  | \$5,265,740          |
| <b>Acquisition of Building or Other Property (Excluding land)</b>  | <b>\$0</b>          | <b>\$0</b>           | <b>\$0</b>           |
| <b>Total Uses of Funds</b>                                         | <b>\$35,338,891</b> | <b>\$139,864,278</b> | <b>\$175,203,169</b> |

**ATTACHMENT 8**  
**Active CON Permits**

Endeavor Health has the following active permits:

**Elmhurst Hospital Expansion (Project #24-042)**

- CON permit approved: 3/18/25
- Permit completion date: 9/30/28

**Elmhurst Memorial Hospital MOB (Project #25-008)**

- CON permit approved: 5/6/25
- Permit completion date: 11/1/26

**Edward Hospital Modernization/Expansion (Project #25-036)**

- CON permit approved: 2/26/26
- Permit completion date: 12/31/27

## **ATTACHMENT 9**

### **Cost Space Requirements**

The Applicants plan to expand Northwest Community Hospital in Arlington Heights, Illinois by building a 3-story facility to provide oncological care for outpatients and inpatients of the hospital along with other specialties.

|                                           |               | Gross Square Feet |                               | Amount of Proposed Total Gross Square Feet That Is: |            |       |                                     |
|-------------------------------------------|---------------|-------------------|-------------------------------|-----------------------------------------------------|------------|-------|-------------------------------------|
| Dept. / Area (list below)                 | Cost          | Existing          | Total Upon Project Completion | New Const.                                          | Modernized | As Is | Vacated as a result of this project |
| Reviewable                                |               |                   |                               |                                                     |            |       |                                     |
| Linear Accelerators                       | \$15,178,960  | 0                 | 3,794                         | 3,794                                               | 0          | 0     | 0                                   |
| Simulator                                 | \$3,920,765   | 0                 | 980                           | 980                                                 | 0          | 0     | 0                                   |
| Gowned Waiting                            | \$3,352,654   | 0                 | 838                           | 838                                                 | 0          | 0     | 0                                   |
| Support                                   | \$3,044,594   | 0                 | 761                           | 761                                                 | 0          | 0     | 0                                   |
| Patient Holding                           | \$896,175     | 0                 | 224                           | 224                                                 | 0          | 0     | 0                                   |
| Circulation                               | \$8,945,744   | 0                 | 2,236                         | 2,236                                               | 0          | 0     | 0                                   |
| Total Reviewable                          | \$35,338,891  | 0                 | 8,833                         | 8,833                                               | 0          | 0     | 0                                   |
| Non-Reviewable                            |               |                   |                               |                                                     |            |       |                                     |
| NCH Neurology Clinic                      | \$21,002,186  | 0                 | 14,300                        | 14,300                                              | 0          | 0     | 0                                   |
| NCH Radiation Oncology Clinic             | \$9,386,362   | 0                 | 6,391                         | 6,391                                               | 0          | 0     | 0                                   |
| NCH Ground Floor Circulation & Support    | \$19,003,307  | 0                 | 12,939                        | 12,939                                              | 0          | 0     | 0                                   |
| SW 2nd Floor Public Ciruclation & Support | \$8,323,034   | 0                 | 5,667                         | 5,667                                               | 0          | 0     | 0                                   |
| SW 2nd Floor Oncology/Infusion            | \$36,918,318  | 0                 | 25,137                        | 25,137                                              | 0          | 0     | 0                                   |
| SW 2nd Floor Oncology Lab                 | \$938,489     | 0                 | 639                           | 639                                                 | 0          | 0     | 0                                   |
| SW 2nd Floor Oncology Pharmacy            | \$2,001,817   | 0                 | 1,363                         | 1,363                                               | 0          | 0     | 0                                   |
| 3rd Floor                                 | \$42,290,765  | 0                 | 28,795                        | 28,795                                              | 0          | 0     | 0                                   |
| Total Non-Reviewable                      | \$139,864,277 | 0                 | 95,231                        | 95,231                                              | 0          | 0     | 0                                   |

\*Based upon the freestanding net new building only.

**ATTACHMENT 10**  
**Discontinuation**

n/a

## **ATTACHMENT 11**

### **Background of Applicants**

**1. A listing of all healthcare facilities owned or operated by Endeavor Health, including licensing, and certification.**

The following is a list of all Illinois healthcare facilities (as that term is defined in the Act) owned by Endeavor Health:

| <b>Endeavor Health</b>                                     |                                                                  |                    |                                         |
|------------------------------------------------------------|------------------------------------------------------------------|--------------------|-----------------------------------------|
| <b>Name</b>                                                | <b>Address</b>                                                   | <b>License No.</b> | <b>Accreditation Identification No.</b> |
| NorthShore Evanston Hospital                               | 2650 Ridge Avenue<br>Evanston, IL 60201                          | 0000646            | 7343                                    |
| NorthShore Glenbrook Hospital                              | 2100 Pfingsten Road<br>Glenview, IL 60225                        | 0003483            | 7343                                    |
| NorthShore Highland Park Hospital                          | 777 Park Avenue West<br>Highland Park, IL 60035                  | 0005066            | 7343                                    |
| NorthShore Skokie Hospital                                 | 9600 Gross Point Road<br>Skokie, IL 60076                        | 0005587            | 7343                                    |
| Swedish Covenant Health d/b/a Swedish Hospital             | 5145 North California Avenue<br>Chicago, IL 60625                | 0002717            | 7343                                    |
| Northwest Community Hospital                               | 800 West Central Road<br>Arlington Heights, IL 60005             | 0001701            | 4656                                    |
| Edward Hospital                                            | 801 South Washington Street<br>Naperville, IL 60540              | 0003905            | 7394                                    |
| Elmhurst Memorial Hospital                                 | 155 East Brush Hill Street<br>Elmhurst, IL 60126                 | 0005751            | 7341                                    |
| Naperville Psychiatric Ventures d/b/a Linden Oaks Hospital | 852 South West Street<br>Naperville, IL 60540                    | 0005058            | 4973                                    |
| Edward Plainfield Emergency Center                         | 24600 West 127 <sup>th</sup> Street<br>Plainfield, IL 60585      | 22003              | 257710                                  |
| Northwest Community Day Surgery Center II                  | 675 West Kirchoff Road<br>Arlington Heights, IL 60005            | 7001209            | 558537                                  |
| Northwest Endo Center                                      | 1415 South Arlington Heights Road<br>Arlington Heights, IL 60005 | 7003210            | 117454                                  |

**2. A listing of all health care facilities owned (at least 5%) and/or operated in Illinois by Endeavor Health.**

| <b>Endeavor Health: Health Care Facilities with 5% or Greater Ownership</b> |                                                                               |                    |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------|
| <b>Name</b>                                                                 | <b>Address</b>                                                                | <b>License No.</b> |
| Ravine Way Surgery Center                                                   | 2350 Ravine Way #500<br>Glenview, Illinois 60025                              | 7003080            |
| North Shore Same Day Surgery, LLC                                           | 3725 W. Touhy Avenue<br>Lincolnwood, Illinois 60712                           | 7003130            |
| Midwest Endoscopy                                                           | 3811 Highland Avenue<br>Downers Grove, Illinois 60515                         | 7001076            |
| Plainfield Surgery Center                                                   | 24600 West 127 <sup>th</sup> Street, Building C<br>Plainfield, Illinois 60585 | 7003135            |

**3. Attestation.**

Endeavor Health attests that in the last three years prior to the filing of this CON application, there has been no “adverse action” (as that term is defined in 77 IAC 1130.140) against any Illinois health care facility owned and operated by Endeavor Health and subject to HFSRB jurisdiction.

**4. Authorization.**

HFSRB and IDPH are hereby authorized by Endeavor Health to access any documents necessary to verify the information submitted within this application relating to Endeavor Health, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

 **ILLINOIS DEPARTMENT OF  
PUBLIC HEALTH** **HF135239**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

Sameer Vohra, MD,JD,MA  
Director

Issued under the authority of  
the Illinois Department of  
Public Health

| EXPIRATION DATE         | CATEGORY | I.D. NUMBER |
|-------------------------|----------|-------------|
| 12/31/2026              |          | 0001701     |
| <b>General Hospital</b> |          |             |
| Effective: 01/01/2026   |          |             |

Northwest Community Hospital  
800 W Central Road  
Arlington Heights, IL 60005

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4025001 2M 4/25

← **DISPLAY THIS PART IN A  
CONSPICUOUS PLACE**

Exp. Date 12/31/2026  
Lic Number 0001701  
Date Printed 11/24/2025  
Validation Num  
Northwest Community Hospital  
800 W Central Road  
Arlington Heights, IL 60005

**FEE RECEIPT NO.**

 **ILLINOIS DEPARTMENT OF  
PUBLIC HEALTH** **HF134809**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

Sameer Vohra, MD,JD,MA  
Director

Issued under the authority of  
the Illinois Department of  
Public Health

| EXPIRATION DATE         | CATEGORY | I.D. NUMBER |
|-------------------------|----------|-------------|
| 12/31/2026              |          | 0002717     |
| <b>General Hospital</b> |          |             |
| Effective: 01/01/2026   |          |             |

Swedish Covenant Health  
dba Swedish Hospital  
5145 N California Avenue  
Chicago, IL 60625

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4025001 2M 4/25

← **DISPLAY THIS PART IN A  
CONSPICUOUS PLACE**

Exp. Date 12/31/2026  
Lic Number 0002717  
Date Printed 09/26/2025  
Swedish Covenant Health  
dba Swedish Hospital  
5145 N California Avenue  
Chicago, IL 60625

**FEE RECEIPT NO.**

**Attachment 11**

ORGANIZATION

# Northwest Community Hospital



HCO ID: 4656

DBA: Endeavor Health Northwest Community Hospital  
800 West Central Road  
Arlington Heights, Illinois 60005

<http://www.endeavorhealth.org>

|  Accredited Programs | Decision   | Effective Date   |
|-------------------------------------------------------------------------------------------------------|------------|------------------|
| Hospital                                                                                              | Accredited | April 25, 2025   |
| Behavioral Health Care and Human Services                                                             | Accredited | November 1, 2023 |

|  Deemed and CMS-Recognized Programs |
|------------------------------------------------------------------------------------------------------------------------|
| Hospital                                                                                                               |

ORGANIZATION

# Endeavor Health Clinical Operations



HCO ID: 7343

DBA: Evanston Hospital  
2650 Ridge Ave  
Evanston, Illinois 60201

<http://www.endeavorhealth.org>

|  Accredited Programs | Decision   | Effective Date   |
|---------------------------------------------------------------------------------------------------------|------------|------------------|
| Hospital                                                                                                | Accredited | July 8, 2025     |
| Behavioral Health Care and Human Services                                                               | Accredited | October 17, 2023 |
| Home Care                                                                                               | Accredited | October 18, 2023 |

Attachment 11

## **ATTACHMENT 12**

### **Purpose of Project**

Founded in 1959, Northwest Community Healthcare (“NCH”), which is part of Endeavor Health, is community-based not-for-profit acute care hospital dedicated to providing outstanding care in the northwest suburbs. Its comprehensive, patient-centered system of care, including a Level III NICU, Level II Trauma Center and a dedicated pediatric emergency department. NCH serves more than 650,000 outpatients and nearly 22,000 inpatients annually, providing personalized high-quality care from managing annual wellness visits to chronic and complex medical conditions.

According to the NCH 2024 Community Health Needs Assessment (“CHNA”), participants ranked cancer, chronic diseases, and access to care as the top areas of concern. The cancer diagnosis rate in the NCH service area (575.6 per 100,000 residents) is higher than the State of Illinois (570.7 per 100,000 residents), and significantly higher in the top five zip codes with highest cancer diagnosis rates.<sup>1</sup> As top priorities identified in the CHNA, NCH determined to focus on strategies to address the cancer and neurosciences needs as priority areas.

#### **1. Document the Project will provide health care services that improve the health care or well-being of the market population to be served.**

The purpose of this project is to enhance access to high-quality, specialized outpatient care by consolidating oncology, neurosciences, and select specialty services into a cohesive, patient-centered facility at Northwest Community Hospital (NCH). This new building will serve as the hub for medical and radiation oncology, neurosciences physician offices and treatment areas, and other advanced subspecialty services. It will also include shelved space reserved for future professional uses, providing flexibility for evolving community health needs.

This project directly addresses capacity constraints at NCH’s main campus. By creating a dedicated space for complex clinical care, the new building will improve patient and provider experience, streamline operations, and support more integrated workflows. With modernized facilities designed around patient placement and flow, individuals will receive care in the right setting for their health needs, increasing convenience and efficiency.

NCH is recognized as a destination for cancer care in northwest suburban Cook County. The new building will house a fully operational oncology hub bringing together infusion services, medical oncology, radiation oncology, surgical and gynecologic oncology along with neurosciences. It will also house space for multidisciplinary clinics, clinical research, and trials. The centralized model reduces fragmentation, strengthens communication among providers, and improves coordination of care—resulting in a seamless, personalized patient experience.

Co-locating services enables oncologists, surgeons, radiation specialists, and support teams to collaborate in real-time. Treatment plans can be developed during a single visit rather than across multiple appointments, helping patients conserve time, energy, and

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<sup>1</sup> See 2024 NORTHWEST COMMUNITY HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT 29 (2025) available at <https://www.endeavorhealth.org/sites/default/files/2025-07/nch-2024-chna.pdf> (last visited Apr. 8, 2026).

emotional resources. The new center will integrate counseling, genetics, nutrition, and nurse navigation under one roof, supporting whole-person care and enhancing adherence, satisfaction, and quality of life.

The building will also house cancer institute services of Swedish Hospital, standardizing oncology programs across Endeavor Health's system and expanding opportunities for clinical research. Endeavor Health participates in national oncology research cooperatives and conducts investigator-initiated trials, offering access to advanced diagnostics, genomics, and a comprehensive biobank. These resources allow patients to receive cutting-edge therapies close to home, supported by an interdisciplinary team of physicians and specialists dedicated to innovation and excellence.

According to The Advisory Board, the incidence of cancer in NCH's catchment area is projected to rise by approximately 12% from 2023 to 2028, with outpatient treatments increasing nearly 6% between 2024 and 2029. At the same time, technological advances are allowing patients to live longer with cancer, further expanding demand for ongoing outpatient services. This trend underscores the need to expand local capacity and ensure the community has ready access to advanced cancer care.

The facility will also strengthen neurosciences capacity—a rapidly growing area of need driven by an aging population and rising prevalence of conditions such as stroke, Alzheimer's disease, Parkinson's disease, and chronic spine disorders. Currently, access to comprehensive neurologic care is constrained by fragmented services and extended wait times. Expanding outpatient neurosciences services will enhance coordination, enable earlier diagnosis and intervention, and improve long-term management for these complex conditions.

The northwest suburban Chicago area—including Arlington Heights—is characterized by an older demographic profile, with a median age in the low 40s and nearly one in five residents aged 65 or older. This population is expected to grow substantially in the coming decade, driving higher demand for diagnostic, therapeutic, and subspecialty outpatient care. As residents live longer with chronic illnesses—including cancer, cardiovascular disease, cognitive decline, and musculoskeletal disorders—regional healthcare needs will concentrate around hospital-based specialty services.

Anticipating this continued growth, reserving shelved space for future development is fiscally prudent and supports NCH's long-term strategy. It ensures the hospital can adapt its specialized service footprint in step with the predictable rise in complex care needs of the 55+ population throughout Arlington Heights and the northwest suburban corridor.

In sum, this project represents a forward-looking investment in integrated, high-value outpatient care—aligning facility infrastructure with community needs, advancing NCH's mission of improving access, and elevating the standard of care for cancer, neurosciences, and specialty medicine in the region.

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

NCH's planning area consists of the following cities:

Arlington Heights, Rolling Meadows, Des Plaines, Palatine, Lake Zurich, Mount Prospect, Prospect Heights, Buffalo Grove and Wheeling, Schaumburg, Elk Grove Village, Barrington, Hanover Park, Addison, Elgin, Bartlett, Bensenville, Glendale Heights, Streamwood, Bloomindale, Itasca, Medina Hoffman Estates, Roselle, Carol Stream and Wood Dale

See Attachment 12-A of the map and planning area zip codes by city.

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

Cancer continues to be the second leading cause of death in the United States, with an estimated 618,000 people dying of cancer every year, which is the equivalent of 1,700 deaths per day<sup>2</sup>. Cancer also represents one of the most life altering and costly health problems in the United States. The American Cancer Society reports that more than 18 million Americans with a history of invasive cancer were alive on January 1, 2022 most of whom were diagnosed many years ago. In addition, over 2 million new cancer cases are expected to be diagnosed in the U.S. in 2025<sup>2</sup>. Cancer incidence growth is projected to increase, including the geographies that surround NCH. The number of new cases expected to rise for all cancers indicates a 12% combined 5-year growth rate from 2023 to 2028<sup>1</sup>. This outpatient center at NCH that will primarily be focused on cancer care will be able to meet the needs of the community as the number of new cases is expected to increase.

Everyone is at risk of developing cancer in their lifetime; although the incidence rate increases greatly with age. Over 88% of those diagnosed with cancer in the U.S. are 50 years or older and 59% are 65 years or older<sup>2</sup>. Cancer rates are more prevalent in men compared to women with 40 out of 100 men and 39 out of 100 women will develop cancer during their lifetime<sup>2</sup>. The survival rate of cancer depends on a variety of factors (cancer type, stage and age at diagnosis). Age, race, and sex are also determinants of cancer survival rate. The 5-year relative survival rate for all cancers combined is 69% for people who were diagnosed from 2014 to 2020<sup>2</sup>. The Advisory Board projects a combined 5.9% increase in oncology outpatient treatments and a 5.4% increase in combined screening and diagnosis of cancer cases from 2024 to 2029<sup>1</sup>. By developing new space, investing in technologies, and allowing clinicians to collaborate further, NCH will improve the health care delivery system and the overall well-being of the population that the NCH cancer center service area serves.

Philosophically, programmatically, and physically, the cancer program will have a positive impact to a patient's journey. The growth in cancer diagnosis and the fragmentation of care across the region affords Endeavor Health with an opportunity to establish a sub specialized and robust outpatient care center that will address these issues. Further, establishing a designated space for cancer services that is uniquely positioned within the NCH campus, will improve access and appointment availability and space within the hospital. This outpatient center will reduce the risk of exposing cancer patients with weakened immune systems to other illnesses and infections. Finally, having all cancer services in one convenient location can minimize stress and anxiety, especially for patients who require daily treatments.

Over the last 20 years, there has been a rapid advancement in cancer prevention and treatment, including improved screening technology, vaccinations, precision and

personalized medicine (PPM), gene and immunotherapies, and minimally invasive surgical techniques. Sg2 projects that the need for outpatient cancer services will increase 18% from 2025 to 2035<sup>3</sup>. For health systems to remain competitive in today's ever-changing healthcare market and meeting the needs of patients, offering convenient and clinically efficient care options (e.g., rapid access diagnostic clinics, concierge services) will be essential. Health systems must extend clinical and operational capabilities (e.g., clinical decision support, RPM) to improve access and optimize patient management (via reductions in average length of stay, readmissions and emergency department visits. Further, SG2 predicts technological advances and clinical innovation will continue to shape utilization within the cancer service line going forward. These rapid advances have far outpaced NCH's current capabilities but provide an opportunity to improve current cancer treatment. Responding to the evolution of the cancer service line requires care redesign and investment to allow for greater care coordination and an advanced care delivery model to better serve the community's needs

The proposed expansion of outpatient neurosciences services directly addresses several critical gaps and challenges currently impacting patient care. Today, patients face limited access to timely neurological evaluation and treatment due to capacity constraints, resulting in prolonged wait times, delayed diagnoses, and progression of disease. Care delivery is often fragmented across multiple locations and providers, creating inefficiencies, duplicative testing, and a disjointed patient experience. Additionally, the lack of sufficient outpatient infrastructure contributes to avoidable emergency department visits and inpatient admissions for conditions that could be more appropriately managed in a lower-cost, outpatient setting. This solution will centralize and streamline care delivery, improve access to subspecialty expertise, and enhance coordination across the continuum of care. By addressing these challenges, the expansion will reduce delays in care, improve clinical outcomes, increase operational efficiency, and provide a more seamless and patient-centered experience for individuals with neurological conditions.

#### 4. Cite the sources of documentation

<sup>1</sup>Advisory Board, "4 Major Trends Shaping Today's Oncology Market." August 2025. Available at <https://www.advisory.com/topics/oncology/oncology-market-trends> (last visited September 18, 2025)

<sup>2</sup>American Cancer Society, Facts and Figures 2025 (2025) available at <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2025/2025-cancer-facts-and-figures-acf.pdf> (last visited September 18, 2025)

<sup>3</sup>Sg2 Intelligence, "Service Line Snapshots 2025." September 2025. Available at [https://intel.sg2.com/-/media/Publications/2025/SL-Snapshots/Sg2\\_Service-Line-Snapshots\\_2025.ashx](https://intel.sg2.com/-/media/Publications/2025/SL-Snapshots/Sg2_Service-Line-Snapshots_2025.ashx) (last visited October 01, 2025)

2024 NORTHWEST COMMUNITY HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT 29 (2025) available at <https://www.endeavorhealth.org/sites/default/files/2025-07/nch-2024-chna.pdf> (last visited Apr. 8, 2026).

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

|               |
|---------------|
| Attachment 12 |
|---------------|

This project will address several components of a patient's health journey that will be positively impacted with a new outpatient center. Below are some examples of how the outpatient center will impact a patient's care and experience:

#### 1. Access

In providing more cancer and neurosciences services and sub-specialized services, patients will have more choice closer to home. It is indicative in the research that patients who live far from healthcare facilities have worse health outcomes, longer hospital lengths of stay, poorer treatment adherence, higher rates of chronic disease-related deaths, lower five-year cancer survival rates, and increased overall disease burden. For cancer patients, long travel times are associated with more advanced disease at diagnosis, decreased use of recommended treatments such as radiation, and higher cancer-related mortality. Through this outpatient care center, patients in NCH's communities will have access to exceptional cancer care and other sub-specialized services closer to home. In establishing a designated space for cancer services that is uniquely positioned within the NCH campus, it will eliminate challenges with competing appointment time and space within the hospital. In addition, as the services in this building will be part of the Endeavor Health system, it will increase access to clinical trials. Serving as a one stop shop, there will be a positive impact to patient access and experience.

The project will improve physician and medical personnel accessibility and allow patients to receive the best possible cancer care close to home. In doing so, the project will also provide a better option for the large percentage of patients who have historically gone to downtown Chicago for care.

#### 2. Quality

This facility will offer state-of-the art medical equipment and technology. By being part of the Endeavor Health system, access to clinical trials will expand for all patients. This outpatient center will reduce the risk of exposing cancer patients with weakened immune systems to other illnesses and infections. Having a variety of sub-specialized services in a convenient location will minimize stress and anxiety, especially for patients who require daily treatments.

#### 3. Efficiency and Coordination

This dedicated space will optimize operational efficiency for a seamless and coordinated care for all patients. This will positively impact overall patient experience and satisfaction. As efficiency and care coordination improves, this will also increase access and open more appointment slots for providers to see more patients and in a timely manner. In addition, the building will be constructed in a way to simplify wayfinding for patients, visitors, and providers.

#### 4. Physician and Employee Satisfaction and Engagement

Co-location of services in a standalone building will move forward research integration efforts, encourage collaboration among staff and providers, create

efficiencies, improve quality and physician satisfaction. This collaboration will lead to more coordinated patient care.

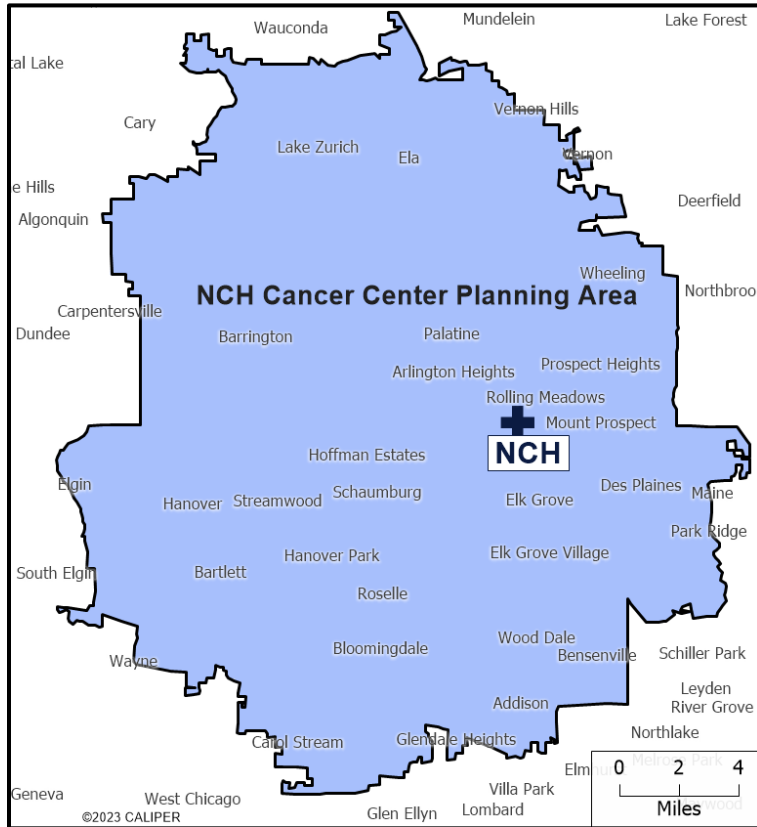
**6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.**

The goals of this new outpatient center align with the overall goals of Endeavor Health's Cancer and neuroscience Institutes visions and strategic plans. The overall vision for this project is to be the community's first choice for cancer and neurosciences care and other services to offer seamless, personalized care during a patient's health journey. The specific goals are as follows:

- Improve access to cancer and neurosciences services to better serve the needs of our patients
- Provide seamless, coordinated care for effective transitions and rapid response to a patient's changing needs
- Continue to offer the best care through efficient collaboration and treatment
- Simplify navigation through wayfinding and improved operational efficiencies for a better patient experience
- Provide a positive environment that creates an uplifting experience for patients and families
- Deliver the highest outcomes across all communities on a consistent basis
- Provide a dedicated space that can accommodate both medical and technical advances as cancer services evolve with new treatment, technologies and equipment
- Expand upon research driven and innovative treatment options

These goals can be addressed at the time of project completion.

## ATTACHMENT 12-A



### Northwest Community Hospital (NCH) Cancer Center Planning

| NCH Primary Service Area                   |                   |
|--------------------------------------------|-------------------|
| Zip                                        | City              |
| 60004                                      | Arlington Heights |
| 60005                                      | Arlington Heights |
| 60006                                      | Arlington Heights |
| 60008                                      | Rolling Meadows   |
| 60016                                      | Des Plaines       |
| 60038                                      | Palatine          |
| 60047                                      | Lake Zurich       |
| 60056                                      | Mount Prospect    |
| 60067                                      | Palatine          |
| 60070                                      | Prospect Heights  |
| 60074                                      | Palatine          |
| 60078                                      | Palatine          |
| 60089                                      | Buffalo Grove     |
| 60090                                      | Wheeling          |
| 60094                                      | Palatine          |
| 60095                                      | Palatine          |
| Other (included in defining planning area) |                   |
| 60007                                      | Elk Grove Village |
| 60010                                      | Barrington        |
| 60133                                      | Hanover Park      |
| 60101                                      | Addison           |
| 60120                                      | Elgin             |
| 60103                                      | Bartlett          |
| 60106                                      | Bensenville       |
| 60018                                      | Des Plaines       |
| 60139                                      | Glendale Heights  |
| 60107                                      | Streamwood        |
| 60108                                      | Bloomington       |
| 60143                                      | Itasca            |
| 60157                                      | Medinah           |
| 60169                                      | Hoffman Estates   |
| 60172                                      | Roselle           |
| 60173                                      | Schaumburg        |
| 60188                                      | Carol Stream      |
| 60191                                      | Wood Dale         |
| 60192                                      | Hoffman Estates   |
| 60193                                      | Schaumburg        |
| 60194                                      | Schaumburg        |
| 60195                                      | Schaumburg        |
| 60196                                      | Schaumburg        |

## **ATTACHMENT 13**

### **Alternatives**

After a thoughtful deliberation process, the Applicants determined that the planned Project is, in balance, the most effective and least costly alternative to the other alternatives considered when balancing access and quality with costs. The following narrative evaluates each alternative that was considered:

**1. Continue to address projected demand in existing cancer center space (\$0)**

The Applicants considered doing nothing and continuing to provide cancer services in the existing space. This option was rejected due to space constraints that prevent the co-location of cancer center services and limit the ability of clinicians to practice alongside one another. Given the degree of interdisciplinary care involved in cancer treatment, combining these services into an easily accessible location is critical to fostering communication among providers and enabling convenience for patients. Due to the increased demand for cancer services in NCHs planning area, the outpatient cancer center will address the needs of the community. For these reasons, the alternative of doing nothing was rejected.

**2. Build a new off-campus outpatient care center (similar construction costs with additional expenses related to land procurement)**

The Applicants worked on an option to build an outpatient care center off campus in nearby Schaumburg. This alternative was pursued but the municipality where the project was sited rejected the format planned by NCH and required a larger and more expensive building than was proposed. Further, with an off-site location there would be no opportunity for inpatients to receive radiation therapy while hospitalized. Site constraints and land use requirements were necessitating constructing a significantly larger facility than programmatically needed, driving substantially higher development and ongoing operational costs. In contrast, the proposed on-campus location allows for a right-sized facility that aligns with actual demand while leveraging existing infrastructure and support services. It is most beneficial for patients and providers to be on campus for a more coordinated and efficient care, ease of access, and overall navigation and experience. In addition, as there is currently an opportunity to address the needs of sub-specialized services closer to NCH campus, the Applicants believe pursuing an on-campus building will be the most cost effective, efficient and overall, better for the patient's experience. For these reasons, the alternative of building an off-campus outpatient center was rejected.

**3. Renovating space in existing buildings (cost was not identified since alternative is not feasible)**

The Applicants investigated utilizing existing space on the NCH campus to address the current needs of the cancer program; however, the vacant space was inadequate and would not allow for future expansion to meet demand. In addition, this space would hinder the ability for a cohesive and comprehensive outpatient care center with an efficient workflow and simplified care coordination for a positive

patient experience. The challenging workflow within this space would negatively impact provider engagement and experience and would hinder access for high demand service lines. For these reasons, this alternative was rejected.

**4. Build a new outpatient care center on the NCH campus (\$175,203,169)**

To best serve the needs of the residents that NCH's planning area serves, the Applicants believe that building a new outpatient care center on the NCH campus is the best option. The outpatient care center consists of three floors with the first floor dedicated to radiation oncology and neurosciences, the second dedicated to cancer care, and the third floor as shelled space for future sub-specialty needs of the community. An outpatient care center on NCH campus will improve access for our patients and provider collaboration and experience. In establishing a designated space for cancer and neurosciences services that is uniquely positioned within the NCH campus, it will optimize operational efficiency for seamless and coordinated care for all patients. In addition, the building will be constructed in a way to simplify wayfinding for patients, visitors, and providers, fostering a positive experience for all. Co-location of services in a standalone building will encourage collaboration among staff and providers. This collaboration will lead to more coordinated patient care.

## **ATTACHMENT 14**

### **Size of Project**

The Applicants plan to expand Northwest Community Hospital in Arlington Heights by building a 3-story facility to provide oncological care for outpatients and inpatients of the hospital along with other specialties. Appendix B of Section 1110 of the Administrative Code documents the established standards for certain departments, clinical service areas, and facilities. The table below summarizes the department, proposed dgsf, applicable state standard, and project compliance with the state standard. The proposed project is within the state standards for the services being added.

| <b>DEPARTMENT / SERVICE</b>            | <b>PROPOSED UNITS</b> | <b>PROPOSED DGSF</b>       | <b>STATE STANDARD</b>      | <b>DIFFERENCE</b>                | <b>MET STANDARD?</b> |
|----------------------------------------|-----------------------|----------------------------|----------------------------|----------------------------------|----------------------|
| Radiation Oncology-Linear Accelerators | 3                     | 1,265 dgsf/<br>Accelerator | 2,400 dgsf/<br>Accelerator | 1,135 dgsf<br>under the standard | Yes                  |
| Radiation Oncology-Simulator           | 1                     | 980 dgsf/<br>Accelerator   | 1,800 dgsf/<br>Simulator   | 820 dgsf<br>under the standard   | Yes                  |

The proposed project will also involve construction of a floor housing medical infusion as well as physician medical offices and exam rooms. There are no size standards for these departments under the State Board's rules.

**ATTACHMENT 15**  
**Project Services Utilization**

The proposed project will include spaces for radiation oncology services as well as physician medical offices and exam rooms and infusion. Section 1100 Appendix B of the Administrative Code documents the established utilization standards for radiation oncology. There are no similar standards for infusion, physician medical offices and exam rooms.

The table below summarizes the proposed units, projected volume, applicable state standard, and project compliance with the state standard. The planned outpatient center will contain three linear accelerators. There will not be any net new accelerators as a result of the project.

| DEPARTMENT / SERVICE                  | PROPOSED UNITS | PROJECTED VOLUME | STATE STANDARD PER UNIT | DIFFERENCE | MET STANDARD? |
|---------------------------------------|----------------|------------------|-------------------------|------------|---------------|
| Radiation Oncology-Linear Accelerator | 3              | 17,222*          | 7,500 procedures        | +2,222     | Yes           |

\*The projected volume above represents CY2024 historical utilization. Although the Applicants anticipate volumes in excess of this figure, they opted to present the most conservative volume projection.

## **ATTACHMENT 16**

### **Unfinished or Shell Space**

The Project includes unfinished space (i.e., shell space) that is to meet an anticipated need for physician and radiology space.

1. Total gross square footage of the proposed shell space: 28,795 GSF
2. Anticipated Use of Space:  
  
70 – 80 physician offices for orthopedic, spine, and pain management specialists.  
General radiology (general x-ray)
3. The shell space will be used for future physician office space as well as some radiology. Physician office space constitutes a non-clinical area under the State Board's rules. Accordingly, there are no established size or utilization standards for physician offices.

**ATTACHMENT 17**  
**Unfinished or Shell Space Assurances**

1. By signing the certification pages within this application, the Applicants attest they will submit a CON application to the State Board to develop and utilize the shell space, regardless of the capital thresholds in effect at that time or the categories of service involved.
2. The Applicants anticipate an application to develop and utilize the shell space may be submitted near or within 12-18 months of filing this application.
3. The Applicants anticipate the shell space will be completed and placed into operation near or within 12-18 months of completion of the primary building project.

**ATTACHMENTS 18-30, 32-33**

Not Applicable

**ATTACHMENT 31**  
**Section V, Service Specific Review Criteria**  
**Clinical Service Areas Other than Categories of Service**

**Criterion 1110.270 (c) – Service Modernization**

**1 & 2) Deteriorated Facilities and/or Necessary Expansion**

The Applicants plan to expand Northwest Community Hospital in Arlington Heights by building a 3-story facility to provide oncological care for outpatients and inpatients of the hospital along with other specialties. The modernization and relocation is a critical investment that advances both the patient and care team experience by creating a state-of-the-art environment aligned with contemporary care delivery standards. By relocating and co-locating radiation oncology alongside complementary cancer services, this initiative enables a more seamless, coordinated care journey for patients while enhancing collaboration among multidisciplinary teams. The updated space supports improved operational workflows, reduces fragmentation, and increases efficiency, ultimately allowing the program to better meet growing demand while delivering high-quality, patient-centered cancer care. Further, existing radiation oncology services housed in the existing hospital building will be moved out of critical inpatient space that in a future project will be redeveloped for surgical and other inpatient services.

**3) Utilization**

The proposed project will include spaces for radiation oncology treatments as well as physician medical offices and exam rooms. Section 1100 Appendix B of the Administrative Code documents the established utilization standards for radiation oncology. There are no similar standards for physician medical offices and exam rooms. Compliance with the utilization standards as specified in Appendix B is detailed in Attachment- 15.

**ATTACHMENT 34**  
**Availability of Funds**

The Applicants have the following bond rating and are, therefore, not required to address Section 1120.120 Availability of Funds.

- Aa3 from Moody's (May 29, 2025), included as part of Attachment- 35.

## ATTACHMENT 35

### Financial Viability Waiver

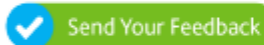
The Applicants have the following bond rating and, therefore, qualify for a financial viability waiver:

- Aa3 from Moody's (May 29, 2025), included as part of Attachment- 35.

**MOODY'S**  
RATINGS

U.S. Public Finance

**CREDIT OPINION**  
29 May 2025

 Send Your Feedback

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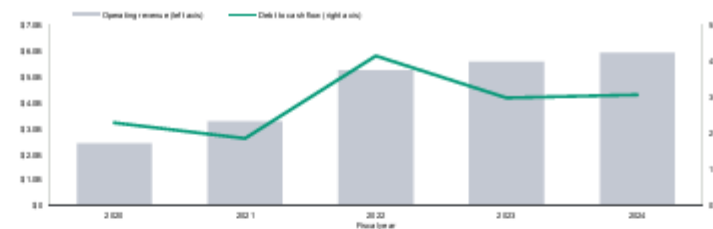
## Endeavor Health, IL

Update to credit analysis

### Summary

Endeavor Health's (Aa3, stable) position as the third largest system in the Chicago region and strong share in attractive markets provide key fundamental strengths. Significant savings from the successful integration of several mergers, ongoing investments in clinical services, and a very large physician network will help steadily improve modest margins. Debt-to-cashflow will remain low and cash-to-debt will be close to 300% due to moderate debt, including limited operating lease obligations. Liquidity will remain strong with disciplined capital spending that can be funded with cashflow. However, rising uncompensated care and global inflationary pressures will prolong a return to historical margins. Competition will be high in the broader region, especially amid ongoing consolidation.

Exhibit 1  
Moderate leverage during period of rapid growth



Source: Moody's Ratings

### Credit strengths

- » Third largest system in Chicago area with strong share in demographically attractive locations and large aligned medical group
- » Very good progress on integration will drive steady cashflow growth
- » Manageable capital spending and discipline will support strong cash on hand of 250-260 days
- » Moderate debt will drive debt-to-cashflow to under 3x even with modest margins

### Credit challenges

- » Modest operating cashflow (OCF) margins of 5%-6% for several years
- » Competition from several academic medical centers and large systems
- » Comparatively low liquidity with 51% of investments available monthly

Attachment 35

### Rating outlook

The stable outlook anticipates steady improvement in OCF margins to 5%-6% over the next couple of years, which will keep debt-to-cashflow under 3x assuming no material new debt. Days cash on hand will remain strong and consistent with the rating category.

### Factors that could lead to an upgrade

- » Significant and sustained improvement in OCF margin and absolute cash flow
- » Meaningfully better liquidity, including higher days cash on hand and cash-to-debt
- » Further enterprise growth and diversification in multiple markets
- » Growth in market share that provides a distinct leading position

### Factors that could lead to a downgrade

- » Inability to steadily improve operations to 5%-6% OCF margins
- » Meaningful increase in leverage
- » Significant decline in liquidity
- » Dilutive acquisition or merger

### Key indicators

Exhibit 2  
Endeavor Health, IL

|                                                     | 2020 KMAP | 2021 KMAP | 2022      | 2023      | 2024      |
|-----------------------------------------------------|-----------|-----------|-----------|-----------|-----------|
| Operating Revenue (\$'000)                          | 2,442,046 | 3,289,410 | 5,272,218 | 5,600,765 | 5,919,217 |
| 3 Year Operating Revenue CAGR (%)                   | 6.2       | 16.6      | 33.1      | 31.9      | 21.8      |
| Operating Cash Flow Margin (%)                      | 3.5       | 6.5       | 3.3       | 5.3       | 4.6       |
| PM Medicare (%)                                     | 47.0      | 49.0      | 46.0      | 45.8      | 46.6      |
| PM Medicaid (%)                                     | 7.0       | 13.0      | 10.5      | 11.2      | 10.8      |
| Days Cash on Hand                                   | 381       | 418       | 269       | 277       | 256       |
| Unrestricted Cash and Investments to Total Debt (%) | 181.7     | 471.3     | 249.8     | 271.7     | 273.3     |
| Total Debt to Cash Flow (x)                         | 2.5       | 1.9       | 4.2       | 3.0       | 3.1       |

Based on audits for NorthShore University HealthSystem, fiscal years ended September 30, 2020-2021. Based on audits for Endeavor Health (previously NS EE Holdings), fiscal years ended December 31, 2022-2024.

Fiscal 2022 excludes \$71 million gain on sale from revenue; fiscal years 2023 and 2024 exclude \$58 million and \$457 million legal settlement costs, resp.

Investment return normalized at 5%.

Source: Moody's Ratings

### Profile

Endeavor Health operates nine hospitals within the City of Chicago and throughout the northern, northwestern and western suburbs of the metropolitan Chicago area. The system employs over 1,800 physicians through its medical groups.

This publication does not announce a credit rating action. For any credit ratings referenced in this publication, please see the issuer's deal page on <https://ratings.moodys.com> for the most updated credit rating action information and rating history.

## Detailed credit considerations

### Market position

As the third largest health system in the Chicago region and in Illinois, Endeavor Health enjoys a strong market position with wide geographic coverage. Most hospitals are located in service areas with favorable demographics including median household income well above the state and US. The consolidation last year of over 6,800 employed and independent physicians into a single clinically integrated network will drive growth and efficiencies and provide a competitive advantage. This large clinic network and other outpatient services provide wide access for patients and generates close to 70% of revenue. A common electronic medical record vendor provides a strong platform to execute system-wide strategies, including standardizing clinical protocols, centralizing scheduling, and capitalizing on already well-developed data analytics.

Strategies around five primary clinical institutes and the concentration of certain specialties at each campus, such as the Orthopaedic and Spine Institute on the Skokie Hospital campus, will support growth and quality goals. Another example is the expansion of the Glenbrook campus last year to consolidate high acuity cardiovascular surgical cases, which is driving strong volume growth in that service line. Competition will increase amid ongoing consolidation in a market with several academic medical centers and large systems, including Advocate Health, Ascension and Northwestern Memorial HealthCare.

### Operating performance and liquidity

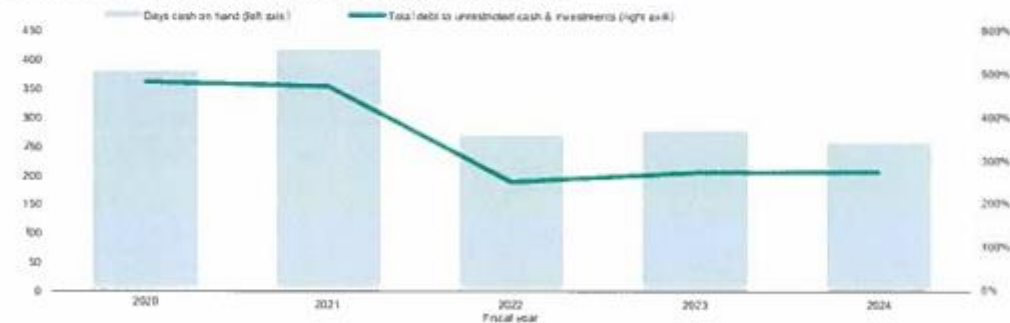
While performance will be moderate for several years, volume growth and integration savings will drive a continuation of steady operating improvement with OCF margins of 5%-6%. Strong demand and a favorable payer mix with higher than average commercial business will help net patient revenue, which increased 8.5% in fiscal 2024. The consolidation of corporate support services, leadership restructuring, supply chain initiatives, and installation of a single instance ERP system-wide, all largely completed, will drive efficiencies. The system will consolidate data centers and move to one instance of its EMR by the end of next year. The pace of improvement will be constrained by rising uncompensated care, global inflationary pressures, IT costs, and labor expense for certain hospital-based physicians such as anesthesiologists.

#### Liquidity

Cash on hand will remain strong at around 250-260 days over the next couple of years, after a slight decline last year from a large legal settlement. Capital spending will be manageable and disciplined at 1-1.2 times depreciation. Monthly liquidity of investments is comparatively low at 51% but adequate relative to liquidity demands with over 300% monthly liquidity-to-demand debt.

Exhibit 3

**Despite decline, liquidity will remain strong and provide good debt coverage**



Source: Moody's Ratings

### Leverage

Moderate debt will support generally good leverage metrics, assuming no material new debt in the near term. Debt-to-cashflow will decline to under 3 times in fiscal 2025 as cash flow improves. Depending on investment returns, cash-to-debt will remain strong at 270%-300%. Operating lease obligations are low and the pension was terminated last year.

### Debt structure

Debt structure risks are manageable with staggered bank tenders or expirations across multiple banks that directly hold debt or provide standby bond purchase agreements (SBPA). The VMIG 1 ratings are based on bank SBPAs to support unremarked tenders. Covenant headroom will be ample. Under the MTI, an event of default would occur if coverage is under 1.0 times for two consecutive years. Favorably, covenants in bank agreements are consistent with the MTI.

### Debt-related derivatives

Risks related to swaps will be minimal given the modest size of the program and strong liquidity to post collateral if needed.

### ESG considerations

**Endeavor Health, IL's ESG credit impact score is CIS-3**

Exhibit 4

ESG credit impact score



ESG considerations have a limited impact on the current rating, with potential for greater negative impact over time.

Source: Moody's Ratings

Endeavor Health's moderately negative ESG Credit Impact Score reflects low exposure to environmental and governance risks, and moderate social risks. The system's better than average customer relations score partly offsets industry risks related to demographic and societal trends.

Exhibit 5

ESG issuer profile scores



Source: Moody's Ratings

### Environmental

Endeavor Health does not have material environmental risks. The system is located within the City of Chicago and throughout the northern, northwestern and western suburbs of the metropolitan Chicago area.

### Social

Moderate social risks relate to demographic and societal trends and the growing reliance on government payors industry wide, although the system's exposure is less than average. Better than average customer relations reflects its position as the third largest

health system in the greater Chicago region and State of Illinois with good geographic coverage of generally attractive suburbs and large aligned physician networks. This position provides an advantage in managing various customer groups including patients, communities, and payers.

#### Governance

Governance characteristics are in line with the average for the sector. A single board at the parent level with full reserve powers compensates for a more complicated post-merger corporate structure. The parent holds all reserve powers and has fiduciary responsibility for system entities. Boards for the regions, Swedish, Northwest, NorthShore and Edward-Elmhurst, are responsible for quality, credentialing, community relations, philanthropy among other roles. The consolidation of enterprise-wide functions centralizes decision-making while maintaining some flexibility at the local level.

ESG Issuer Profile Scores and Credit Impact Scores for the rated entity/transaction are available on Moodys.com. In order to view the latest scores, please click [here](#) to go to the landing page for the entity/transaction on MDC and view the ESG Scores section.

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**ATTACHMENT 36**  
**Financial Viability**

As documented above, the applicants have an Aa3 bond rating. Accordingly, the Applicants are not required to address Section 1120.130 Financial Viability.

**ATTACHMENT 37A**  
**Reasonableness of Financing Arrangements**

As documented above, the Applicants have an Aa3 Bond Rating. Accordingly, the Applicants are not required to address Section 1120.140(a) Reasonableness of Financing Arrangements.

**ATTACHMENT 37B**  
**Conditions of Debt Financing**

By signing the certification pages within this application, the Applicants attest that the selected form of debt financing the Project will be the lowest net cost available.

**ATTACHMENT 37C**  
**Reasonableness of Project and Related Costs**

The table below shows the cost and gross square foot allocation for all clinical departments impacted by the proposed project.

| Cost and Gross Square Feet by Department of Service |                 |     |              |      |          |      |                     |                   |                       |
|-----------------------------------------------------|-----------------|-----|--------------|------|----------|------|---------------------|-------------------|-----------------------|
| Department<br>(list below)                          | A               | B   | C            | D    | E        | F    | G                   | H                 | Total Cost<br>(G + H) |
|                                                     | Cost / sf       |     | Gross sf     |      | Gross sf |      | Const \$<br>(A x C) | Mod \$<br>(B x E) |                       |
|                                                     | New             | Mod | New          | Circ | Mod      | Circ |                     |                   |                       |
| Reviewable Construction                             | \$773.89        |     | 8,833        |      |          |      | \$6,835,734         |                   | \$6,835,734           |
| Reviewable Contingency                              | \$77.36         |     | 8,833        |      |          |      | \$683,285           |                   | \$683,285             |
| <b>Total Clinical</b>                               | <b>\$851.24</b> |     | <b>8,833</b> |      |          |      | <b>\$7,519,019</b>  |                   | <b>\$7,519,019</b>    |

The values in column C reflect the total gross square footage

Circulation is 25.3% of the gross square footage.

The following is documentation regarding whether the estimated project costs are reasonable and in compliance with the state standards, as defined in Section 1120.140 (C) of the Administrative Code,

1. Preplanning costs are 1.56% of the sum of new construction, modernization, contingency, and equipment costs, which is under the state standard of 1.8%. Therefore, this item is compliant with the state standard.
2. Site Survey, Soil Investigation, and Site Preparation costs are 4.87% of Construction and Contingency costs, which is under the state standard of 5.0%. Therefore, this item is compliant with the state standard.
3. There is no Off-site Work associated with the project. Therefore, this item is not applicable.
4. New Construction and Contingency costs are \$851.24 per gsf, which is under the state standard for two-story building in 60005 of \$853.54/gsf. Therefore, this item is compliant with the state standard.
5. There are no Modernization Contracts associated with this project. Therefore, this item is not applicable.
6. The New Construction contingency is 10.0% of New Construction contracts, compared with the state standard of 10% for projects in the schematics stage. Therefore, this item is compliant with the state standard.

7. Architectural and Engineering Fees for new construction are 6.63% of the sum of new construction contracts and the new construction contingency budget. This is within the state standard of a range of 5.94%-8.92% for a new construction budget under \$9,000,000. Therefore, this item is compliant with the state standard.
8. There is no state standard for Consulting and Other Fees.
9. There is no state standard for Movable or Other Equipment (Not in Construction Contracts) costs.
10. There is no state standard for Bond Issuance Expense.
11. There is no state standard for Net Interest Expense.
12. There is no Fair Market Value of Leased Space or Equipment associated with the proposed project.
13. There is no state standard for Other Costs to Be Capitalized.
14. There is no Acquisition of Building or Other Property cost associated with the proposed project. Therefore, this item is not applicable.

|                            |                                                                  |        |
|----------------------------|------------------------------------------------------------------|--------|
| Estimate Name              | 2026-04-02 Medical Office Building Kara Friedman                 |        |
|                            | Kara Friedman<br>2028 905.53<br>Arlington heights<br>il<br>60005 |        |
| Building Type              | Medical Office, 2 Story with Brick Veneer / Reinforced Concrete  |        |
| Location                   | NORTH SUBURBAN, IL                                               |        |
|                            | 3.00                                                             | FLOORS |
| Stories Height             | 14.00                                                            |        |
| Floor Area (S.F.)          | 9,000.00                                                         |        |
| LaborType                  | STD                                                              |        |
| Basement Included          | No                                                               |        |
| Data Release               | Year 2026 Quarter 1                                              |        |
| Cost Per Square Foot       | \$853.54                                                         | 2026   |
| <b>Total Building Cost</b> | <b>\$7,681,820.38</b>                                            |        |

**\*\* mid point 2028**

**ATTACHMENT 37D & 37E**

**Projected Operating Costs & Total Effect of the Project on Capital Costs**

The table below provides information regarding costs as they relate to 17,222 radiation oncology units of service.

Line 5 of the table addresses criterion 1120.140(d), Projected Operating Costs.

Line 4 of the table addresses criterion 1120.140(e), Total Effect of the Project on Capital Costs.

| <b>Review Criteria Relating to Economic Feasibility</b> |                                       |           |
|---------------------------------------------------------|---------------------------------------|-----------|
| 1                                                       | Units of Service                      | 17,222    |
| 2                                                       | Total Capital Cost (2030 Projected)   | \$396,106 |
| 3                                                       | Total Operating Cost (2030 Projected) | \$619,131 |
| 4                                                       | Capital Cost per Unit of Service      | \$23.00   |
| 5                                                       | Operating Cost per Unit of Service    | \$35.95   |

**ATTACHMENT 38**  
**Safety Net Impact Statement**

This Project is non-substantive. Accordingly, this criterion is not applicable.

**ATTACHMENT 39**  
**Charity Care**

Charity care figures for the latest three audited fiscal years are provided in the table below:

| <b>Northwest Community Hospital</b> | <b>2022</b>        | <b>2023</b>        | <b>2024</b>        |
|-------------------------------------|--------------------|--------------------|--------------------|
| Net Patient Revenue                 | \$546,980,596      | \$603,228,885      | \$593,780,818      |
| Amount of Charity Care (charges)    | \$16,240,679       | \$25,950,777       | \$40,041,183       |
| Cost of Charity Care                | <b>\$4,108,592</b> | <b>\$6,657,983</b> | <b>\$9,925,872</b> |