

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:	Southern Illinois Healthcare Medical Office Building		
Street Address:	3406-3412 Heartland Street		
City and Zip Code:	Marion 62959		
County:	Williamson	Health Service Area:	5
		Health Planning Area:	F-06

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

Exact Legal Name:	Southern Illinois Healthcare Enterprises, Inc.
Street Address:	1239 E. Main Street
City and Zip Code:	Carbondale, IL 62902-3988
Name of Registered Agent:	Mr. John R. Daly
Registered Agent Street Address:	1239 E. Main Street, P.O. Box 3988
Registered Agent City and Zip Code:	Carbondale, IL 62902-3988
Name of Chief Executive Officer:	Mr. John Antes
CEO Street Address:	1239 E. Main Street, P.O. Box 3988
CEO City and Zip Code:	Carbondale, IL 62902-3988
CEO Telephone Number:	618-457-5200 X67100

Type of Ownership of Applicants

☒ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☐ Limited Liability Company	☐ Sole Proprietorship
	☐ 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:	Ms. Cathy Blythe
Title	System Director, Strategic Services:
Company Name:	Southern Illinois Healthcare
Address:	1239 E. Main Street P.O. Box 3988, Carbondale, IL 62902-3988
Telephone Number:	618-457-5200 X67963
E-mail Address:	cathy.blythe@sih.net
Fax Number:	618-529-0568

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

Name	Ms. Andrea R. Rozran
Title:	President
Company Name:	Diversified Health Resources, Inc.
Address:	1209 N. Astor Street #2N, Chicago, IL 60610-2655
Telephone Number:	312-925--2621
E-mail Address:	arozran@diversifiedhealth.net
Fax Number:	

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E-mail Address:	arozran@diversifiedhealth.net
Fax Number:	

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:	Ms. Cathy Blythe
Title:	System Director, Strategic Services
Company Name:	Southern Illinois Healthcare
Address:	1239 E. Main Street, P.O. Box 3988, Carbondale, IL 62902-3988
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E-mail Address:	cathy.blythe@sih.net
Fax Number:	618-529-0568

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: HIDK Properties – see Attachment 2 for more information
Address of Site Owner: Rolf Schilling, Trustee; HIDK Properties Land Trust, 635 East Walnut Street, Carbondale, IL 62901
Street Address or Legal Description of the Site: 3406-3412 Heartland Street, Marion, IL 629, IL 62959 Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Southern Illinois Healthcare Enterprises, Inc.
Address: 1239 E. Main Street, Carbondale, IL 62902-3988
☒ Non-profit Corporation ☐ Partnership ☐ For-profit Corporation ☐ Governmental ☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other
- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. - 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. - Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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

Flood Plain Requirements [Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements [Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

Part 1110 Classification :

- ☐ Substantive
- ☒ Non-substantive

2. Narrative Description

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

This application proposes to establish the Southern Illinois Healthcare Medical Office Building (SIH MOB) in a three-story building in Marion at the southwest corner of Route 13 and Bainbridge Trail. The SIH MOB will be constructed by an unrelated private developer (i.e., Boldt Holdings, LLC) and leased in its entirety to Southern Illinois Healthcare Enterprises, Inc (SIHE).

SIHE will lease the entire space within the building to the following related entities: (1) part of the building will be leased to Southern Illinois Medical Services, NFP (SIMS) for occupancy by its physician groups, most of which currently occupy space in nearby buildings, and (2) the balance of the building will be leased to Southern Illinois Hospital Services (SIHS) for a Diagnostic Imaging Center, Clinical Laboratory (i.e., Phlebotomy Center), Congestive Heart Failure Clinic, Patient Registration, and Retail Pharmacy.

Letters of Intent for all of the leases will be found in Attachment 4.

Space plans for the Southern Illinois Healthcare (SIH) Medical Office Building appear on the following pages.

The SIH Medical Office Building will have the following services on its 3 floors.

1st Floor: Entrance; Elevator Lobby and 2 Elevators; Public Staircase; 2 staircases; Employee Support Space; Materials Management; Mechanical Rooms; Conference Room; SIHS Leased space for Imaging, including both Diagnostic Radiology and Mammography; SIHS Leased space for Phlebotomy and Lab Area; SIHS Leased space for Congestive Heart Failure Clinic; SIHS Leased space for Patient Registration; SIHS Leased space for Retail Pharmacy; SIMS Leased space for Cardiovascular Clinic; SIMS Leased space for Patient Registration.

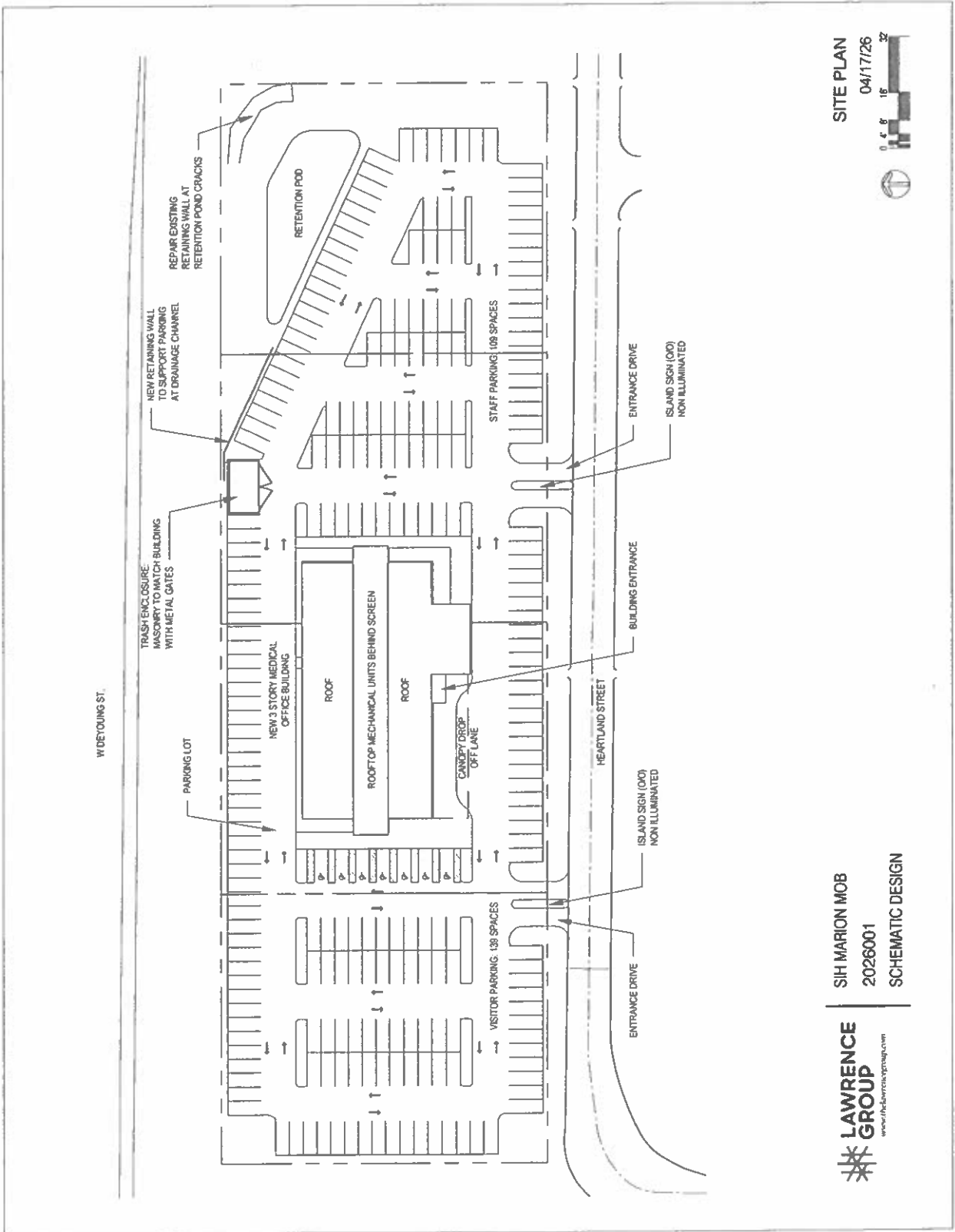
2nd Floor: Elevator Lobby and 2 Elevators; Public Staircase with Gallery; 2 Staircases; SIMS Leased space for Shared Urology/Flex Clinic; SIMS Leased space for Shared Pulmonary/Gastroenterology Clinic; and SIMS Leased space for Shared Pain Management/Podiatry Clinic.

3rd Floor: Elevator Lobby and 2 Elevators; Public Staircase with Gallery; 2 Staircases; SIMS Leased space for Shared Infectious Diseases/ENT Clinic; SIMS Leased space for Rural Health Clinic which includes Family Health, Pediatrics, and Behavioral Health.

The total project costs have estimated project costs of \$32,998,245, and the entire project will be leased by SIHE from Boldt Holdings, the developer. SIHS and SIMS will lease their space from SIHE. Letters of Intent for all the leases will be found in Attachment 4.

A CON permit is being sought because the total capital expenditure undertaken by Southern Illinois Healthcare entities (i.e., SIHE, SIMS, and SIHS) exceeds the capital expenditure threshold.

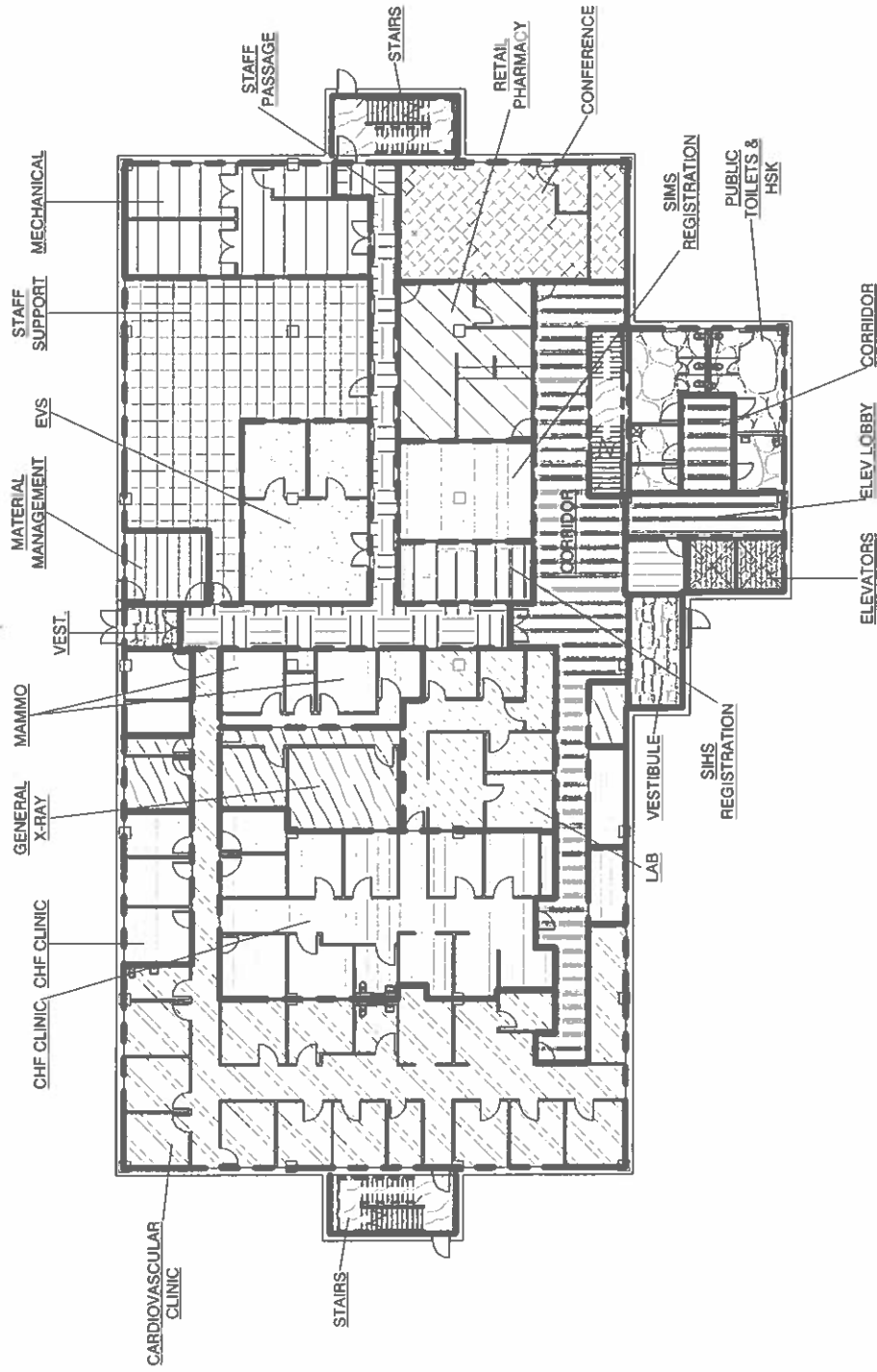
This project is Non-Substantive because it does not include any provisions that would make it a Substantive project in accordance with the Health Facilities Planning Board's CON requirements, Sections 12(8)a-c) of the Illinois Health Facilities Planning Act (20 ILCS 3960).



SITE PLAN
04/17/26
0 4 8 16 32

SIH MARION MOB
2026001
SCHEMATIC DESIGN

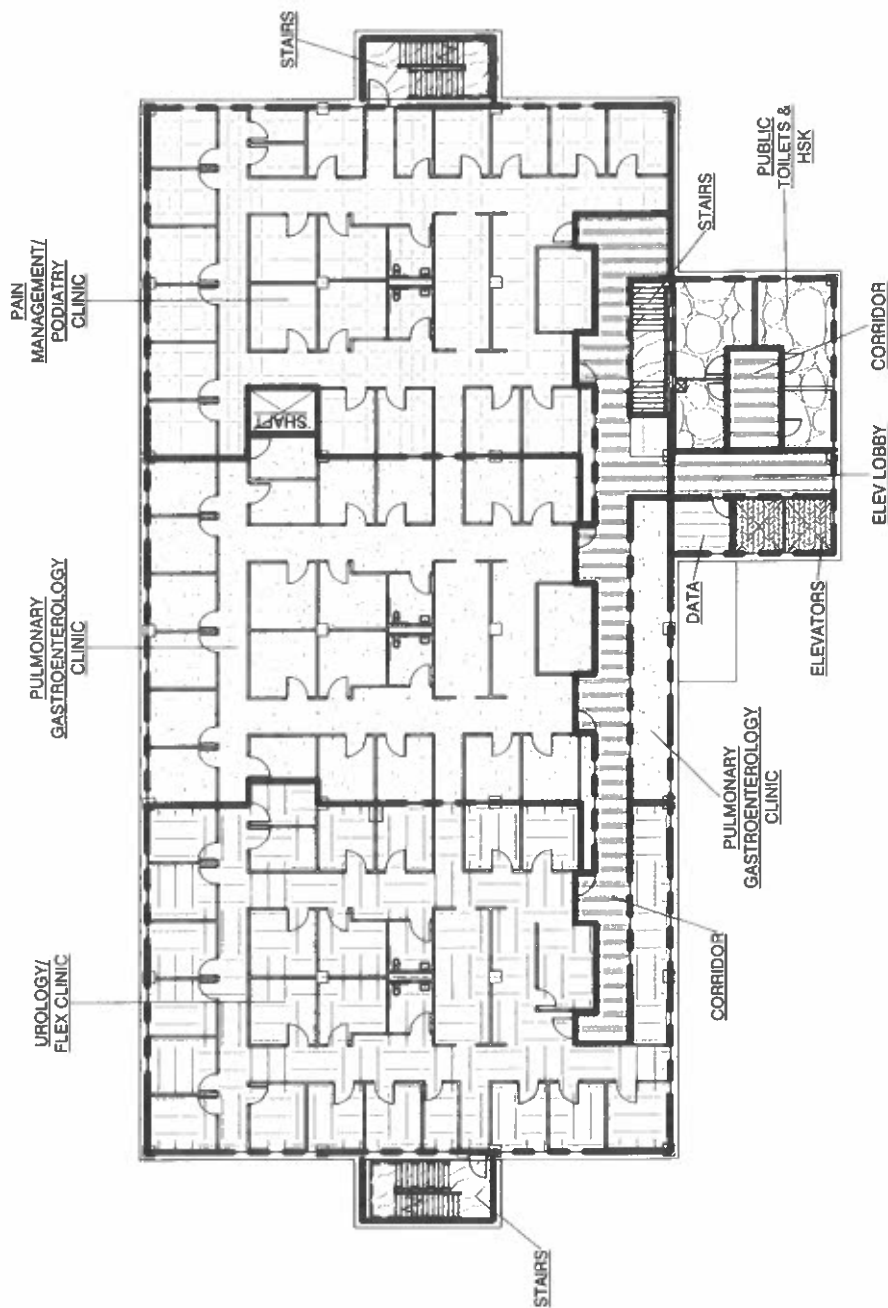
LAWRENCE GROUP
www.lawrencerpa.com



SIH MARION MOB

2026001

SCHEMATIC DESIGN



LEVEL 2 - DEPARTMENT PLAN

05/29/26



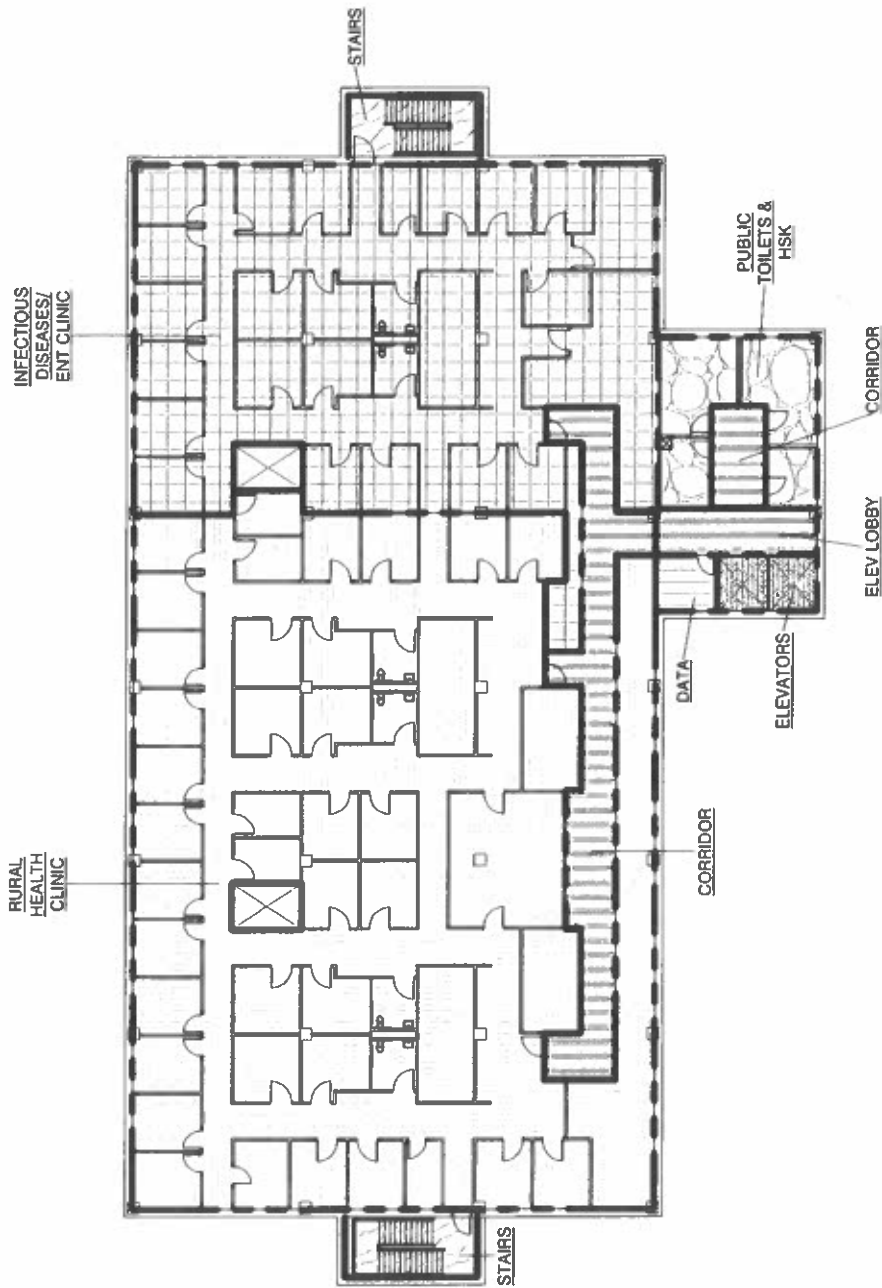
SIH MARION MOB

2026001

SCHEMATIC DESIGN



**LAWRENCE
GROUP**
www.thelawrencegroup.com



LEVEL 3 - DEPARTMENT PLAN

05/29/2026



SIH MARION MOB

2026001

SCHEMATIC DESIGN

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	\$55,537	\$15,508	\$71,045
Site Survey and Soil Investigation	\$35,951	\$10,039	\$45,990
Site Preparation	\$560,480	\$156,507	\$716,987
Off Site Work	\$0	\$2,067,013	\$2,067,013
New Construction Contracts	\$17,298,098	\$1,549,320	\$18,847,418
Modernization Contracts	\$0	\$0	\$0
Contingencies	\$1,729,809	\$154,932	\$1,884,741
Architectural/Engineering Fees	\$884,277	\$246,923	\$1,131,200
Consulting and Other Fees	\$357,544	\$99,840	\$457,384
Movable or Other Equipment (not in construction contracts)	\$3,836,401	\$1,426,757	\$5,263,158
Bond Issuance Expense (project related)	\$0	\$0	\$0
Net Interest Expense During Construction (project related)	\$0	\$0	\$0
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs to Be Capitalized	\$1,964,694	\$548,615	\$2,513,309
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
TOTAL USES OF FUNDS	\$26,722,791	\$6,275,454	\$32,998,245
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$3,836,401	\$2,532,930	\$6,369,331
Pledges	\$0	\$0	\$0
Gifts and Bequests	\$0	\$0	\$0
Bond Issues (project related)	\$0	\$0	\$0
Mortgages	\$0	\$0	\$0
Leases (fair market value)	\$22,886,390	\$3,742,524	\$26,628,914
Governmental Appropriations	\$0	\$0	\$0
Grants	\$0	\$0	\$0
Other Funds and Sources	\$0	\$0	\$0
TOTAL SOURCES OF FUNDS	\$26,722,791	\$6,275,454	\$32,998,245
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

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: \$ _____

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: **This project proposes the construction of an unlicensed outpatient facility**

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

Anticipated project completion date (refer to Part 1130.140): March 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
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON-REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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

Facility Bed Capacity and Utilization – This Item is not Applicable to this Project which is for an Outpatient Unlicensed Facility that is not related to a hospital

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

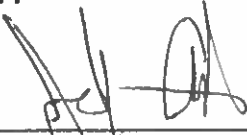
FACILITY NAME:		CITY:			
REPORTING PERIOD DATES:					
		From:	to:		
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness	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

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 Southern Illinois Healthcare Enterprises, Inc.* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application 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.



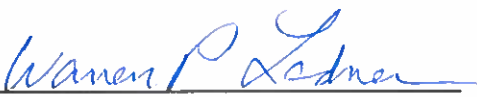
SIGNATURE

John Antes

PRINTED NAME

President and CEO

PRINTED TITLE



SIGNATURE

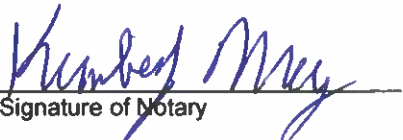
Warren Ladner

PRINTED NAME

Senior VP, CFO, Treasurer

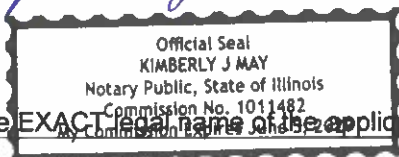
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 24th day of April



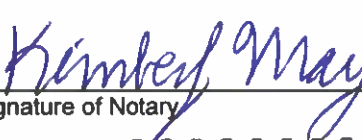
Signature of Notary

Seal



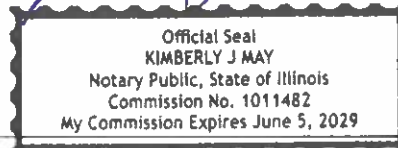
*Insert the EXACT legal name of the applicant

Notarization:
Subscribed and sworn to before me
this 24th day of April



Signature of Notary

Seal



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SIGNATURE

John Antes

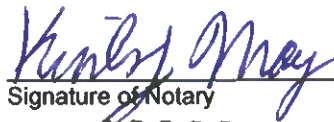
PRINTED NAME

President and CEO

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 24th day of April



Signature of Notary

Seal

Official Seal
KIMBERLY J MAY
Notary Public, State of Illinois
Commission No. 1011482

*Insert the EXACT legal name of the applicant



SIGNATURE

Warren Ladner

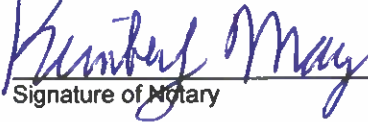
PRINTED NAME

Senior VP, CFO, Treasurer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 24th day of April



Signature of Notary

Seal

Official Seal
KIMBERLY J MAY
Notary Public, State of Illinois
Commission No. 1011482
My Commission Expires June 5, 2029

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- 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 Southern Illinois Medical Services, NFP* 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.



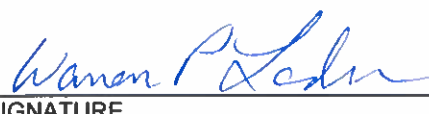
SIGNATURE

John Antes

PRINTED NAME

President and CEO

PRINTED TITLE



SIGNATURE

Warren Ladner

PRINTED NAME

Senior VP, CFO, Treasurer

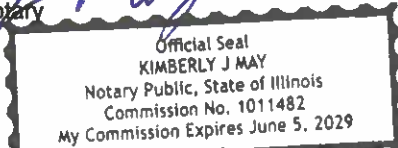
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29th day of April



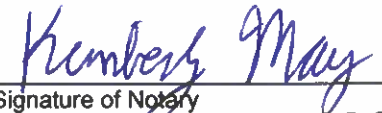
Signature of Notary

Seal



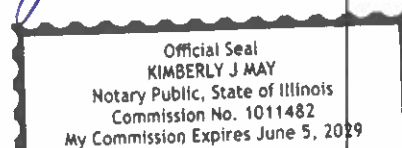
*Insert the EXACT legal name of the applicant

Notarization:
Subscribed and sworn to before me
this 29th day of April



Signature of Notary

Seal



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 BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET 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./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

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

NOT APPLICABLE**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.

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
☒ Diagnostic Radiology: General Radiology - Xray	0	1
☒ Diagnostic Radiology: Mammography	0	2
☒ Laboratory: Phlebotomy	0	2 Stations
☒ Congestive Heart Failure Clinic	0	4 exam rooms

This project also includes the replacement of 10 Physician clinics owned and operated by Southern Illinois Medical Services (SIMS) that are not subject to review because of the private practice of medicine.

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

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

Co-APPLICANT SOUTHERN ILLINOIS HEALTHCARE ENTERPRISES HAS AN "A-" BOND RATING

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

SEE ATTACHMENTS 34-36 FOR PROOF OF "A-" BOND RATING

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]:

	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1)	the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2)	interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion.
	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.
	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts.
	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:
	1)	For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated.
	2)	For revenue bonds, proof of the feasibility of securing the specified amount and interest rate.
	3)	For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.
	4)	For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment.
	5)	For any option to lease, a copy of the option, including all terms and conditions.

	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent.
	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt.
	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
TOTAL FUNDS AVAILABLE	
APPEND DOCUMENTATION AS <u>ATTACHMENT 34</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SEE ATTACHMENTS 34-36 FOR PROOF OF "A-" BOND RATING**SECTION VIII. 1120.130 - FINANCIAL VIABILITY**

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

Variance

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

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

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

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

SEE ATTACHMENTS 34-36 for PROOF OF "A-" BOND RATING

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).

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 (List below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									
* Include the percentage (%) of space for circulation									

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.

COST AND GROSS SQUARE FEET BY DEPARTMENT AND SERVICE (DGSF)							
	A	B	C	D	E	F	G
	Cost/Sq. Foot		Gross Sq. Ft		Const. \$	Mod. \$	Total Costs
Department	New	Mod.	New	Mod.	(A x C)	(B x D)	(E + F)
Clinical Service Areas:							
SIHS:							
Diagnostic Imaging - General X-Ray	\$569.36	\$0.00	947	0	\$539,181	\$0	\$539,181
Diagnostic Imaging - Mammography	\$581.42	\$0.00	947	0	\$550,605	\$0	\$550,605
Outpatient Laboratory/Phlebotomy	\$392.60	\$0.00	1,003	0	\$393,777	\$0	\$393,777
Congestive Heart Failure Clinic	\$380.69	\$0.00	2,604	0	\$991,311	\$0	\$991,311
Patient Registration	\$376.76	\$0.00	313	0	\$117,925	\$0	\$117,925
SIMS - Patient Exam Clinics							
Cardiovascular Clinic	\$376.39	\$0.00	3,668	0	\$1,380,601	\$0	\$1,380,601
Urology/Special Flex Clinic	\$376.43	\$0.00	5,994	0	\$2,256,306	\$0	\$2,256,306
Pulmonology/Gastroenterology Clinic	\$376.40	\$0.00	5,731	0	\$2,157,161	\$0	\$2,157,161
Podiatry/Pain Management Clinic	\$376.38	\$0.00	5,512	0	\$2,074,614	\$0	\$2,074,614
Rural Health Clinic	\$376.40	\$0.00	11,526	0	\$4,338,345	\$0	\$4,338,345
Infectious Diseases/ENT Clinic	\$376.38	\$0.00	6,127	0	\$2,306,097	\$0	\$2,306,097
Patient Registration	\$376.08	\$0.00	511	0	\$192,175	\$0	\$192,175
TOTAL - CLINICAL SERVICE AREAS	\$385.40	\$0.00	44,883	0	\$17,298,098	\$0	\$17,298,098
Non-Clinical Service Areas:							
SIHS: Retail Pharmacy	\$227.00	\$0.00	696	0	\$157,992	\$0	\$157,992
Vestibules, Stairs, Circulation, Lobbies & Public Toilets	\$117.50	\$0.00	10,876	0	\$1,277,930	\$0	\$1,277,930
Building Support Services	\$118.00	\$0.00	961	0	\$113,398	\$0	\$113,398
TOTAL NON-CLINICAL SERVICE AREAS	\$123.62	\$0.00	12,533	0	\$1,549,320	\$0	\$1,549,320
PROJECT TOTAL	\$328.26	\$0.00	57,416	0	\$18,847,418	\$0	\$18,847,418

SECTION X. SAFETY NET IMPACT STATEMENT**NOT APPLICABLE BECAUSE THIS IS A NON-SUBSTANTIVE PROJECT**

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

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

Safety Net Impact Statements shall also include all the following:

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

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

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

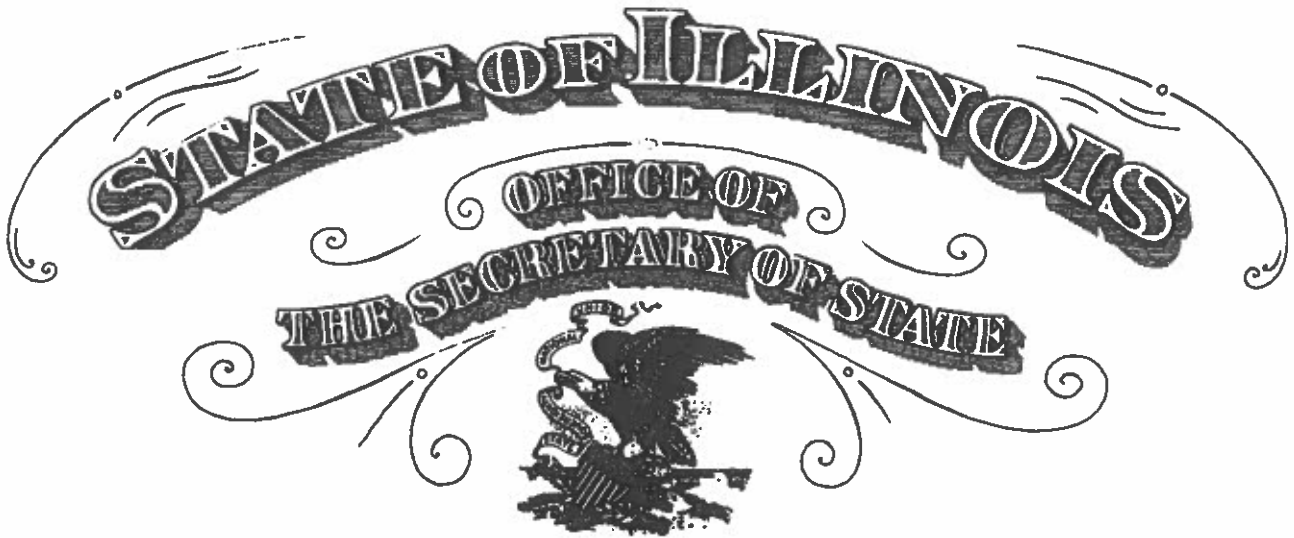
APPEND DOCUMENTATION AS **ATTACHMENT 39**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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	032
2	Site Ownership	035
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	045
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	046
5	Flood Plain Requirements	061
6	Historic Preservation Act Requirements	065
7	Project and Sources of Funds Itemization	070
8	Financial Commitment Document if required	
9	Cost Space Requirements	087
10	Discontinuation	
11	Background of the Applicant	088
12	Purpose of the Project	092
13	Alternatives to the Project	107
14	Size of the Project	109
15	Project Service Utilization	113
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
	Service Specific:	
18	Medical Surgical Pediatrics, Obstetrics, ICU	
19	Comprehensive Physical Rehabilitation	
20	Acute Mental Illness	
21	Open Heart Surgery	
22	Cardiac Catheterization	
23	In-Center Hemodialysis	
24	Non-Hospital Based Ambulatory Surgery	
25	Selected Organ Transplantation	
26	Kidney Transplantation	
27	Subacute Care Hospital Model	
28	Community-Based Residential Rehabilitation Center	
29	Long Term Acute Care Hospital	
30	Clinical Service Areas Other than Categories of Service	115
31	Freestanding Emergency Center Medical Services	
32	Birth Center	
	Financial and Economic Feasibility:	
33	Availability of Funds	
34-36	Financial Waiver	121
35	Financial Viability	
36-37	Economic Feasibility	130
37-38	Safety Net Impact Statement	
38-39	Charity Care Information	132
39-40	Flood Plain Information	134

File Number

5313-710-5



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

SOUTHERN ILLINOIS HEALTHCARE ENTERPRISES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 06, 1983, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of JUNE A.D. 2026 .

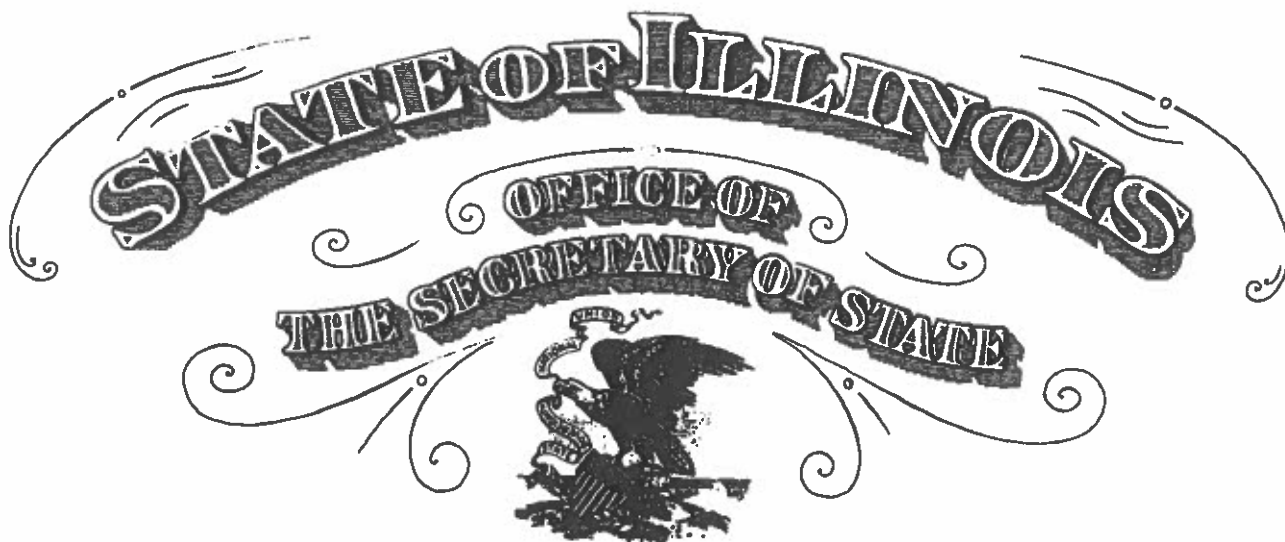
Authentication #: 2616204778 verifiable until 06/11/2027
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE ATTACHMENT 1, PAGE1

032

File Number

2877-076-6



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

SOUTHERN ILLINOIS HOSPITAL SERVICES, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 15, 1946, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



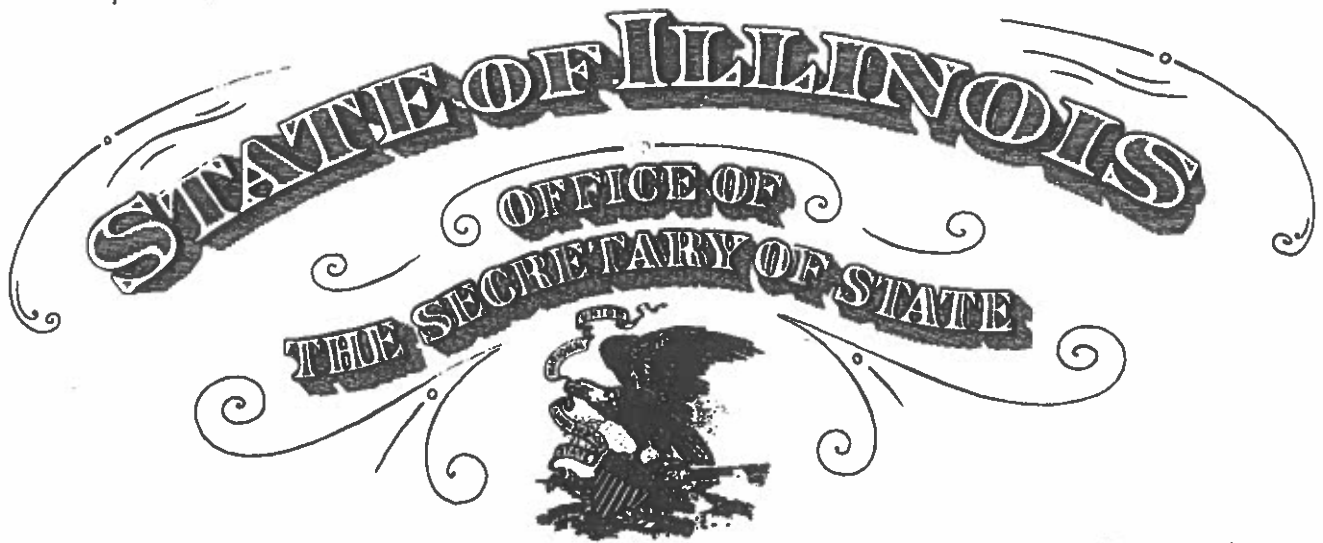
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of JUNE A.D. 2026 .

Authentication #: 2616204718 verifiable until 06/11/2027
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
ATTACHMENT 1, PAGE 2
SECRETARY OF STATE

File Number

6511-506-9



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

SOUTHERN ILLINOIS MEDICAL SERVICES, NFP, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 30, 2006, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 11TH
day of JUNE A.D. 2026 .

Authentication #: 2616204748 verifiable until 06/11/2027
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis
ATTACHMENT 1, PAGE 3
SECRETARY OF STATE

034

ATTACHMENT 2
SITE OWNERSHIP

I.
Identification, General Information, and Site Ownership
Site Ownership

John R. Daly, Senior Vice President and General Counsel of Southern Illinois Healthcare Enterprises, Inc., reports that HIDK Properties Land Trust is a land trust in which Southern Illinois Healthcare is the beneficial owner and Rolf Schilling is the trustee.

WINTERS, BREWSTER, CROSBY AND SCHAFFER LLC

ATTORNEYS AT LAW
111 West Main, P.O. Box 700
MARION, IL 62959

JOHN S. BREWSTER
THOMAS F. CROSBY
PAUL J. SCHAFFER

LINDA J. BRAME*
JONATHAN R. CANTRELL

CHARLES D. WINTERS (1917-1992)

TELEPHONE: (618) 997-5611

FAX: (618) 997-6522

* Also licensed in Missouri

January 22, 2013

E-MAIL: winlaw@winterslaw.com

Mr. William Sherwood
VP/General Counsel
Southern Illinois Hospital Services
PO Box 3988
University Mall/1239 East Main Street
Carbondale, IL 62902-3988

RE: SIH/HIDK/Four Corners
WBCS No. 12-199-JSB

Dear Mr. Sherwood:

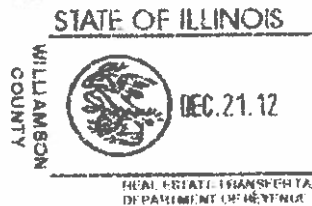
Enclosed please find the original recorded Warranty Deed and a copy of the Settlement Statement from Palmer and Murrie Abstract Co., Inc. I have kept a copy for my file. Please advise if anything further is necessary.

Respectfully,



John S. Brewster
For the Firm

JSB/adb
Enclosure



# 0000023134	REAL ESTATE TRANSFER TAX
	0172500
	FP326674

Image# 004354370005 Type: WARR DEED
Recorded: 12/21/2012 at 09:57:52 AM
Page 1 of 5
Fees: \$46.00 Tax: \$1,725.00
IL Rental Housing Fund: \$10.00
Williamson County, IL
Saundra K. Jent Clerk & Recorder
Book 492 Page 247
File **2012-00011821**

Above space for Recorder's Use Only

(LLC) WARRANTY DEED

THIS INDENTURE WITNESSETH, That the **Grantor, FOUR CORNERS GROUP, LLC, an Illinois Limited Liability Company**, duly organized and existing under and by virtue of the laws of the State of Illinois and duly authorized to transact business in the State where the following described real estate is located, for and in consideration of One Dollar and other good and valuable considerations, the receipt of which is hereby acknowledged, pursuant to the authority given to the authorized member by the operating agreement and members of aforementioned Limited Liability Company **CONVEYS AND WARRANTS** to **GRANTEE, ROLFR. SCHILLING** as Trustee of the **HIDK Properties Land Trust**, under Land Trust Agreement dated September 15, 2010, the following described real estate, to wit:

Lots Eight (8), Nine (9), Ten (10) and Eleven (11) in Four Corners Commercial Development Phase 2, a part of the Northeast Quarter of the Northwest Quarter of Section 16, Township 9 South, Range 2 East of the Third Principal Meridian, as shown by Plat Recorded in Plat Record 10 page 31, filed February 6, 2007 as document number 1361 in the Recorder's Office of Williamson County, Illinois.

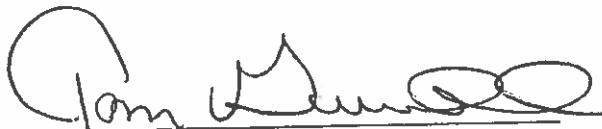
EXCEPT any interest in the coal, oil, gas and other minerals underlying the land which have been heretofore conveyed or reserved in prior instrument(s) of record, and all rights and easements in favor of the estate of said coal, oil, gas and other minerals, if any, situated in Williamson County, Illinois.

With privileges of and subject to reservations, restrictions, easements, encumbrances, right of way grants and covenants of record, and those apparent from an inspection of the premises, including encroachments.

Property Index No.: 06-16-126-005; 06-16-126-006; 06-16-126-007; 06-16-126-008

IN WITNESS WHEREOF, said Grantor has caused its company seal to be hereto affixed, and has caused its name to be signed to these presents by its Authorized Member, this 21st day of December, 2012.

BY



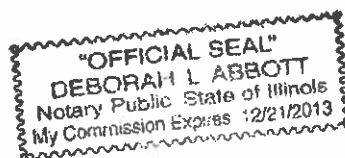
THOMAS J. GRUNLOH
Authorized Member

STATE OF ILLINOIS

County of Williamson

I, the undersigned, a Notary Public, in and for said County, in the State aforesaid, DO HEREBY CERTIFY THAT **Thomas J. Grunloh**, personally known to me to be the authorized member of the Limited Liability Company, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that he signed and delivered the said instrument as Authorized Member of said Limited Liability Company, and caused the seal of said Limited Liability Company to be affixed thereto, pursuant to authority, given by the said Limited Liability Company as his free and voluntary act, and as the free and voluntary act and deed of said Limited Liability Company, for the uses and purposes thereon set forth.

Given under my hand and notarial seal, on December 21, 2012.


NOTARY PUBLIC

Successor Deed to ^{Plat}~~Deed Record~~ 10, Page 31.

039

The preparer: (1) does not represent any party to this transaction but, rather, has prepared this deed for review by the parties and/or their respective personal attorneys, if any, for the purpose of facilitating the transaction; (2) has not examined title to the real estate and makes no representations or warranties as to the status or condition of title, the validity of grantor's title or the existence of liens, encumbrances or defects in title; (3) has not reviewed the legal description set forth above and makes no representations or warranties as to accuracy thereof; (4) has relied solely upon information provided by the grantor(s), and (5) has not provided and will not provide any advice or other legal service to or for the benefit of either party with respect to this transaction.

MAIL SUBSEQUENT TAX BILLS TO:

Rolf Schilling, Trustee
HIDK Properties Land Trust
635 E. Walnut Street
Carbondale, IL 62901

DEED PREPARED BY:

Stephen R. Green
Attorney at Law
400 North Market Street
Marion, IL 62959

AFFIDAVIT OF COMPLIANCE WITH THE REQUIREMENTS OF WILLIAMSON COUNTY LAND DIVISION/SUBDIVISION ORDINANCE 06-02-14-01 AND THE STATE OF ILLINOIS PLAT ACT

This a legal document and must be filed with every deed recorded.
(Consult an attorney if you do not understand what you are signing)

For instructions, definitions and explanations--see page 2 on the reverse side of this affidavit

The Grantor(s) or the Grantor(s) authorized representative in a deed transferring interest in the real estate described in the accompanying deed, state the following:

- ☒ **A. Not a division of land** (no change of parcel boundary lines) Previous Deed Book and Page Plat 10 pg 31
(If A is marked above, a compliance stamp from the Williamson County Plat Officer is not required and no further questions apply)
- ☐ **B. A division of land** (change of parcel boundary lines)
(If B is marked above, a compliance stamp from the Williamson County Plat Officer is required. Most divisions of land in Williamson County, Illinois will require a survey prepared by a Professional Land Surveyor)

In accordance with Illinois law (225-ILCS 330/5 Sec C), beginning January 1, 2004, all legal descriptions for land divisions must be prepared by a Professional Land Surveyor. Has the legal description for this division been prepared in accordance with this law and is there a survey accompanying this conveyance? _____ Name and company of surveyor _____

OR,

- ☐ **C. Is this a division of land that meets one of the following exceptions** to the State of Illinois Plat Act and Williamson County Land Division/Subdivision Ordinance. (These divisions require a compliance stamp from the Williamson County Plat Officer, but do not need a boundary/tract survey, except where noted.)

- _____ a. A division of land into tracts of five (5) acres or more not involving new streets or easements of access that can be described as a fractional part
- _____ b. A division of lots or blocks of less than one (1) acre in a recorded subdivision not involving new streets or easements of access, provided the division does not require a metes and bounds legal description.
- _____ c. A sale or exchange of land between owners of adjoining and contiguous land (If described in metes and bounds the division must be reviewed by the Williamson County Plat Officer and a tract survey prepared by an Illinois Registered Land Surveyor must be recorded with the conveyance.
- _____ d. A conveyance of land for use as a right-of-way for public utilities and other pipelines not involving new streets or easements of access; A conveyance of land owned by a public utility not involving new streets or easements of access; A conveyance of land for highway or other public purpose, or relating to a dedication of land, or for vacation of land subject to public use
- _____ e. A conveyance made to correct a description in a prior conveyance (NOTE: If a tract survey was not attached to the original conveyance and a metes and bounds description is necessary to correct a description, then a tract survey must accompany and be recorded with the corrective conveyance) Deed Book and Page being corrected _____
- _____ f. The sale or exchange of parcels of land following the division into no more that two (2) parts of a parcel existing on July 17, 1959, and not involving any new streets or easements of access
- _____ g. The sale of a single lot less than five (5) acres from a larger tract, but not a subsequent lot from the same larger tract, as determined by the dimensions and configuration of the tract as it existed October 1, 1973
- _____ h. A tract of land that has previously been conveyed and the deed of the previous conveyance is on record in the Recorder's Office of Williamson County, Illinois. Deed Book and Page of previous conveyance _____

Under penalties of perjury, I swear that the statements contained herein are true and correct.

NAME Thomas J. Grunloh

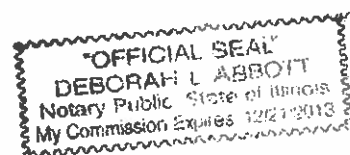
DATE 12/21/12

SIGNATURE Tom Grunloh

PARCEL NUMBER(s) 06-16-126-005; 06-16-126-006; 06-16-126-007; 06-16-126-008

Subscribed and sworn to before me this 21st day of Dec, 2012
Deborah L. Abbott
Notary Public

(Seal)



041

EXPLANATION

All legal descriptions for land divisions must be prepared by a Professional Land Surveyor.

The Williamson County Recorder's Office will be implementing the requirement of an AFFIDAVIT FOR PURPOSE OF PLAT ACT REQUIREMENTS form. This Affidavit form will ensure that every conveyance recorded in Williamson County will be in compliance with the State of Illinois Plat Act and the Williamson County Ordinance covering plats, division of land, subdivisions, dedications and vacations. This Affidavit form must accompany every conveyance recorded in the Williamson County Recorder's Office. Below is additional information about the form and the reasons behind our decision to implement the use of this Affidavit.

The purpose of this Affidavit is to determine which exemption from Williamson County Land Division/Subdivision Ordinance and the State of Illinois Plat Act this conveyance is in compliance with.

DEFINITIONS

Most divisions of land in Williamson County will require a compliance stamp from the Williamson County Plat Officer and a tract survey prepared by a Professional Land Surveyor. Below are definitions to be used to determine which division applies to the conveyance.

Fractional Part: A fractional part division is one which creates a tract with a legal description of a fraction of a quarter section, with acreage divisible by 5 with no easements required for access. A fractional part division requires a compliance stamp from the Williamson County Plat Officer. An example would be:

- The E ½ of the NW ¼ of the SE ¼ of the NE ¼ of Section 12, Township 9 South, Range 3 East of the Third Principal Meridian (5 acres)

Platted Lot: A lot in a recorded subdivision that was approved through the current subdivision process may be divided under the following procedures:

- **Minor lot line adjustment:** If a portion of a lot is being conveyed to an adjacent landowner and can be described simply, such as the west 10 feet of Lot 20, a compliance stamp from the Williamson County Plat Officer is required. A tract survey is not required.
- **Other conveyance to an adjacent owner:** If the portion of a lot being conveyed to an adjacent landowner requires a metes and bounds legal description, a compliance stamp from the Williamson County Plat Officer is required and a tract survey prepared by a Professional Land Surveyor is required and must be recorded along with the conveyance.

Subdivision: The division of a parcel of land into two (2) or more parts, any of which part is less than five (5) acres exclusive of all right-of-way, for the purpose of transfer of ownership or possession, or building development, or if an easement of access or new road is involved, any division of land. The area of division is usually given a specific name, lot numbers and may or may not include dedicated roads. The term includes any division of land that attempts to avoid the requirements of Williamson County Ordinance 06-02-14-01, an ordinance adopting rules and procedures covering plats, divisions of land, subdivisions, dedications and vacations in Williamson County, Illinois and the State of Illinois Plat Act. Where appropriate to the content, the term shall relate to the process of subdivision, or to the land subdivided and shall include re-subdivision, regardless of contiguous/adjoining ownership. Subdivisions require a compliance stamp from the Williamson County Plat Officer, County Engineer, Bi-County Health Department, where applicable, and the Williamson County Board of Commissioners. A subdivision survey prepared by a Professional Land Surveyor is required and must be recorded along with the conveyance.

A tract survey is not required, and the provisions in Williamson County Land Division/Subdivision Ordinance, and the State of Illinois Plat Act shall not apply, in any of the following instances:

- A division of lots or blocks of less than one (1) acre in a recorded subdivision not involving new streets or easements of access, provided the division does not require a metes and bounds legal description.
- A division of land into tracts of five (5) acres or more not involving new streets or easements of access and that can be described without a metes and bounds survey
- A tract of land that has previously been conveyed and the deed of the previous conveyance is on record in the Recorder's Office of Williamson County, Illinois. (Note: The new deed shall state on its face the Deed Record Book and Page Number of the deed that it is the successor to)
- A division of a land which may be ordered or approved by a court or affected by testamentary or intestate provision.
- The sale of a single lot less than five (5) acres from a larger tract, but not a subsequent lot from the same larger tract, as determined by the dimensions and configuration of the tract as it existed October 1, 1973
- A conveyance of land for use as a right-of-way for public utilities and other pipelines not involving new streets or easements of access; a conveyance of land owned by a public utility not involving new streets or easements of access; a conveyance of land for highway or other public purpose, or relating to a dedication of land, or for vacation of land subject to public use

Boundary/Tract Survey: A boundary/tract survey for the purposes of this affidavit is a division or re-division of a tract of land from a parent parcel into a lot, plat site or parcel, all of which front upon an existing street with a minimum street frontage of 50 feet, any of which is less than 5 acres, regardless of contiguous and adjoining ownership, that is described in a metes and bounds description. A boundary/tract survey must be prepared by a Professional Land Surveyor. All metes and bounds divisions must receive approval either as a boundary/tract survey or through the subdivision process. (Generally, a contiguous owner division can be approved as a tract survey). A tract survey of the metes and bounds description must accompany and be recorded with the conveyance. These divisions require a compliance stamp from the Williamson County Plat Officer.

INSTRUCTIONS ON COMPLETING THE PLAT ACT AFFIDAVIT (on the reverse of this page)

1. Check A if the conveyance does not change the current parcel lines. (Skip to number 3 below)
2. Check B if the conveyance does change the current parcel lines. If B is checked, mark the applicable letter that applies to the correct Plat Act exception. If you do not know the correct Plat Act exception, seek legal advice from your private attorney to obtain this information.
3. Print your name, sign your name and fill in the date in the presence of a Notary Public.
4. The Notary Public fills in the date you presented yourself for signature, signs and stamps the affidavit with their seal. (The affidavit is complete and ready to record if A was checked on the affidavit and the deed did not change the current parcel lines.)
5. If B is checked the conveyance must be accompanied by a tract survey to be recorded as an integral part of the conveyance or recorded immediately prior or immediately subsequent to the recording of the conveyance.

GROUND LEASE LETTER OF INTENT

THIS GROUND LEASE LETTER OF INTENT ("Letter"), is made as of May 19th, 2026 ("Effective Date"), by and among a Special Purpose Entity owned by Boldt Holdings, LLC, a Wisconsin limited liability company ("Boldt"), as Ground Lessee and Southern Illinois Healthcare Enterprise ("SIHE") as Ground Lessor (individually and together with Ground Lessee, the "Parties").

1. **Purpose:** This Letter provides notice of leasehold interest affecting the property described below. This Ground Lease will be entered into for the purpose of developing a medical office building to be master leased by the Ground Lessor.
2. **Description of the Leased Premises:** Certain real property located in the City of Marion, Williamson County, Illinois, as more particularly described on Schedule A attached hereto (the "Leased Premises").

Property Address: 3406 – 3412 Heartland Street, Marion, Illinois 62959

3. **Lease Terms:**

Term: 75 Years

Options to Extend: Boldt will have two (2) 12-year extension options

Use: Vacant land for the development of medical office

Annual Lease Amount: Ground Rent to be determined by Fair Market Value from an independent appraisal. Ground Rent, real estate taxes, insurance, and maintenance will be an operating expense of the Ground Lessor

Rent Commencement: Upon receipt of Certificate of Occupancy

Approximate Ground Lease Acres: 4.16 (Premises shall consist of approximate acres, subject to final measurement upon survey completion.)

Target Certificate of Occupancy: January 22, 2028

4. **Governing Law:** It is agreed that the Lease shall be governed by, construed and enforced in accordance with the laws of the State of Illinois.

Signatures to Follow on the Next Page

IN WITNESS WHEREOF, the Parties have executed this Lease.

MASTER LESSEE:

Boldt Holdings

By: _____



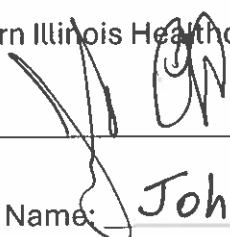
Date: 06/03/2026

Printed Name: Jacob Garro

MASTER LESSOR

Southern Illinois Healthcare Enterprise

By: _____



Date: 6/4/26

Printed Name: John Antes

File Number

5313-710-5



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

SOUTHERN ILLINOIS HEALTHCARE ENTERPRISES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 06, 1983, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of JUNE A.D. 2026 .

Authentication #: 2816204778 verifiable until 08/11/2027
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
ATTACHMENT 3
SECRETARY OF STATE

045

ATTACHMENT 4
ORGANIZATIONAL RELATIONSHIPS

I.
Identification, General Information, and Site Ownership
Organizational Relationships

The next pages of this Attachment include the following Letters of Intent to lease space in the Southern Illinois Healthcare Medical Office Building (SIH MOB).

- Master Lease Letter of Intent by and among a Special Purpose Entity owned by Boldt Holdings, LLC, and Southern Illinois Healthcare Enterprises, Inc. (SIHE).

This Letter of Intent to Lease the property with approximately 57,415 Direct (also known as Departmental) Square Feet at 3406-3412 Heartland Street, Marion Illinois, identifies the property on which Boldt Holdings will construct the SIH MOB and lease the entire building to SIHE.

- Letter of Intent by and among Southern Illinois Healthcare Enterprises, Inc., (SIHE) and Southern Illinois Hospital Services (SIHS) to lease space within the SIH MOB.

This Letter of Intent to Lease approximately 6,510 Direct (also known as Departmental) Square Feet within the property at 3406-3412 Heartland Street, Marion Illinois, identifies the property within the SIH MOB that SIHS is prepared to lease to provide medical care within the building leased to SIHE.

The space, which is all on the first floor of SIH MOB, will be used as follows.

Patient Registration	313 DGSF
Diagnostic Testing: General X-Ray	947 DGSF
Diagnostic Testing: Mammography	947 DGSF
Outpatient Lab, including Phlebotomy	1,003 DGSF
Congestive Heart Failure Clinic	2,604 DGSF
Retail Pharmacy	696 DGSF

- Letter of Intent by and among Southern Illinois Healthcare Enterprises, Inc., (SIHE) and Southern Illinois Medical Services (SIMS) to lease space within the SIH MOB.

This Letter of Intent to Lease approximately 39,069 Direct Square Feet within the property at 3406-3412 Heartland Street, Marion Illinois, identifies the property

within the SIH MOB that SIMS is prepared to lease to provide medical care within the building leased to SIHE.

The space will be used as follows.

Patient Registration	511 DGSF
Cardiovascular Clinic	3,668 DGSF
Urology/Special Flex Clinic	5,994 DGSF
Pulmonary/Gastroenterology Clinic	5,731 DGSF
Pain Management/Podiatry Clinic	5,512 DGSF
Rural Health Clinics	11,526 DGSF
Infectious Diseases/ENT Clinic	6,127 DGSF

MASTER LEASE LETTER OF INTENT

THIS MASTER LEASE LETTER OF INTENT ("Letter"), is made as of May 11th 2026 ("Effective Date"), by and among a Special Purpose Entity owned by Boldt Holdings, LLC, a Wisconsin limited liability company ("Boldt"), as Master Lessor and Southern Illinois Healthcare Enterprise ("SIHE") as Master Lessee (individually and together with Master Lessor, the "Parties").

1. **Purpose:** This Letter provides notice of leasehold interest affecting the property described below.
2. **Description of the Leased Premises:** Certain real property and improvements located in the City of Marion, Williamson County, Illinois, as more particularly described on Schedule A attached hereto (the "Leased Premises").

Property Address: 3406 – 3412 Heartland Street, Marion, Illinois 62959

3. **Lease Terms:**

Term: 15 Years

Option to Renew, Purchase, Sell

SIH will have a right of first refusal ("ROFR") if developer elects to ever sell the Property.

Use: Medical Office

Target Monthly Lease Amount: \$2.88 per square foot

Approximate Direct Square Footage: 57,415

Premises shall consist of approximate rentable square feet, subject to final measurement upon substantial completion.

Target Substantial Completion Date: January 22, 2028

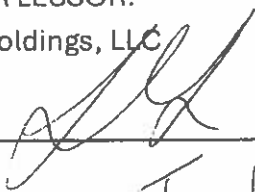
4. **Governing Law:** It is agreed that the Lease shall be governed by, construed and enforced in accordance with the laws of the State of Illinois.

Signatures to Follow on the Next Page

IN WITNESS WHEREOF, the Parties have executed this Lease.

MASTER LESSOR:

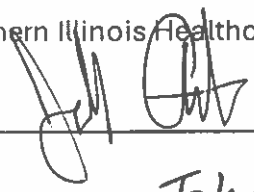
Boldt Holdings, LLC

By:  Date: 5/8/2025

Printed Name: Jacob Garro

MASTER LESSEE

Southern Illinois Healthcare Enterprise

By:  Date: 6/4/26

Printed Name: John Antes

MASTER LEASE LETTER OF INTENT

THIS MASTER LEASE LETTER OF INTENT ("Letter"), is made as of May 11th 2026 ("Effective Date"), by and among a Special Purpose Entity owned by Boldt Holdings, LLC, a Wisconsin limited liability company ("Boldt"), as Master Lessor and Southern Illinois Healthcare Enterprise ("SIHE") as Master Lessee (individually and together with Master Lessor, the "Parties").

1. **Purpose:** This Letter provides notice of leasehold interest affecting the property described below.
2. **Description of the Leased Premises:** Certain real property and improvements located in the City of Marion, Williamson County, Illinois, as more particularly described on Schedule A attached hereto (the "Leased Premises").

Property Address: 3406 – 3412 Heartland Street, Marion, Illinois 62959

3. **Lease Terms:**

Term: 15 Years

Option to Renew, Purchase, Sell

SIH will have a right of first refusal ("ROFR") if developer elects to ever sell the Property.

Use: Medical Office

Target Monthly Lease Amount: \$2.88 per square foot

Approximate Direct Square Footage: 57,415

Premises shall consist of approximate rentable square feet, subject to final measurement upon substantial completion.

Target Substantial Completion Date: January 22, 2028

4. **Governing Law:** It is agreed that the Lease shall be governed by, construed and enforced in accordance with the laws of the State of Illinois.

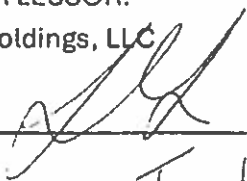
Signatures to Follow on the Next Page

052

IN WITNESS WHEREOF, the Parties have executed this Lease.

MASTER LESSOR:

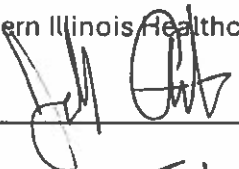
Boldt Holdings, LLC

By:  Date: 5/8/2025

Printed Name: Jacob Garro

MASTER LESSEE

Southern Illinois Healthcare Enterprise

By:  Date: 6/4/26

Printed Name: John Antes

EXHIBIT A
LEGAL DESCRIPTION

Lots Eight (8), Nine (9), Ten (10) and Eleven (11) in Four Corners Commercial Development Phase 2, a part of the Northeast Quarter of the Northwest Quarter of Section 16, Township 9 South, Range 2 East of the Third Principal Meridian, as shown by Plat Recorded in Plat Record 10 page 31, filed February 6, 2007 as document number 1361 in the Recorder's Office of Williamson County, Illinois.

EXCEPT any interest in the coal, oil, gas and other minerals underlying the land which have been heretofore conveyed or reserved in prior instrument(s) of record and all rights, easements in favor of the estate of said coal, oil, gas and other minerals, if any, situated in Williamson County, Illinois.

With privileges of and subject to reservations, restrictions, easements, encumbrances, right of way, grants and covenants of record and those apparent from an inspection of the premises, including encroachments.

Property Index No.: 06-16-126-005; 06-16-126-006; 06-16-126-007; 06-16-126-008

Property Address: 3406 – 3412 Heartland Street, Marion, IL 62959

LEASE LETTER OF INTENT

THIS LEASE LETTER OF INTENT ("Letter"), is made as of May 11th 2026 ("Effective Date"), by and among Southern Illinois Healthcare Enterprise ("SIHE"), as Master Lessor and Southern Illinois Hospital Services ("SIHS) as Sublessee (individually and together with Master Lessor, the "Parties").

1. **Purpose:** This Letter provides notice of leasehold interest affecting the property described below.
2. **Description of the Leased Premises:** Certain real property and improvements located in the City of Marion, Williamson County, Illinois, as more particularly described on Schedule A attached hereto (the "Leased Premises").

Property Address: 3406 – 3412 Heartland Street, Marion, Illinois 62959

3. **Lease Terms:**

Term: 15 Years

Option to Renew: Contingent on Master Lease Renewal

Use: Medical Office

Target Lease Amount: \$17.00 per square foot

Approximate Direct Square Footage: 6,510

Approximate Common Area Square Footage: 1,691

Premises shall consist of approximate rentable square feet, subject to final measurement upon substantial completion.

Target Substantial Completion Date: January 22, 2028

4. **Sublease** ("Sublease"): The Sublessee is willing to undertake certain obligations of Master Lease as defined in their respective sublease.
5. **Governing Law:** It is agreed that the Master Lease and Subleases shall be governed by, construed and enforced in accordance with the laws of the State of Illinois.

Signatures to Follow on the Next Page

IN WITNESS WHEREOF, the Parties have executed this Letter.

MASTER LESSOR:

Southern Illinois Healthcare Enterprise

By: [Signature] Date: 5/14/26

Printed Name: Sam Antel

SUBLESSEE

Southern Illinois Hospital Services

By: [Signature] Date: 5/14/26

Printed Name: Sam Antel

EXHIBIT A
LEGAL DESCRIPTION

Lots Eight (8), Nine (9), Ten (10) and Eleven (11) in Four Corners Commercial Development Phase 2, a part of the Northeast Quarter of the Northwest Quarter of Section 16, Township 9 South, Range 2 East of the Third Principal Meridian, as shown by Plat Recorded in Plat Record 10 page 31, filed February 6, 2007 as document number 1361 in the Recorder's Office of Williamson County, Illinois.

EXCEPT any interest in the coal, oil, gas and other minerals underlying the land which have been heretofore conveyed or reserved in prior instrument(s) of record and all rights, easements in favor of the estate of said coal, oil, gas and other minerals, if any, situated in Williamson County, Illinois.

With privileges of and subject to reservations, restrictions, easements, encumbrances, right of way, grants and covenants of record and those apparent from an inspection of the premises, including encroachments.

Property Index No.: 06-16-126-005; 06-16-126-006; 06-16-126-007; 06-16-126-008

Property Address: 3406 – 3412 Heartland Street, Marion, IL 62959

LEASE LETTER OF INTENT

THIS LEASE LETTER OF INTENT ("Letter"), is made as of May 11th 2026 ("Effective Date"), by and among Southern Illinois Healthcare Enterprise ("SIHE"), as Master Lessor and Southern Illinois Medical Services ("SIMS) as Sublessee (individually and together with Master Lessor, the "Parties").

1. **Purpose:** This Letter provides notice of leasehold interest affecting the property described below.
2. **Description of the Leased Premises:** Certain real property and improvements located in the City of Marion, Williamson County, Illinois, as more particularly described on Schedule A attached hereto (the "Leased Premises").

Property Address: 3406 – 3412 Heartland Street, Marion, Illinois 62959

3. **Lease Terms:**

Term: 15 Years

Option to Renew: Contingent on Master Lease Renewal

Use: Medical Office

Target Lease Amount: \$17.00 per square foot

Approximate Direct Square Footage: 39,069

Approximate Common Area Square Footage: 10,146

Premises shall consist of approximate rentable square feet, subject to final measurement upon substantial completion.

Target Substantial Completion Date: January 22, 2028

4. **Sublease** ("Sublease"): The Sublessee is willing to undertake certain obligations of Master Lease as defined in their respective sublease.
5. **Governing Law:** It is agreed that the Master Lease and Subleases shall be governed by, construed and enforced in accordance with the laws of the State of Illinois.

Signatures to Follow on the Next Page

IN WITNESS WHEREOF, the Parties have executed this Letter.

MASTER LESSOR:

Southern Illinois Healthcare Enterprise

By: _____

Date: _____

Printed Name: _____

SUBLESSEE

Southern Illinois Medical Services

By: _____

Date: _____

Printed Name: _____

059

EXHIBIT A
LEGAL DESCRIPTION

Lots Eight (8), Nine (9), Ten (10) and Eleven (11) in Four Corners Commercial Development Phase 2, a part of the Northeast Quarter of the Northwest Quarter of Section 16, Township 9 South, Range 2 East of the Third Principal Meridian, as shown by Plat Recorded in Plat Record 10 page 31, filed February 6, 2007 as document number 1361 in the Recorder's Office of Williamson County, Illinois.

EXCEPT any interest in the coal, oil, gas and other minerals underlying the land which have been heretofore conveyed or reserved in prior instrument(s) of record and all rights, easements in favor of the estate of said coal, oil, gas and other minerals, if any, situated in Williamson County, Illinois.

With privileges of and subject to reservations, restrictions, easements, encumbrances, right of way, grants and covenants of record and those apparent from an inspection of the premises, including encroachments.

Property Index No.: 06-16-126-005; 06-16-126-006; 06-16-126-007; 06-16-126-008

Property Address: 3406 – 3412 Heartland Street, Marion, IL 62959

I.
Flood Plain Requirements

The following pages of this Attachment contain the most recent Flood Insurance Rate Map for this site and a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 and the most recent Flood Insurance Rate Map for this site.

A Special Flood Hazard Area and 500-Year Floodplain Determination Form will be found in Attachment 40 at the conclusion of this Application for Permit.



Administration

t 618.457.5200

f 618.529.0568

April 29, 2026

Mr. John Kniery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Second Floor
Springfield, Illinois 62761

Re: Compliance with Requirements of Illinois Executive Order #2006-5
Regarding Construction Activities in Special Flood Hazard Areas

Dear Mr. Kniery,

I am the applicant representative of Southern Illinois Healthcare Enterprises, the owner of the site on which Marion MOB will be located.

I hereby attest that this site is not located on a flood plain, as identified by the most recent FEMA Flood Insurance Rate Map for this location (i.e., FIRM Panel Number 17199C0175D) and that this location complies with the Flood Plain Rule and the requirements stated under Illinois Executive Order #2006-5, "Construction Activities in the Special Flood Hazard Areas."

As shown in the information in Section XI of this application, Marion MOB is not proposed to be located in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain.

Sincerely,

A handwritten signature in black ink, appearing to read "John Antes", written over a horizontal line.

John Antes
President & CEO

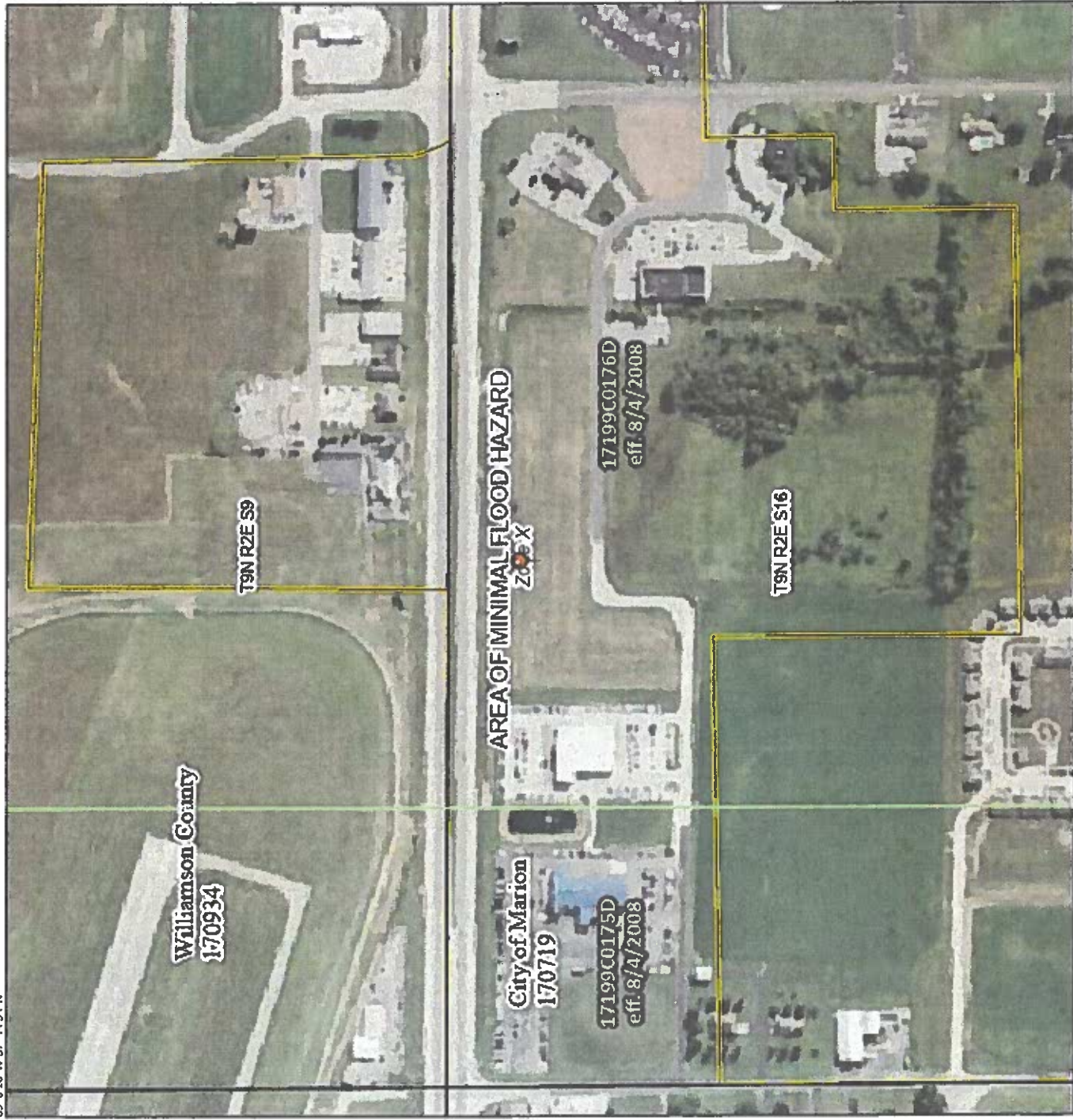


062

National Flood Hazard Layer FIRMette

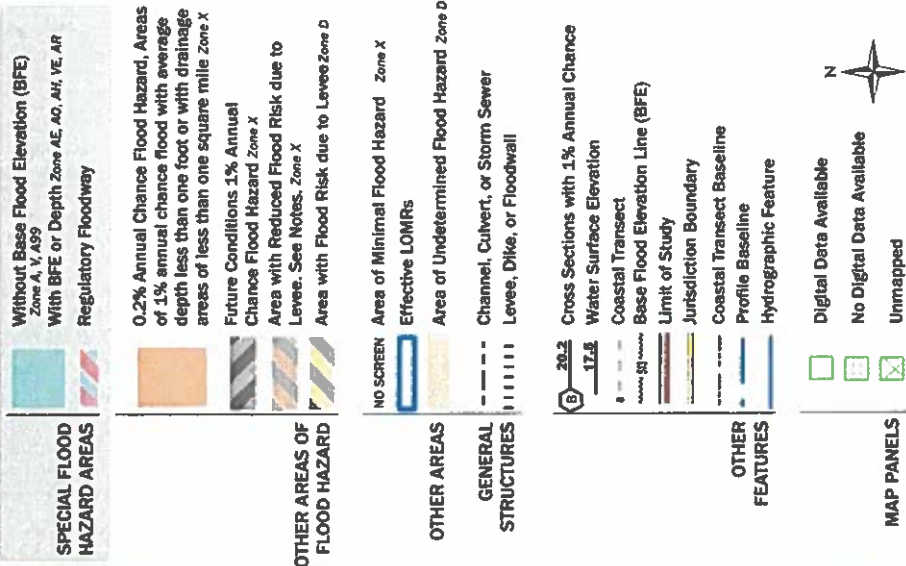


89°01'10"W 37°44'54"N



Legend

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



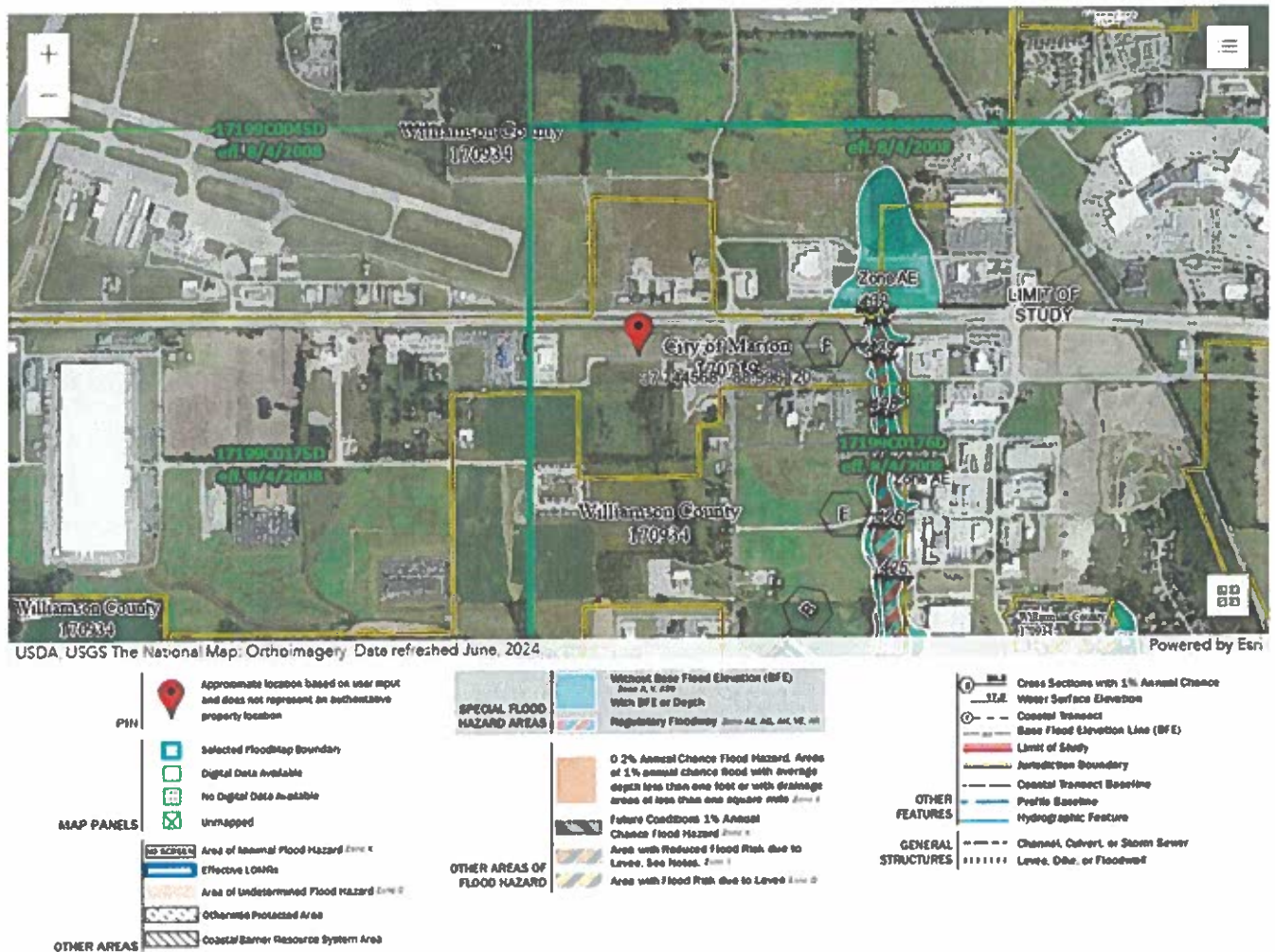
The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 4/24/2026 at 8:06 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodeled areas cannot be used for regulatory purposes.

By their signatures on the certifications, the Applicants certifies that the site for the proposed project is located in an area of minimal flood hazard, as show in the interactive map for Panel 17199C0175D from the FEMA Flood Map Service Center.



064

I.
Historic Resources Preservation Act Requirements

The letter on the next page of this Attachment and the documentation on the pages that follow documents that the site of the Southern Illinois Healthcare Medical Office Building (SIH MOB) is in compliance with the Historic Resources Preservation Act.

The letter from Carey L. Mayer, AIA, Deputy Historic Preservation Officer, documents that this project has been found that, based on the available information, no significant historic, architectural, or archaeological resources will be affected within the proposed project area. This approval remains in effect for two years from April 17, 2026, and it does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Remains Protection Act (20 ILCS 3440).



Illinois
Department of
**Natural
Resources**

JB Pritzker, Governor • Natalie Phelps Finnie, Director
One Natural Resources Way • Springfield, Illinois 62702-1271
www.dnr.illinois.gov

Williamson County
Marion
3406-3412 Heartland St.
IHFSRB
CON - Southern Illinois Healthcare Marion Medical Office Building

PLEASE REFER TO: SHPO LOG #003032326

April 17, 2026

Christopher Post
Southern Illinois Healthcare
PO Box 3968
Carbondale, IL 62902

The Illinois State Historic Preservation Office is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state funded, permitted, or licensed undertakings for their effect on cultural resources. Pursuant to this, we have received information regarding the referenced project for our comment.

Our staff has reviewed the specifications under the state law and assessed the impact of the project as submitted by your office. We have determined, based on the available information, that no significant historic, architectural, or archaeological resources will be affected within the proposed project area.

According to the information you have provided there is no federal involvement in your project. Be aware that the state law is less restrictive than the federal cultural resource laws concerning archaeology. If your project will use federal loans or grants, need federal agency permits (including non-reporting), use federal property, or involve assistance from a federal agency then your project must be reviewed under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

This approval remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Remains Protection Act (20 ILCS 3440).

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act.

If further assistance is needed, please contact Jeff Kruchten, Principal Archaeologist, at 217/785-1279 or jeff.kruchten@illinois.gov.

Sincerely,

Carey L. Mayer, AIA
Deputy State Historic Preservation Officer

**Marion Medical Office Building
Southern Illinois Healthcare
Marion, Illinois**



1. Project Location:

County: **Williamson County**

Street Address: **Between 3406-3412 Heartland Street, Marion, Illinois 62946**

Municipality: **Marion**

2. Proposed Project Description:

Southern Illinois Healthcare (SIH) proposes a medical office building for clinics and diagnostic imaging to construct a multi-clinic freestanding 2-3 story building, approximately 60,000 square foot addition to the Medical Group.

The proposed project will have surface parking and for a multi-clinic program. Each clinic will be approximately 6,000 SF with private exam rooms, dedicated patient restrooms per clinic / support spaces including a first-floor conference room/multi-purpose room, support space for clinics use, offices, and required spaces for all licensure requirements in the State of Illinois.

The project will be all new construction on greenfield location.

Proposed Ground-Disturbing Activity:

- Removal of topsoil for reuse on the site.
- Regrading of site for storm water management.
- Construction of new building and parking.

3. Names of state and/or federal agencies and entities that are providing funding, licenses, permits, or approvals for your project:

- Funding: Developer-Led Project Funding
- Licenses:
 - Lab: Clinical Laboratory Improvement Amendments (CLIA)
 - Imaging: Illinois Emergency Management Agency (IEMA)
 - Pharmacy License: Illinois Department of Financial and Professional Regulation (IDFPR)
- Permit: Illinois Health Facilities and Services Review Board – Certificate of Need Program
- Site Plan Review: City of Marion Illinois

4. Name, email address, phone, and mailing address of the project contact:

Christopher Post

Email: christopher.post@sih.net

**Marion Medical Office Building
Southern Illinois Healthcare
Marion, Illinois**

Phone: 618.529.0494

Address: 200 North Poplar Street, Carbondale, IL 62901



- 5. Previously assigned SHPO log numbers associated with your project (if any)**
Not Applicable

- 6. Total acreage involved in the project:**

The site is approximately 4.162 acres of greenfield; consisting of four adjacent parcels per Williamson County, Illinois GIS: 3412, 3410, 3408, and 3406 Heartland Street (Parcel Nos. 06-16-126-008, -007, -006, and -005).

- 7. Year of original construction for each structure on the project site**

There is no existing construction on the project site.

- 8. Description of any prior non-agricultural ground disturbance in the project area**

There is a drainage ditch along the east edge of the site.

- 9. Any known historical information, architectural significance, significance to community, or association with a significant individual for any cultural resources within the project area.**

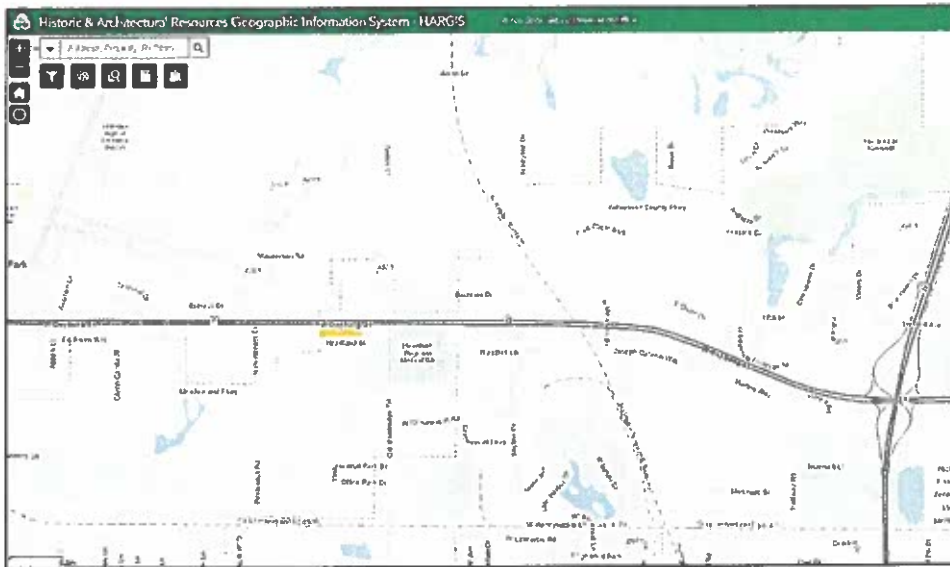
No known historical information, architectural significance, or culturally significant resources have been identified at 3406-3412 Heartland Street, Marion, Illinois, based on currently available historical records.

**Marion Medical Office Building
Southern Illinois Healthcare
Marion, Illinois**



Maps, Images, and Area of Potential Effects (APE)

1. HARGIS - Preservation (illinois.gov)



SITE (Highlighted in Yellow)



SITE (Highlighted in Yellow)

Itemized Project Costs				
USE OF FUNDS	Clinical Service Areas	Non-Clinical Service Areas	Total	
Pre-Planning Costs:		TOTAL		
Preplanning Cost	\$43,811	\$12,234		\$56,045
Preplanning CON Preparation	\$11,726	\$3,274		\$15,000
Total Pre-Planning Costs	\$55,537	\$15,508		\$71,045
Site Survey and Soil Investigation				
Preliminary Site Survey	\$2,728	\$762		\$3,490
Geotechnical Investigation and Analysis	\$15,634	\$4,366		\$20,000
Site survey- Topo	\$7,817	\$2,183		\$10,000
ALTA Survey	\$5,863	\$1,637		\$7,500
Fire Flow Testing	\$3,909	\$1,091		\$5,000
Total Site Survey and Soil Investigation	\$36,951	\$10,039		\$46,990
Site Preparation				
Site Clearing/Stripping/Stockpile	\$113,740	\$31,760		\$145,500
Site Rough Grading	\$159,679	\$44,588		\$204,267
Utilities	\$287,061	\$80,159		\$367,220
Total Site Preparation	\$560,480	\$156,507		\$716,987
Off Site Work				
Access/Driveway Connections/Road Repair	\$0	\$114,730		\$114,730
Utility Connections	\$0	\$95,870		\$95,870
Repair to ROW	\$0	\$35,000		\$35,000
Temporary Traffic Control	\$0	\$22,000		\$22,000
Construction Survey and Staking	\$0	\$64,325		\$64,325
Site Finish Grade	\$0	\$408,533		\$408,533
Stormwater/Erosion Control	\$0	\$346,200		\$346,200
Asphalt	\$0	\$686,750		\$686,750
Landscaping	\$0	\$135,350		\$135,350
Site Lighting	\$0	\$105,000		\$105,000
Signage and Furnishings	\$0	\$53,255		\$53,255
Total Off Site Work	\$0	\$2,067,013		\$2,067,013
New Construction Contracts	\$17,296,098	\$1,549,320		\$18,847,418
Modernization Contracts	\$0	\$0		\$0
Contingencies				
Developer Contingency	\$1,286,202	\$115,200		\$1,401,402
Owner Contingency	\$443,607	\$39,732		\$483,339
Total Contingencies	\$1,729,809	\$154,932		\$1,884,741
Architectural and Engineering Fees				
Developer Architecture and Engineering Fees	\$787,891	\$220,009		\$1,007,900
Owner Schematic Design & Reimbursables	\$96,386	\$26,914		\$123,300
Total Architectural and Engineering Fees	\$884,277	\$246,923		\$1,131,200
Consulting and Other Fees:				
Inspections & Testing (Concrete, Steel, Other)	\$44,882	\$12,533		\$57,415
IDPH Plan Review Fee	\$28,923	\$8,077		\$37,000
Building As-Built Documentation	\$11,726	\$3,274		\$15,000
Project Close Out / Auditing Documentation	\$15,634	\$4,366		\$20,000
Builder's Risk Insurance	\$70,771	\$19,762		\$90,533
Utilities and Permit Fees	\$15,114	\$4,220		\$19,334
Building Permit	\$10,772	\$3,008		\$13,780
CON Consulting Allowance	\$71,779	\$20,043		\$91,822
CON Permit Fee	\$58,629	\$16,371		\$75,000
Utility Locations	\$4,690	\$1,310		\$6,000
Zoning Verification	\$3,518	\$982		\$4,500
Utility Service Well Serve Verification	\$3,518	\$982		\$4,500
Phase I Analysis	\$7,817	\$2,183		\$10,000
Traffic Study	\$3,909	\$1,091		\$5,000
Infiltration Testing and Analysis	\$5,862	\$1,638		\$7,500
Total Consulting and Other Fees	\$357,544	\$98,840		\$457,384
Movable or Other Equipment (not in construction contracts)	\$3,836,401	\$1,426,757		\$5,263,158
Other Costs to be Capitalized				
Developer Fee	\$1,360,052	\$435,624		\$1,995,676
Impact Fee	\$64,882	\$18,118		\$83,000
Administrative Services Fee	\$242,332	\$67,668		\$310,000
Construction Progress Inspection/Draws	\$15,634	\$4,366		\$20,000
Title/Title Insurance	\$81,794	\$22,839		\$104,633
Total Other Costs to be Capitalized	\$1,964,694	\$548,615		\$2,513,309
TOTAL ESTIMATED PROJECT COSTS	270 \$26,722,791	\$6,275,454		\$32,998,245

ATTACHMENT 7
MOVABLE OR OTHER EQUIPMENT,
FURNITURE/FURNISHINGS AND ARTWORK

SIH Marion MOB

FURNITURE, FIXTURE, EQUIPMENT (FFE)

Date: June 15th, 2026

Floor	Qty	Room Name	Clinical (C) or Non-Clinical	Dept.	FFE Item	Total	New	Existing	Original Budget	CON Budget Total
1	1	Entrance Vestibule	NC	Public Services	Vinyl Door Signage	1	1	0	\$ 475	\$ 490
1	1	Entrance Vestibule	NC	Public Services	Artwork	2	2	0	\$ 450	\$ 945
1	1	Entrance Vestibule	NC	Public Services	Knox Box	1	1	0	\$ 1,400	\$ 1,470
1	1	Entrance Vestibule	NC	Public Services	Security Camera - 360 Degree - Axis	1	1	0	\$ 1,193	\$ 1,253
1	1	Entrance Vestibule	NC	Public Services	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	1	Entrance Vestibule	NC	Public Services	Signage Board - IT Standard	1	1	0	\$ 980	\$ 1,029
1	1	Wheelchair Alcove	NC	Public Services	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	Wheelchair Alcove	NC	Public Services	Artwork	2	2	0	\$ 450	\$ 945
1	1	Wheelchair Alcove	NC	Public Services	Standard Wheelchair	6	1	0	\$ 369	\$ 387
1	1	Wheelchair Alcove	NC	Public Services	Bariatric Wheelchair	3	1	0	\$ 799	\$ 839
1	1	Wheelchair Alcove	NC	Public Services	Signage - Wayfinding System	1	1	0	\$ 3,500	\$ 3,675
1	1	Wheelchair Alcove	NC	Public Services	Security Camera - 360 Degree - Axis	1	1	0	\$ 1,193	\$ 1,253
1	1	Wheelchair Alcove	NC	Public Services	Signage Board - IT Standard	1	1	0	\$ 980	\$ 1,029
1	1	Security Building / Greeter	NC	Public Services	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	Security Building / Greeter	NC	Public Services	Artwork	2	2	0	\$ 450	\$ 945
1	1	Security Building / Greeter	NC	Public Services	VOIP Phone	1	1	0	\$ 300	\$ 315
1	1	Security Building / Greeter	NC	Public Services	Video Phone	1	1	0	\$ 450	\$ 473
1	1	Security Building / Greeter	NC	Public Services	PC - IT Standard - Registration Option 1	2	2	0	\$ 2,835	\$ 5,954
1	1	Security Building / Greeter	NC	Public Services	Task Chair - Mirra 2 Stool	1	1	0	\$ 1,053	\$ 1,106
1	1	Security Building / Greeter	NC	Public Services	Panic Alarm Device Allowance	1	1	0	\$ 2,500	\$ 2,625
1	1	Security Building / Greeter	NC	Public Services	Security Camera - 360 Degree - Axis	1	1	0	\$ 1,193	\$ 1,253
1	1	Security Building / Greeter	NC	Public Services	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	1	Security Building / Greeter	NC	Public Services	Signage Board - IT Standard	3	3	0	\$ 980	\$ 3,087
1	1	Lobby / Grand Stair and Gallery Circulation	NC	Public Services	Signage - Misc. Signage	6	6	0	\$ 225	\$ 1,418
1	1	Lobby / Grand Stair and Gallery Circulation	NC	Public Services	Artwork	10	10	0	\$ 450	\$ 4,725
1	1	Lobby / Grand Stair and Gallery Circulation	NC	Public Services	Signage - Wayfinding System	4	4	0	\$ 3,500	\$ 14,700
1	1	Lobby / Grand Stair and Gallery Circulation	NC	Public Services	Signage Board - IT Standard	3	3	0	\$ 980	\$ 3,087
1	1	Lobby / Grand Stair and Gallery Circulation	NC	Public Services	Kiosks	3	3	0	\$ 9,850	\$ 31,028
1	1	Elevator Lobby	NC	Public Services	Signage - Wayfinding System	1	1	0	\$ 3,500	\$ 3,675
1	1	Elevator Lobby	NC	Public Services	Artwork	2	2	0	\$ 450	\$ 945
1	1	Elevator Lobby	NC	Public Services	Security Camera - 360 Degree - Axis	1	1	0	\$ 1,193	\$ 1,253
1	1	Elevator Lobby	NC	Public Services	Signage Board - IT Standard	1	1	0	\$ 980	\$ 1,029
1	1	Public Elevators	NC	Public Services	Signage - Misc. Signage	1	1	0	\$ 225	\$ 236
1	1	Public Elevators	NC	Public Services	Security Camera - 360 Degree - Axis	2	2	0	\$ 1,193	\$ 2,505
1	1	Public Elevators	NC	Public Services	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	1	Elevator Equipment Room	NC	Public Services	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	Elevator Equipment Room	NC	Public Services	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	1	Visitor Lactation Room	NC	Public Services	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	Visitor Lactation Room	NC	Public Services	Chair - Standard Waiting Room - Furn. Std.	1	1	0	\$ 1,154	\$ 1,212
1	1	Visitor Lactation Room	NC	Public Services	Side Table	1	1	0	\$ 650	\$ 683
1	1	Visitor Lactation Room	NC	Public Services	Misc Fixtures	1	1	0	\$ 500	\$ 525
1	1	Visitor Lactation Room	NC	Public Services	Phone Charger Allowance	1	1	0	\$ 500	\$ 525
1	1	Visitor Lactation Room	NC	Public Services	Signage Board - IT Standard	1	1	0	\$ 980	\$ 1,029
1	1	Water Cooler	NC	Public Services	Misc Fixtures	1	1	0	\$ 500	\$ 525
1	1	Phone Booths	NC	Public Services	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	Phone Booths	NC	Public Services	VOIP Phone	2	2	0	\$ 300	\$ 630
1	1	Phone Booths	NC	Public Services	Chair - Standard Waiting Room - Furn. Std.	2	2	0	\$ 1,154	\$ 2,423
1	1	Phone Booths	NC	Public Services	Signage Board - IT Standard	1	1	0	\$ 980	\$ 1,029
1	1	Male Toilet Room	NC	Public Services	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	Male Toilet Room	NC	Public Services	Misc Fixtures	1	1	0	\$ 1,350	\$ 1,418
1	1	Female Toilet Room	NC	Public Services	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	Female Toilet Room	NC	Public Services	Misc Fixtures	1	1	0	\$ 1,500	\$ 1,575
1	1	Family Toilet	NC	Public Services	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	Family Toilet	NC	Public Services	Misc Fixtures	1	1	0	\$ 1,500	\$ 1,575
1	1	Conference / Education	NC	Public Services	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	Conference / Education	NC	Public Services	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	1	Conference / Education	NC	Public Services	Tables - Everywhere Table Flip Top	15	15	0	\$ 875	\$ 13,781
1	1	Conference / Education	NC	Public Services	Chair - Standard Waiting Room - Furn. Std.	30	30	0	\$ 750	\$ 23,625
1	1	Conference / Education	NC	Public Services	Conference Room Phone	1	1	0	\$ 1,200	\$ 1,260
1	1	Conference / Education	NC	Public Services	A/V System Allowance	2	2	0	\$ 25,000	\$ 52,500
1	1	Conference / Education	NC	Public Services	Security Camera - 360 Degree - Axis	4	4	0	\$ 1,193	\$ 5,011
1	1	Conference / Education	NC	Public Services	Podium Allowance	2	2	0	\$ 8,500	\$ 17,850
1	1	Conference / Education Storage	NC	Public Services	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	Conference Serving Alcove	NC	Public Services	Misc Fixtures	1	1	0	\$ 500	\$ 525
1	1	Data Room	NC	Public Services	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	Data Room	NC	Public Services	Access Control - MX-1 + Card Reader	2	2	0	\$ 1,224	\$ 2,570
1	1	Data Room	NC	Public Services	VOIP Phone	2	2	0	\$ 300	\$ 630
2	1	Open to First Floor Lobby	NC	Public Services	Artwork	6	6	0	\$ 450	\$ 2,835
2	1	Open to First Floor Lobby	NC	Public Services	Access Control - MX-1 + Card Reader	2	2	0	\$ 1,224	\$ 2,570
2	1	Open to First Floor Lobby	NC	Public Services	Security Camera - 360 Degree - Axis	2	2	0	\$ 1,193	\$ 2,505
2	1	Gallery Circulation	NC	Public Services	Signage - Misc. Signage	6	6	0	\$ 225	\$ 1,418
2	1	Gallery Circulation	NC	Public Services	Signage - Wayfinding System	4	4	0	\$ 3,500	\$ 14,700
2	1	Gallery Circulation	NC	Public Services	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
2	1	Gallery Circulation	NC	Public Services	Signage Board - IT Standard	3	3	0	\$ 980	\$ 3,087
2	1	Gallery Circulation	NC	Public Services	Artwork	10	10	0	\$ 450	\$ 4,725
2	1	Gallery Circulation	NC	Public Services	Security Camera - 360 Degree - Axis	4	4	0	\$ 1,193	\$ 5,011
2	1	Grand Stair	NC	Public Services	Artwork	6	6	0	\$ 450	\$ 2,835
2	1	Elevator Lobby	NC	Public Services	Signage - Wayfinding System	1	1	0	\$ 3,500	\$ 3,675
2	1	Elevator Lobby	NC	Public Services	Security Camera - 360 Degree - Axis	1	1	0	\$ 1,193	\$ 1,253
2	1	Elevator Lobby	NC	Public Services	Signage Board - IT Standard	1	1	0	\$ 980	\$ 1,029
2	1	Public Elevators	NC	Public Services	Signage - Misc. Signage	1	1	0	\$ 225	\$ 236
2	1	Public Elevators	NC	Public Services	Security Camera - 360 Degree - Axis	2	2	0	\$ 1,193	\$ 2,505

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SIH Marion MOB

FURNITURE, FIXTURE, EQUIPMENT (FFE)
Date: June 15th, 2026

Floor	Qty	Room Name	Clinical (C) or Non-Clinical	Dept.	FFE Item	Total	New	Existing	Original Budget	CON Budget Total
2	1	Public Elevators	NC	Public Services	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
2	1	Water Cooler	NC	Public Services	Misc Fixtures	1	1	0	\$ 500	\$ 525
2	1	Phone Booths	NC	Public Services	Signage - Room Sign	1	1	0	\$ 225	\$ 236
2	1	Phone Booths	NC	Public Services	VOIP Phone	2	2	0	\$ 300	\$ 630
2	1	Phone Booths	NC	Public Services	Chair - Standard Waiting Room - Furn. Std.	2	2	0	\$ 1,154	\$ 2,423
2	1	Male Toilet Room	NC	Public Services	Signage - Room Sign	1	1	0	\$ 225	\$ 236
2	1	Male Toilet Room	NC	Public Services	Misc Fixtures	1	1	0	\$ 1,350	\$ 1,418
2	1	Female Toilet Room	NC	Public Services	Signage - Room Sign	1	1	0	\$ 225	\$ 236
2	1	Female Toilet Room	NC	Public Services	Misc Fixtures	1	1	0	\$ 1,500	\$ 1,575
2	1	Family Toilet	NC	Public Services	Signage - Room Sign	1	1	0	\$ 225	\$ 236
2	1	Family Toilet	NC	Public Services	Misc Fixtures	1	1	0	\$ 1,500	\$ 1,575
2	1	Data Room	NC	Public Services	Signage - Room Sign	1	1	0	\$ 225	\$ 236
2	1	Data Room	NC	Public Services	Access Control - MX-1 + Card Reader	2	2	0	\$ 1,224	\$ 2,570
2	1	Data Room	NC	Public Services	VOIP Phone	2	2	0	\$ 300	\$ 630
3	1	Galley Circulation	NC	Public Services	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
3	1	Galley Circulation	NC	Public Services	Artwork	10	10	0	\$ 450	\$ 4,725
3	1	Galley Circulation	NC	Public Services	Signage - Misc. Signage	6	6	0	\$ 225	\$ 1,418
3	1	Galley Circulation	NC	Public Services	Signage - Wayfinding System	4	4	0	\$ 3,500	\$ 14,700
3	1	Galley Circulation	NC	Public Services	Signage Board - IT Standard	1	1	0	\$ 980	\$ 1,029
3	1	Galley Circulation	NC	Public Services	Security Camera - 360 Degree - Axis	4	4	0	\$ 1,193	\$ 5,011
3	1	Elevator Lobby	NC	Public Services	Signage - Wayfinding System	1	1	0	\$ 3,500	\$ 3,675
3	1	Elevator Lobby	NC	Public Services	Artwork	2	2	0	\$ 450	\$ 945
3	1	Elevator Lobby	NC	Public Services	Security Camera - 360 Degree - Axis	1	1	0	\$ 1,193	\$ 1,253
3	1	Elevator Lobby	NC	Public Services	Signage Board - IT Standard	1	1	0	\$ 980	\$ 1,029
3	1	Public Elevators	NC	Public Services	Signage - Misc. Signage	1	1	0	\$ 225	\$ 236
3	1	Public Elevators	NC	Public Services	Security Camera - 360 Degree - Axis	2	2	0	\$ 1,193	\$ 2,505
3	1	Public Elevators	NC	Public Services	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
3	1	Water Cooler	NC	Public Services	Misc Fixtures	1	1	0	\$ 500	\$ 525
3	1	Phone Booths	NC	Public Services	VOIP Phone	2	2	0	\$ 300	\$ 630
3	1	Phone Booths	NC	Public Services	Chair - Standard Waiting Room - Furn. Std.	2	2	0	\$ 1,154	\$ 2,423
3	1	Male Toilet Room	NC	Public Services	Signage - Room Sign	1	1	0	\$ 225	\$ 236
3	1	Male Toilet Room	NC	Public Services	Misc Fixtures	1	1	0	\$ 1,350	\$ 1,418
3	1	Female Toilet Room	NC	Public Services	Signage - Room Sign	1	1	0	\$ 225	\$ 236
3	1	Female Toilet Room	NC	Public Services	Misc Fixtures	1	1	0	\$ 1,500	\$ 1,575
3	1	Family Toilet	NC	Public Services	Signage - Room Sign	1	1	0	\$ 225	\$ 236
3	1	Family Toilet	NC	Public Services	Misc Fixtures	1	1	0	\$ 1,500	\$ 1,575
3	1	Data Room	NC	Public Services	Signage - Room Sign	1	1	0	\$ 225	\$ 236
3	1	Data Room	NC	Public Services	Access Control - MX-1 + Card Reader	2	2	0	\$ 1,224	\$ 2,570
3	1	Data Room	NC	Public Services	VOIP Phone	2	2	0	\$ 300	\$ 630
1	2.5	Workstations - Concierge's and Volunteers	NC	SIMS Patient Registration	Signage - Misc. Signage	3	3	0	\$ 225	\$ 709
1	2.5	Workstations - Concierge's and Volunteers	NC	SIMS Patient Registration	Artwork	2	2	0	\$ 450	\$ 945
1	2.5	Workstations - Concierge's and Volunteers	NC	SIMS Patient Registration	PC - IT Standard - Registration Option 1	3	3	0	\$ 2,835	\$ 8,930
1	2.5	Workstations - Concierge's and Volunteers	NC	SIMS Patient Registration	Printer - IT Standard - Floor All-in-one	1	1	0	\$ 3,050	\$ 3,203
1	2.5	Workstations - Concierge's and Volunteers	NC	SIMS Patient Registration	VOIP Phone	3	3	0	\$ 300	\$ 945
1	2.5	Workstations - Concierge's and Volunteers	NC	SIMS Patient Registration	Task Chair - Mirra 2 Stool	3	3	0	\$ 1,053	\$ 3,317
1	2.5	Workstations - Concierge's and Volunteers	NC	SIMS Patient Registration	Chair - Standard Waiting Room - Furn. Std.	3	3	0	\$ 1,154	\$ 3,635
1	2.5	Workstations - Concierge's and Volunteers	NC	SIMS Patient Registration	Chair - Bariatric Waiting Room - Furn. Std.	3	3	0	\$ 1,688	\$ 5,317
1	2.5	Workstations - Concierge's and Volunteers	NC	SIMS Patient Registration	Security Camera - 360 Degree - Axis	3	3	0	\$ 1,193	\$ 3,758
1	2.5	Workstations - Concierge's and Volunteers	NC	SIMS Patient Registration	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	2.5	Workstations - Concierge's and Volunteers	NC	SIMS Patient Registration	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
1	4	Registration Kiosks - Clinics	NC	SIMS Patient Registration	Signage - Misc. Signage	4	4	0	\$ 225	\$ 945
1	1.5	Workstations - Concierge's and Volunteers	NC	SIMS Patient Registration	Artwork	2	2	0	\$ 450	\$ 945
1	4	Registration Kiosks - Clinics	NC	SIMS Patient Registration	Chair - Standard Waiting Room - Furn. Std.	2	2	0	\$ 1,154	\$ 2,423
1	4	Registration Kiosks - Clinics	NC	SIMS Patient Registration	Chair - Bariatric Waiting Room - Furn. Std.	2	2	0	\$ 1,688	\$ 3,545
1	4	Registration Kiosks - Clinics	NC	SIMS Patient Registration	Kiosk	4	4	0	\$ 9,850	\$ 41,370
1	4	Registration Kiosks - Clinics	NC	SIMS Patient Registration	Security Camera - 360 Degree - Axis	2	2	0	\$ 1,193	\$ 2,505
1	4	Registration Kiosks - Clinics	NC	SIMS Patient Registration	Signage Board - IT Standard	1	1	0	\$ 980	\$ 1,029
1	1.5	Workstations - Concierge's and Volunteers	NC	SIMS Patient Registration	Signage - Misc. Signage	2	2	0	\$ 225	\$ 473
1	1.5	Workstations - Concierge's and Volunteers	NC	SIMS Patient Registration	Artwork	2	2	0	\$ 450	\$ 945
1	1.5	Workstations - Concierge's and Volunteers	NC	SIMS Patient Registration	PC - IT Standard - Registration Option 1	2	2	0	\$ 2,835	\$ 5,954
1	1.5	Workstations - Concierge's and Volunteers	NC	SIMS Patient Registration	Printer - IT Standard - Floor All-in-one	1	1	0	\$ 3,050	\$ 3,203
1	1.5	Workstations - Concierge's and Volunteers	NC	SIMS Patient Registration	VOIP Phone	2	2	0	\$ 300	\$ 630
1	1.5	Workstations - Concierge's and Volunteers	NC	SIMS Patient Registration	Task Chair - Mirra 2 Stool	2	2	0	\$ 1,053	\$ 2,111
1	1.5	Workstations - Concierge's and Volunteers	NC	SIMS Patient Registration	Chair - Standard Waiting Room - Furn. Std.	2	2	0	\$ 1,154	\$ 2,423
1	1.5	Workstations - Concierge's and Volunteers	NC	SIMS Patient Registration	Chair - Bariatric Waiting Room - Furn. Std.	2	2	0	\$ 1,688	\$ 3,545
1	1.5	Workstations - Concierge's and Volunteers	NC	SIMS Patient Registration	Security Camera - 360 Degree - Axis	2	2	0	\$ 1,193	\$ 2,505
1	1.5	Workstations - Concierge's and Volunteers	NC	SIMS Patient Registration	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	1.5	Workstations - Concierge's and Volunteers	NC	SIMS Patient Registration	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
1	2	Registration Kiosks - Diagnostics & CHF	NC	SIMS Patient Registration	Signage - Misc. Signage	2	2	0	\$ 225	\$ 473
1	2	Registration Kiosks - Diagnostics & CHF	NC	SIMS Patient Registration	Artwork	2	2	0	\$ 450	\$ 945
1	2	Registration Kiosks - Diagnostics & CHF	NC	SIMS Patient Registration	Chair - Standard Waiting Room - Furn. Std.	1	1	0	\$ 1,154	\$ 1,212
1	2	Registration Kiosks - Diagnostics & CHF	NC	SIMS Patient Registration	Chair - Bariatric Waiting Room - Furn. Std.	1	1	0	\$ 1,688	\$ 1,772
1	2	Registration Kiosks - Diagnostics & CHF	NC	SIMS Patient Registration	Kiosk	2	2	0	\$ 9,850	\$ 29,685
1	2	Registration Kiosks - Diagnostics & CHF	NC	SIMS Patient Registration	Security Camera - 360 Degree - Axis	1	1	0	\$ 1,193	\$ 1,253
1	2	Registration Kiosks - Diagnostics & CHF	NC	SIMS Patient Registration	Signage Board - IT Standard	1	1	0	\$ 980	\$ 1,029

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SIH Marion MOB

FURNITURE, FIXTURE, EQUIPMENT (FFE)
Date: June 15th, 2026

Floor	Qty	Room Name	Clinical (C) or Non-Clinical	Dept.	FFE Item	Total	New	Existing	Original Budget	CON Budget Total
1	1	Shared Waiting (seating for 5)	C	SIHS D+T: SIHS OP Lab / Phlebk	Signage - Misc. Signage	1	1	0	\$ 225	\$ 236
1	1	Shared Waiting (seating for 5)	C	SIHS D+T: SIHS OP Lab / Phlebk	Artwork	2	2	0	\$ 450	\$ 945
1	1	Shared Waiting (seating for 5)	C	SIHS D+T: SIHS OP Lab / Phlebk	Chair - Standard Waiting Room - Furn. Stnd.	4	4	0	\$ 1,154	\$ 4,847
1	1	Shared Waiting (seating for 5)	C	SIHS D+T: SIHS OP Lab / Phlebk	Chair - Bariatric Waiting Room - Furn. Stnd.	1	1	0	\$ 1,688	\$ 1,772
1	1	Shared Waiting (seating for 5)	C	SIHS D+T: SIHS OP Lab / Phlebk	Security Camera - 360 Degree - Axis	1	1	0	\$ 1,193	\$ 1,253
1	1	Shared Waiting (seating for 5)	C	SIHS D+T: SIHS OP Lab / Phlebk	TV + Mount - IT Standard	1	1	0	\$ 735	\$ 772
1	1	Shared Waiting (seating for 5)	C	SIHS D+T: SIHS OP Lab / Phlebk	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS OP Lab / Phlebk	Signage - Misc. Signage	1	1	0	\$ 225	\$ 236
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS OP Lab / Phlebk	Artwork	2	2	0	\$ 450	\$ 945
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS OP Lab / Phlebk	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS OP Lab / Phlebk	Printer - IT Standard - Floor All-in-one	1	1	0	\$ 3,050	\$ 3,203
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS OP Lab / Phlebk	VOIP Phone	1	1	0	\$ 300	\$ 315
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS OP Lab / Phlebk	Task Chair - Mirra 2 Stool	1	1	0	\$ 1,053	\$ 1,106
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS OP Lab / Phlebk	Security Camera - 360 Degree - Axis	1	1	0	\$ 1,193	\$ 1,253
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS OP Lab / Phlebk	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS OP Lab / Phlebk	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
1	1	Phlebotomy Toilet	C	SIHS D+T: SIHS OP Lab / Phlebk	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	Phlebotomy Toilet	C	SIHS D+T: SIHS OP Lab / Phlebk	Misc Fixtures	1	1	0	\$ 1,500	\$ 1,575
1	1	Phlebotomy Toilet	C	SIHS D+T: SIHS OP Lab / Phlebk	Nurse Call	1	1	0	\$ 4,272	\$ 4,486
1	2	Phlebotomy Stations	C	SIHS D+T: SIHS OP Lab / Phlebk	Signage - Room Sign	2	2	0	\$ 225	\$ 473
1	2	Phlebotomy Stations	C	SIHS D+T: SIHS OP Lab / Phlebk	Artwork	2	2	0	\$ 450	\$ 945
1	2	Phlebotomy Stations	C	SIHS D+T: SIHS OP Lab / Phlebk	Chair Phlebotomy	2	2	0	\$ 1,375	\$ 2,888
1	2	Phlebotomy Stations	C	SIHS D+T: SIHS OP Lab / Phlebk	Cubical Curtains	2	2	0	\$ 824	\$ 1,730
1	2	Phlebotomy Stations	C	SIHS D+T: SIHS OP Lab / Phlebk	Misc Fixtures	1	1	0	\$ 1,500	\$ 1,575
1	2	Phlebotomy Stations	C	SIHS D+T: SIHS OP Lab / Phlebk	Sharps Container	2	2	0	\$ 73	\$ 153
1	2	Phlebotomy Stations	C	SIHS D+T: SIHS OP Lab / Phlebk	WOW Cart	2	2	0	\$ 9,329	\$ 19,591
1	1	Phlebotomists Work Area	C	SIHS D+T: SIHS OP Lab / Phlebk	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	Phlebotomists Work Area	C	SIHS D+T: SIHS OP Lab / Phlebk	Artwork	2	2	0	\$ 450	\$ 945
1	1	Phlebotomists Work Area	C	SIHS D+T: SIHS OP Lab / Phlebk	Wall Mounted Workstation - Furn. Standard	1	1	0	\$ 4,092	\$ 4,297
1	1	Phlebotomists Work Area	C	SIHS D+T: SIHS OP Lab / Phlebk	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
1	1	Phlebotomists Work Area	C	SIHS D+T: SIHS OP Lab / Phlebk	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
1	1	Phlebotomists Work Area	C	SIHS D+T: SIHS OP Lab / Phlebk	VOIP Phone	1	1	0	\$ 300	\$ 315
1	1	Phlebotomists Work Area	C	SIHS D+T: SIHS OP Lab / Phlebk	Task Chair - Mirra 2 Stool	1	1	0	\$ 1,053	\$ 1,106
1	1	Phlebotomists Work Area	C	SIHS D+T: SIHS OP Lab / Phlebk	Security Camera - 360 Degree - Axis	2	2	0	\$ 1,193	\$ 2,595
1	0.33	Clean Supply - Shared	C	SIHS D+T: SIHS OP Lab / Phlebk	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	0.33	Clean Supply - Shared	C	SIHS D+T: SIHS OP Lab / Phlebk	Chrome wire shelving	5	5	0	\$ 375	\$ 1,969
1	0.33	Clean Supply - Shared	C	SIHS D+T: SIHS OP Lab / Phlebk	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	0.33	Office Manager Office - Shared	C	SIHS D+T: SIHS OP Lab / Phlebk	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	0.33	Office Manager Office - Shared	C	SIHS D+T: SIHS OP Lab / Phlebk	Artwork	2	2	0	\$ 450	\$ 945
1	0.33	Office Manager Office - Shared	C	SIHS D+T: SIHS OP Lab / Phlebk	Wall Mounted Workstation - Furn. Stnd. Stan	1	1	0	\$ 2,675	\$ 2,809
1	0.33	Office Manager Office - Shared	C	SIHS D+T: SIHS OP Lab / Phlebk	PC - IT Standard - Registration Option 1	2	2	0	\$ 2,835	\$ 5,954
1	0.33	Office Manager Office - Shared	C	SIHS D+T: SIHS OP Lab / Phlebk	Printer - IT Standard - Floor All-in-one	1	1	0	\$ 3,050	\$ 3,203
1	0.33	Office Manager Office - Shared	C	SIHS D+T: SIHS OP Lab / Phlebk	VOIP Phone	2	2	0	\$ 300	\$ 630
1	0.33	Office Manager Office - Shared	C	SIHS D+T: SIHS OP Lab / Phlebk	Task Chair - Mirra 2 Stool	2	2	0	\$ 1,053	\$ 2,211
1	0.33	Office Manager Office - Shared	C	SIHS D+T: SIHS OP Lab / Phlebk	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	1	Shared Waiting (seating for 2)	C	SIHS D+T: SIHS Imaging - Genei	Signage - Misc. Signage	1	1	0	\$ 225	\$ 236
1	1	Shared Waiting (seating for 2)	C	SIHS D+T: SIHS Imaging - Genei	Artwork	1	1	0	\$ 450	\$ 473
1	1	Shared Waiting (seating for 2)	C	SIHS D+T: SIHS Imaging - Genei	Chair - Standard Waiting Room - Furn. Stnd.	1	1	0	\$ 1,154	\$ 1,212
1	1	Shared Waiting (seating for 2)	C	SIHS D+T: SIHS Imaging - Genei	Chair - Bariatric Waiting Room - Furn. Stnd.	1	1	0	\$ 1,688	\$ 1,772
1	1	Shared Waiting (seating for 2)	C	SIHS D+T: SIHS Imaging - Genei	Security Camera - 360 Degree - Axis	1	1	0	\$ 1,193	\$ 1,253
1	1	Shared Waiting (seating for 2)	C	SIHS D+T: SIHS Imaging - Genei	Artwork	1	1	0	\$ 450	\$ 473
1	1	Shared Waiting (seating for 2)	C	SIHS D+T: SIHS Imaging - Genei	TV + Mount - IT Standard	1	1	0	\$ 735	\$ 772
1	1	Shared Waiting (seating for 2)	C	SIHS D+T: SIHS Imaging - Genei	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS Imaging - Genei	Signage - Misc. Signage	1	1	0	\$ 225	\$ 236
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS Imaging - Genei	Artwork	1	1	0	\$ 450	\$ 473
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS Imaging - Genei	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS Imaging - Genei	Printer - IT Standard - Floor All-in-one	1	1	0	\$ 3,050	\$ 3,203
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS Imaging - Genei	VOIP Phone	1	1	0	\$ 300	\$ 315
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS Imaging - Genei	Task Chair - Mirra 2 Stool	1	1	0	\$ 1,053	\$ 1,106
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS Imaging - Genei	Security Camera - 360 Degree - Axis	1	1	0	\$ 1,193	\$ 1,253
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS Imaging - Genei	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS Imaging - Genei	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
1	0.5	Patient Toilet	C	SIHS D+T: SIHS Imaging - Genei	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	0.5	Patient Toilet	C	SIHS D+T: SIHS Imaging - Genei	Misc Fixtures	1	1	0	\$ 1,500	\$ 1,575
1	0.5	Patient Toilet	C	SIHS D+T: SIHS Imaging - Genei	Nurse Call	1	1	0	\$ 4,272	\$ 4,486
1	0.5	Patient Change Rooms - Shared with Mammography	C	SIHS D+T: SIHS Imaging - Genei	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	0.5	Patient Change Rooms - Shared with Mammography	C	SIHS D+T: SIHS Imaging - Genei	Artwork	2	2	0	\$ 450	\$ 945
1	0.5	Patient Change Rooms - Shared with Mammography	C	SIHS D+T: SIHS Imaging - Genei	Misc Fixtures	1	1	0	\$ 1,500	\$ 1,575
1	0.5	Patient Change Rooms - Shared with Mammography	C	SIHS D+T: SIHS Imaging - Genei	Nurse Call	1	1	0	\$ 4,272	\$ 4,486
1	4	Patient Lockers - Shared with Mammography	C	SIHS D+T: SIHS Imaging - Genei	n/a	0	0	0	\$ -	\$ -
1	1	General Imaging room	C	SIHS D+T: SIHS Imaging - Genei	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	General Imaging room	C	SIHS D+T: SIHS Imaging - Genei	Artwork	2	2	0	\$ 450	\$ 945
1	1	General Imaging room	C	SIHS D+T: SIHS Imaging - Genei	New X-Ray Canon Omnera-400T System	1	1	0	\$ 243,212	\$ 255,373
1	1	General Imaging room	C	SIHS D+T: SIHS Imaging - Genei	Portable Storage Allowance	1	1	0	\$ 5,000	\$ 5,250
1	2	TechWork Area	C	SIHS D+T: SIHS Imaging - Genei	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	2	TechWork Area	C	SIHS D+T: SIHS Imaging - Genei	Artwork	2	2	0	\$ 450	\$ 945
1	2	TechWork Area	C	SIHS D+T: SIHS Imaging - Genei	Wall Mounted Workstation - Furn. Standard	1	1	0	\$ 4,092	\$ 4,297
1	2	TechWork Area	C	SIHS D+T: SIHS Imaging - Genei	PC - IT Standard - Nurse Station Option 1	2	2	0	\$ 2,444	\$ 5,132
1	2	TechWork Area	C	SIHS D+T: SIHS Imaging - Genei	VOIP Phone	2	2	0	\$ 300	\$ 630
1	2	TechWork Area	C	SIHS D+T: SIHS Imaging - Genei	Task Chair - Mirra 2 Stool	2	2	0	\$ 1,053	\$ 2,211
1	2	TechWork Area	C	SIHS D+T: SIHS Imaging - Genei	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
1	2	TechWork Area	C	SIHS D+T: SIHS Imaging - Genei	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297

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SIH Marion MOB

FURNITURE, FIXTURE, EQUIPMENT (FFE)

Date: June 15th, 2026

Floor	Qty	Room Name	Clinical (C) or Non-Clinical	Dept.	FFE Item	Total	New	Existing	Original Budget	CON Budget Total
1	0.33	Clean Supply - Shared	C	SIHS D+T: SIHS Imaging - Genei	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	0.33	Clean Supply - Shared	C	SIHS D+T: SIHS Imaging - Genei	Chrome wire shelving	5	5	0	\$ 375	\$ 1,969
1	0.33	Clean Supply - Shared	C	SIHS D+T: SIHS Imaging - Genei	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	0.33	Office Manager Office - Shared	C	SIHS D+T: SIHS Imaging - Genei	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	0.33	Office Manager Office - Shared	C	SIHS D+T: SIHS Imaging - Genei	Artwork	1	1	0	\$ 450	\$ 473
1	0.33	Office Manager Office - Shared	C	SIHS D+T: SIHS Imaging - Genei	Wall Mounted Workstation - Furn. Standard	1	1	0	\$ 3,187	\$ 3,346
1	0.33	Office Manager Office - Shared	C	SIHS D+T: SIHS Imaging - Genei	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
1	0.33	Office Manager Office - Shared	C	SIHS D+T: SIHS Imaging - Genei	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
1	0.33	Office Manager Office - Shared	C	SIHS D+T: SIHS Imaging - Genei	VOIP Phone	1	1	0	\$ 300	\$ 315
1	0.33	Office Manager Office - Shared	C	SIHS D+T: SIHS Imaging - Genei	Task Chair - Mira 2 Stool	1	1	0	\$ 1,053	\$ 1,106
1	0.33	Office Manager Office - Shared	C	SIHS D+T: SIHS Imaging - Genei	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	0.5	Physician Office	C	SIHS D+T: SIHS Imaging - Genei	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	0.5	Physician Office	C	SIHS D+T: SIHS Imaging - Genei	Artwork	1	1	0	\$ 450	\$ 473
1	0.5	Physician Office	C	SIHS D+T: SIHS Imaging - Genei	Wall Mounted Workstation - Furn. Standard	1	1	0	\$ 3,187	\$ 3,346
1	0.5	Physician Office	C	SIHS D+T: SIHS Imaging - Genei	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
1	0.5	Physician Office	C	SIHS D+T: SIHS Imaging - Genei	VOIP Phone	1	1	0	\$ 300	\$ 315
1	0.5	Physician Office	C	SIHS D+T: SIHS Imaging - Genei	Task Chair - Mira 2 Stool	1	1	0	\$ 1,053	\$ 1,106
1	0.5	Physician Office	C	SIHS D+T: SIHS Imaging - Genei	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	1	Shared Waiting (seating for 5)	C	SIHS D+T: SIHS Imaging - Mamm	Signage - Misc. Signage	1	1	0	\$ 225	\$ 236
1	1	Shared Waiting (seating for 5)	C	SIHS D+T: SIHS Imaging - Mamm	Artwork	2	2	0	\$ 450	\$ 945
1	1	Shared Waiting (seating for 5)	C	SIHS D+T: SIHS Imaging - Mamm	Chair - Standard Waiting Room - Furn. Std.	4	4	0	\$ 1,154	\$ 4,847
1	1	Shared Waiting (seating for 5)	C	SIHS D+T: SIHS Imaging - Mamm	Chair - Bariatric Waiting Room - Furn. Std.	1	1	0	\$ 1,688	\$ 1,772
1	1	Shared Waiting (seating for 5)	C	SIHS D+T: SIHS Imaging - Mamm	Security Camera - 360 Degree - Axis	1	1	0	\$ 1,193	\$ 1,253
1	1	Shared Waiting (seating for 5)	C	SIHS D+T: SIHS Imaging - Mamm	TV + Mount - IT Standard	1	1	0	\$ 735	\$ 772
1	1	Shared Waiting (seating for 5)	C	SIHS D+T: SIHS Imaging - Mamm	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS Imaging - Mamm	Signage - Misc. Signage	1	1	0	\$ 225	\$ 236
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS Imaging - Mamm	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS Imaging - Mamm	VOIP Phone	1	1	0	\$ 300	\$ 315
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS Imaging - Mamm	Task Chair - Mira 2 Stool	1	1	0	\$ 1,053	\$ 1,106
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS Imaging - Mamm	Security Camera - 360 Degree - Axis	1	1	0	\$ 1,193	\$ 1,253
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS Imaging - Mamm	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	0.33	Shared Reception / Check Out	C	SIHS D+T: SIHS Imaging - Mamm	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
1	0.5	Patient Toilet	C	SIHS D+T: SIHS Imaging - Mamm	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	0.5	Patient Toilet	C	SIHS D+T: SIHS Imaging - Mamm	Misc Fixtures	1	1	0	\$ 1,500	\$ 1,575
1	0.5	Patient Change Rooms - Shared with X-Ray	C	SIHS D+T: SIHS Imaging - Mamm	n/a	0	0	0	\$ -	\$ -
1	4	Patient Lockers - Shared with X-Ray	C	SIHS D+T: SIHS Imaging - Mamm	n/a	0	0	0	\$ -	\$ -
1	2	Mammography Room	C	SIHS D+T: SIHS Imaging - Mamm	Signage - Room Sign	2	2	0	\$ 225	\$ 473
1	2	Mammography Room	C	SIHS D+T: SIHS Imaging - Mamm	Artwork	4	4	0	\$ 450	\$ 1,890
1	1	Mammography Room	C	SIHS D+T: SIHS Imaging - Mamm	New Mammogram machine	1	1	0	\$ 443,422	\$ 465,593
1	1	Mammography Room	C	SIHS D+T: SIHS Imaging - Mamm	Relocated Mammogram Machine	1	0	1	\$ 10,000	\$ -
1	2	Mammography Room	C	SIHS D+T: SIHS Imaging - Mamm	Portable Storage Allowance	2	2	0	\$ 4,000	\$ 8,400
1	2	Tech Work Area	C	SIHS D+T: SIHS Imaging - Mamm	Signage - Room Sign	4	4	0	\$ 225	\$ 945
1	2	Tech Work Area	C	SIHS D+T: SIHS Imaging - Mamm	Wall Mounted Workstation - Furn. Standard	2	2	0	\$ 4,092	\$ 8,593
1	2	Tech Work Area	C	SIHS D+T: SIHS Imaging - Mamm	Artwork	2	2	0	\$ 450	\$ 945
1	2	Tech Work Area	C	SIHS D+T: SIHS Imaging - Mamm	PC - IT Standard - Nurse Station Option 1	4	4	0	\$ 2,444	\$ 10,265
1	2	Tech Work Area	C	SIHS D+T: SIHS Imaging - Mamm	VOIP Phone	4	4	0	\$ 300	\$ 1,260
1	2	Tech Work Area	C	SIHS D+T: SIHS Imaging - Mamm	Task Chair - Mira 2 Stool	4	4	0	\$ 1,053	\$ 4,423
1	0.33	Clean Supply - Shared	C	SIHS D+T: SIHS Imaging - Mamm	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	0.33	Clean Supply - Shared	C	SIHS D+T: SIHS Imaging - Mamm	Chrome wire shelving	5	5	0	\$ 375	\$ 1,969
1	0.33	Clean Supply - Shared	C	SIHS D+T: SIHS Imaging - Mamm	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	0.33	Office Manager Office - Shared	C	SIHS D+T: SIHS Imaging - Mamm	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	0.33	Office Manager Office - Shared	C	SIHS D+T: SIHS Imaging - Mamm	Artwork	1	1	0	\$ 450	\$ 473
1	0.33	Office Manager Office - Shared	C	SIHS D+T: SIHS Imaging - Mamm	Wall Mounted Workstation - Furn. Standard	1	1	0	\$ 3,187	\$ 3,346
1	0.33	Office Manager Office - Shared	C	SIHS D+T: SIHS Imaging - Mamm	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
1	0.33	Office Manager Office - Shared	C	SIHS D+T: SIHS Imaging - Mamm	VOIP Phone	1	1	0	\$ 300	\$ 315
1	0.33	Office Manager Office - Shared	C	SIHS D+T: SIHS Imaging - Mamm	Task Chair - Mira 2 Stool	1	1	0	\$ 1,053	\$ 1,106
1	0.33	Office Manager Office - Shared	C	SIHS D+T: SIHS Imaging - Mamm	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	0.5	Physician Office	C	SIHS D+T: SIHS Imaging - Mamm	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	0.5	Physician Office	C	SIHS D+T: SIHS Imaging - Mamm	Artwork	2	2	0	\$ 450	\$ 945
1	0.5	Physician Office	C	SIHS D+T: SIHS Imaging - Mamm	Wall Mounted Workstation - Furn. Standard	1	1	0	\$ 3,187	\$ 3,346
1	0.5	Physician Office	C	SIHS D+T: SIHS Imaging - Mamm	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
1	0.5	Physician Office	C	SIHS D+T: SIHS Imaging - Mamm	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
1	0.5	Physician Office	C	SIHS D+T: SIHS Imaging - Mamm	VOIP Phone	1	1	0	\$ 300	\$ 315
1	0.5	Physician Office	C	SIHS D+T: SIHS Imaging - Mamm	Task Chair - Mira 2 Stool	1	1	0	\$ 1,053	\$ 1,106
1	0.5	Physician Office	C	SIHS D+T: SIHS Imaging - Mamm	Chair - Standard Waiting Room - Furn. Std.	2	2	0	\$ 1,154	\$ 2,423
1	0.5	Physician Office	C	SIHS D+T: SIHS Imaging - Mamm	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	1	Waiting Area (Seating for 4)	C	SIHS Retail Pharmacy	Signage - Misc. Signage	1	1	0	\$ 225	\$ 236
1	1	Waiting Area (Seating for 4)	C	SIHS Retail Pharmacy	Artwork	4	4	0	\$ 450	\$ 1,890
1	1	Waiting Area (Seating for 4)	C	SIHS Retail Pharmacy	Chair - Standard Waiting Room - Furn. Std.	3	3	0	\$ 1,154	\$ 3,635
1	1	Waiting Area (Seating for 4)	C	SIHS Retail Pharmacy	Chair - Bariatric Waiting Room - Furn. Std.	1	1	0	\$ 1,688	\$ 1,772
1	1	Waiting Area (Seating for 4)	C	SIHS Retail Pharmacy	Security Camera - 360 Degree - Axis	1	1	0	\$ 1,193	\$ 1,253
1	1	Waiting Area (Seating for 4)	C	SIHS Retail Pharmacy	TV + Mount - IT Standard	1	1	0	\$ 735	\$ 772
1	1	Waiting Area (Seating for 4)	C	SIHS Retail Pharmacy	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
1	1	Dispensing Work counter / Cashier Station	C	SIHS Retail Pharmacy	Signage - Misc. Signage	1	1	0	\$ 225	\$ 236
1	1	Dispensing Work counter / Cashier Station	C	SIHS Retail Pharmacy	Task Chair - Mira 2 Stool	1	1	0	\$ 1,053	\$ 1,106
1	1	Dispensing Work counter / Cashier Station	C	SIHS Retail Pharmacy	PC - IT Standard - Registration Option 1	2	2	0	\$ 2,835	\$ 5,954
1	1	Dispensing Work counter / Cashier Station	C	SIHS Retail Pharmacy	VOIP Phone	1	1	0	\$ 300	\$ 315
1	1	Dispensing Work counter / Cashier Station	C	SIHS Retail Pharmacy	POS System	1	1	0	\$ 2,500	\$ 2,625
1	1	Dispensing Work counter / Cashier Station	C	SIHS Retail Pharmacy	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	1	Dispensing Work counter / Cashier Station	C	SIHS Retail Pharmacy	Security Camera - 360 Degree - Axis	1	1	0	\$ 1,193	\$ 1,253
1	1	Dispensing Work counter / Cashier Station	C	SIHS Retail Pharmacy	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297

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SIH Marion MOB

FURNITURE, FIXTURE, EQUIPMENT (FFE)
Date: June 15th, 2026

Floor	Qty	Room Name	Clinical (C) or Non-Clinical	Dept.	FFE Item	Total	New	Existing	Original Budget	CON Budget Total
1	1	Consult Station	C	SIHS Retail Pharmacy	Signage - Misc. Signage	1	1	0	\$ 225	\$ 236
1	1	Consult Station	C	SIHS Retail Pharmacy	Artwork	1	1	0	\$ 450	\$ 473
1	1	Consult Station	C	SIHS Retail Pharmacy	Wall Mounted Workstation - Furn. Stnd.	1	1	0	\$ 1,341	\$ 1,408
1	1	Consult Station	C	SIHS Retail Pharmacy	Physician Stool - Furn. Stnd.	1	1	0	\$ 340	\$ 357
1	1	Consult Station	C	SIHS Retail Pharmacy	Chair - Standard Waiting Room - Furn. Stnd.	1	1	0	\$ 1,154	\$ 1,212
1	1	Consult Station	C	SIHS Retail Pharmacy	PC - IT Standard - Patient Exam	2	2	0	\$ 2,022	\$ 4,246
1	1	Consult Station	C	SIHS Retail Pharmacy	VOIP Phone	1	1	0	\$ 300	\$ 315
1	1	Consult Station	C	SIHS Retail Pharmacy	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	1	Work Area	C	SIHS Retail Pharmacy	Signage - Misc. Signage	1	1	0	\$ 225	\$ 236
1	1	Work Area	C	SIHS Retail Pharmacy	Artwork	2	2	0	\$ 450	\$ 945
1	1	Work Area	C	SIHS Retail Pharmacy	Misc Storage - Bins	1	1	0	\$ 5,000	\$ 5,250
1	1	Work Area	C	SIHS Retail Pharmacy	Process Table - IT Standard	8	8	0	\$ 1,500	\$ 12,600
1	1	Work Area	C	SIHS Retail Pharmacy	Task Chair - Mirra 2 Stool	3	3	0	\$ 1,053	\$ 3,317
1	1	Work Area	C	SIHS Retail Pharmacy	PC - IT Standard - Nurse Station Option 1	3	3	0	\$ 2,444	\$ 7,699
1	1	Work Area	C	SIHS Retail Pharmacy	VOIP Phone	3	3	0	\$ 300	\$ 945
1	1	Work Area	C	SIHS Retail Pharmacy	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	1	Work Area	C	SIHS Retail Pharmacy	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
1	1	Supplies / Records	C	SIHS Retail Pharmacy	Signage - Misc. Signage	1	1	0	\$ 225	\$ 236
1	1	Supplies / Records	C	SIHS Retail Pharmacy	Chrome wire shelving	6	6	0	\$ 375	\$ 2,363
1	1	Pharmacist Office	C	SIHS Retail Pharmacy	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	Pharmacist Office	C	SIHS Retail Pharmacy	Artwork	2	2	0	\$ 450	\$ 945
1	1	Pharmacist Office	C	SIHS Retail Pharmacy	Wall Mounted Workstation - Furn. Standard	1	1	0	\$ 3,187	\$ 3,346
1	1	Pharmacist Office	C	SIHS Retail Pharmacy	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
1	1	Pharmacist Office	C	SIHS Retail Pharmacy	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
1	1	Pharmacist Office	C	SIHS Retail Pharmacy	VOIP Phone	1	1	0	\$ 300	\$ 315
1	1	Pharmacist Office	C	SIHS Retail Pharmacy	Task Chair - Mirra 2 Stool	1	1	0	\$ 1,053	\$ 1,106
1	1	Pharmacist Office	C	SIHS Retail Pharmacy	Chair - Standard Waiting Room - Furn. Stnd.	2	2	0	\$ 1,154	\$ 2,423
1	1	Pharmacist Office	C	SIHS Retail Pharmacy	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	1	Shared Waiting (seating for 14)	C	SIMS Cardiovascular Clinic	Signage - Misc. Signage	2	2	0	\$ 225	\$ 473
1	1	Shared Waiting (seating for 14)	C	SIMS Cardiovascular Clinic	Artwork	7	7	0	\$ 450	\$ 3,308
1	1	Shared Waiting (seating for 14)	C	SIMS Cardiovascular Clinic	Chair - Standard Waiting Room - Furn. Stnd.	12	12	0	\$ 1,154	\$ 14,540
1	1	Shared Waiting (seating for 14)	C	SIMS Cardiovascular Clinic	Chair - Bariatric Waiting Room - Furn. Stnd.	2	2	0	\$ 1,688	\$ 3,545
1	1	Shared Waiting (seating for 14)	C	SIMS Cardiovascular Clinic	Security Camera - 360 Degree - Axis	2	2	0	\$ 1,193	\$ 2,505
1	1	Shared Waiting (seating for 14)	C	SIMS Cardiovascular Clinic	TV + Mount - IT Standard	1	1	0	\$ 735	\$ 772
1	1	Shared Waiting (seating for 14)	C	SIMS Cardiovascular Clinic	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
1	1	Reception / Check Out	C	SIMS Cardiovascular Clinic	Signage - Misc. Signage	1	1	0	\$ 225	\$ 236
1	1	Reception / Check Out	C	SIMS Cardiovascular Clinic	Artwork	2	2	0	\$ 450	\$ 945
1	1	Reception / Check Out	C	SIMS Cardiovascular Clinic	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
1	1	Reception / Check Out	C	SIMS Cardiovascular Clinic	VOIP Phone	1	1	0	\$ 300	\$ 315
1	1	Reception / Check Out	C	SIMS Cardiovascular Clinic	Task Chair - Mirra 2 Stool	1	1	0	\$ 1,053	\$ 1,106
1	1	Reception / Check Out	C	SIMS Cardiovascular Clinic	Security Camera - 360 Degree - Axis	1	1	0	\$ 1,193	\$ 1,253
1	1	Reception / Check Out	C	SIMS Cardiovascular Clinic	Access Control - MX-1 + Card Reader	2	2	0	\$ 1,224	\$ 2,570
1	1	Reception / Check Out	C	SIMS Cardiovascular Clinic	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
1	1	Patient Intake	C	SIMS Cardiovascular Clinic	Signage - Misc. Signage	1	1	0	\$ 225	\$ 236
1	1	Patient Intake	C	SIMS Cardiovascular Clinic	Artwork	2	2	0	\$ 450	\$ 945
1	1	Patient Intake	C	SIMS Cardiovascular Clinic	Patient Scale	1	1	0	\$ 2,209	\$ 2,319
1	1	Patient Intake	C	SIMS Cardiovascular Clinic	Patient Thermometer	1	1	0	\$ 432	\$ 454
1	1	Patient Intake	C	SIMS Cardiovascular Clinic	Misc Storage Bins	1	1	0	\$ 350	\$ 368
1	1	Patient Intake	C	SIMS Cardiovascular Clinic	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
1	7	Exam Room	C	SIMS Cardiovascular Clinic	Signage - Misc. Signage	7	7	0	\$ 225	\$ 1,654
1	7	Exam Room	C	SIMS Cardiovascular Clinic	Exam Room Signaling Flags	7	7	0	\$ 60	\$ 441
1	7	Exam Room	C	SIMS Cardiovascular Clinic	Chair - Standard Waiting Room - Furn. Stnd.	7	7	0	\$ 1,154	\$ 8,482
1	7	Exam Room	C	SIMS Cardiovascular Clinic	Chair - Bariatric Waiting Room - Furn. Stnd.	7	7	0	\$ 1,688	\$ 12,407
1	7	Exam Room	C	SIMS Cardiovascular Clinic	Exam Table	7	7	0	\$ 1,895	\$ 13,928
1	7	Exam Room	C	SIMS Cardiovascular Clinic	Misc Fixtures	7	7	0	\$ 1,500	\$ 11,025
1	7	Exam Room	C	SIMS Cardiovascular Clinic	PC - IT Standard - Patient Exam Rm	7	7	0	\$ 3,052	\$ 22,432
1	7	Exam Room	C	SIMS Cardiovascular Clinic	Sharps Container	7	7	0	\$ 73	\$ 537
1	7	Exam Room	C	SIMS Cardiovascular Clinic	Physician Stool - Furn. Stnd.	7	7	0	\$ 340	\$ 2,500
1	7	Exam Room	C	SIMS Cardiovascular Clinic	Artwork	7	7	0	\$ 450	\$ 3,308
1	1	Patient Toilet	C	SIMS Cardiovascular Clinic	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	Patient Toilet	C	SIMS Cardiovascular Clinic	Misc Fixtures	1	1	0	\$ 1,500	\$ 1,575
1	1	Patient Toilet	C	SIMS Cardiovascular Clinic	Nurse Call	1	1	0	\$ 4,272	\$ 4,486
1	5	Med Tech / Roomer / RN Work Area	C	SIMS Cardiovascular Clinic	Signage - Room Sign	2	2	0	\$ 225	\$ 473
1	5	Med Tech / Roomer / RN Work Area	C	SIMS Cardiovascular Clinic	Artwork	2	2	0	\$ 450	\$ 945
1	5	Med Tech / Roomer / RN Work Area	C	SIMS Cardiovascular Clinic	Wall Mounted Workstation - Furn. Stnd.	3	3	0	\$ 2,675	\$ 8,426
1	5	Med Tech / Roomer / RN Work Area	C	SIMS Cardiovascular Clinic	PC - IT Standard - Registration Option 1	5	5	0	\$ 2,835	\$ 14,884
1	5	Med Tech / Roomer / RN Work Area	C	SIMS Cardiovascular Clinic	VOIP Phone	5	5	0	\$ 300	\$ 1,575
1	5	Med Tech / Roomer / RN Work Area	C	SIMS Cardiovascular Clinic	Task Chair - Mirra 2 Stool	5	5	0	\$ 1,053	\$ 5,528
1	5	Med Tech / Roomer / RN Work Area	C	SIMS Cardiovascular Clinic	Printer - IT Standard - Floor All-in-one	1	1	0	\$ 3,050	\$ 3,203
1	5	Med Tech / Roomer / RN Work Area	C	SIMS Cardiovascular Clinic	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
1	1	Clean Supply	C	SIMS Cardiovascular Clinic	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	Clean Supply	C	SIMS Cardiovascular Clinic	Chrome wire shelving	5	5	0	\$ 375	\$ 1,969
1	1	Clean Supply	C	SIMS Cardiovascular Clinic	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	1	Equipment Alcove	C	SIMS Cardiovascular Clinic	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	Equipment Alcove	C	SIMS Cardiovascular Clinic	Vital Machines	2	0	2	\$ -	\$ -
1	1	Equipment Alcove	C	SIMS Cardiovascular Clinic	Portable EKG carts	2	0	2	\$ -	\$ -
1	1	Equipment Alcove	C	SIMS Cardiovascular Clinic	Portable Ultrasound	1	1	0	\$ -	\$ -
1	1	Walk-In Storage/Flex	C	SIMS Cardiovascular Clinic	Chrome wire shelving	5	5	0	\$ 375	\$ 1,969
1	3	Physician Office	C	SIMS Cardiovascular Clinic	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	3	Physician Office	C	SIMS Cardiovascular Clinic	Artwork	3	3	0	\$ 450	\$ 1,418
1	3	Physician Office	C	SIMS Cardiovascular Clinic	Wall Mounted Workstation - Furn. Standard	1	1	0	\$ 3,187	\$ 3,346
1	3	Physician Office	C	SIMS Cardiovascular Clinic	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977

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SIH Marion MOB

FURNITURE, FIXTURE, EQUIPMENT (FFE)

Date: June 15th, 2026

Floor	Qty	Room Name	Clinical (C) or Non-Clinical	Dept.	FFE Item	Total	New	Existing	Original Budget	CON Budget Total
1	3	Physician Office	C	SIMS Cardiovascular Clinic	Printer - IT Standard - Tabletop Small	1	1	0	\$ 296	\$ 279
1	3	Physician Office	C	SIMS Cardiovascular Clinic	VOIP Phone	1	1	0	\$ 300	\$ 315
1	3	Physician Office	C	SIMS Cardiovascular Clinic	Task Chair - Mirra 2 Stool	1	1	0	\$ 1,053	\$ 1,106
1	3	Physician Office	C	SIMS Cardiovascular Clinic	Chair - Standard Waiting Room - Furn. Stnd.	2	2	0	\$ 1,154	\$ 2,423
1	3	Physician Office	C	SIMS Cardiovascular Clinic	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	1	Shared Waiting (seating for 6)	C	SIHS Congestive Heart Failure (Signage - Misc. Signage		2	2	0	\$ 225	\$ 473
1	1	Shared Waiting (seating for 6)	C	SIHS Congestive Heart Failure (Chair - Standard Waiting Room - Furn. Stnd.		5	5	0	\$ 1,154	\$ 6,059
1	1	Shared Waiting (seating for 6)	C	SIHS Congestive Heart Failure (Chair - Bariatric Waiting Room - Furn. Stnd.		1	1	0	\$ 1,688	\$ 1,772
1	1	Shared Waiting (seating for 6)	C	SIHS Congestive Heart Failure (Security Camera - 360 Degree - Axis		1	1	0	\$ 1,193	\$ 1,253
1	1	Shared Waiting (seating for 6)	C	SIHS Congestive Heart Failure (Artwork		3	3	0	\$ 450	\$ 1,418
1	1	Shared Waiting (seating for 6)	C	SIHS Congestive Heart Failure (TV + Mount - IT Standard		1	1	0	\$ 735	\$ 772
1	1	Shared Waiting (seating for 6)	C	SIHS Congestive Heart Failure (Tracker Board - IT Standard		1	1	0	\$ 1,235	\$ 1,297
1	1	Shared Waiting (seating for 6)	C	SIHS Congestive Heart Failure (PC - IT Standard - Registration Option 1		1	1	0	\$ 2,835	\$ 2,977
1	1	Reception / Check Out	C	SIHS Congestive Heart Failure (VOIP Phone		1	1	0	\$ 300	\$ 315
1	1	Reception / Check Out	C	SIHS Congestive Heart Failure (Task Chair - Mirra 2 Stool		1	1	0	\$ 1,053	\$ 1,106
1	1	Reception / Check Out	C	SIHS Congestive Heart Failure (Artwork		2	2	0	\$ 450	\$ 945
1	1	Reception / Check Out	C	SIHS Congestive Heart Failure (Security Camera - 360 Degree - Axis		1	1	0	\$ 1,193	\$ 1,253
1	1	Reception / Check Out	C	SIHS Congestive Heart Failure (Access Control - MX-1 + Card Reader		2	2	0	\$ 1,224	\$ 2,570
1	1	Reception / Check Out	C	SIHS Congestive Heart Failure (Tracker Board - IT Standard		1	1	0	\$ 1,235	\$ 1,297
1	1	Patient Intake	C	SIHS Congestive Heart Failure (Signage - Misc. Signage		1	1	0	\$ 225	\$ 236
1	1	Patient Intake	C	SIHS Congestive Heart Failure (Artwork		2	2	0	\$ 450	\$ 945
1	1	Patient Intake	C	SIHS Congestive Heart Failure (Patient Scale		1	1	0	\$ 2,209	\$ 2,319
1	1	Patient Intake	C	SIHS Congestive Heart Failure (Wheelchair scale per floor					\$	\$
1	1	Patient Intake	C	SIHS Congestive Heart Failure (Patient Thermometer		1	1	0	\$ 432	\$ 454
1	1	Patient Intake	C	SIHS Congestive Heart Failure (Misc Storage Bins		1	1	0	\$ 350	\$ 368
1	1	Patient Intake	C	SIHS Congestive Heart Failure (Tracker Board - IT Standard		1	1	0	\$ 1,235	\$ 1,297
1	4	Exam Room	C	SIHS Congestive Heart Failure (Signage - Misc. Signage		4	4	0	\$ 225	\$ 945
1	4	Exam Room	C	SIHS Congestive Heart Failure (Exam Room Signaling Flags		4	4	0	\$ 60	\$ 252
1	4	Exam Room	C	SIHS Congestive Heart Failure (Chair - Standard Waiting Room - Furn. Stnd.		4	4	0	\$ 1,154	\$ 4,847
1	4	Exam Room	C	SIHS Congestive Heart Failure (Chair - Bariatric Waiting Room - Furn. Stnd.		4	4	0	\$ 1,688	\$ 7,090
1	4	Exam Room	C	SIHS Congestive Heart Failure (Exam Table		4	4	0	\$ 1,895	\$ 7,959
1	4	Exam Room	C	SIHS Congestive Heart Failure (Misc Fixtures		4	4	0	\$ 1,500	\$ 6,300
1	4	Exam Room	C	SIHS Congestive Heart Failure (PC - IT Standard - Patient Exam Rm		4	4	0	\$ 3,052	\$ 12,818
1	4	Exam Room	C	SIHS Congestive Heart Failure (Sharps Container		4	4	0	\$ 73	\$ 307
1	4	Exam Room	C	SIHS Congestive Heart Failure (Physician Stool - Furn. Stnd.		4	4	0	\$ 340	\$ 1,429
1	4	Exam Room	C	SIHS Congestive Heart Failure (Artwork		4	4	0	\$ 450	\$ 1,890
1	1	Patient Toilet	C	SIHS Congestive Heart Failure (Signage - Room Sign		1	1	0	\$ 225	\$ 236
1	1	Patient Toilet	C	SIHS Congestive Heart Failure (Misc Fixtures		1	1	0	\$ 1,500	\$ 1,575
1	1	Patient Toilet	C	SIHS Congestive Heart Failure (Nurse Call		1	1	0	\$ 4,272	\$ 4,486
1	4	Med Tech / Roomer / RN Work Area	C	SIHS Congestive Heart Failure (Signage - Room Sign		2	2	0	\$ 225	\$ 473
1	4	Med Tech / Roomer / RN Work Area	C	SIHS Congestive Heart Failure (Artwork		2	2	0	\$ 450	\$ 945
1	4	Med Tech / Roomer / RN Work Area	C	SIHS Congestive Heart Failure (Wall Mounted Workstation - Furn. Stnd. Stan		3	3	0	\$ 2,675	\$ 8,426
1	4	Med Tech / Roomer / RN Work Area	C	SIHS Congestive Heart Failure (PC - IT Standard - Registration Option 1		5	5	0	\$ 2,835	\$ 14,884
1	4	Med Tech / Roomer / RN Work Area	C	SIHS Congestive Heart Failure (VOIP Phone		5	5	0	\$ 300	\$ 1,575
1	4	Med Tech / Roomer / RN Work Area	C	SIHS Congestive Heart Failure (Task Chair - Mirra 2 Stool		5	5	0	\$ 1,053	\$ 5,528
1	4	Med Tech / Roomer / RN Work Area	C	SIHS Congestive Heart Failure (Printer - IT Standard - Floor All-in-one		1	1	0	\$ 3,050	\$ 3,203
1	4	Med Tech / Roomer / RN Work Area	C	SIHS Congestive Heart Failure (Tracker Board - IT Standard		1	1	0	\$ 1,235	\$ 1,297
1	1	Clean Supply	C	SIHS Congestive Heart Failure (Signage - Room Sign		1	1	0	\$ 225	\$ 236
1	1	Clean Supply	C	SIHS Congestive Heart Failure (Chrome wire shelving		5	5	0	\$ 375	\$ 1,969
1	1	Clean Supply	C	SIHS Congestive Heart Failure (Access Control - MX-1 + Card Reader		1	1	0	\$ 1,224	\$ 1,285
1	1	Equipment Alcove	C	SIHS Congestive Heart Failure (Signage - Room Sign		1	1	0	\$ 225	\$ 236
1	1	Equipment Alcove	C	SIHS Congestive Heart Failure (Vital Machines		2	0	2	\$ -	\$ -
1	1	Equipment Alcove	C	SIHS Congestive Heart Failure (Portable EKG carts		2	0	2	\$ -	\$ -
1	1	Equipment Alcove	C	SIHS Congestive Heart Failure (Portable Ultrasound		1	0	1	\$ -	\$ -
1	1	Echo Room	C	SIHS Congestive Heart Failure (Echo Machine in Exam Room		1	1	0	\$ 205,000	\$ 215,250
1	1	Walk-in Storage/Flex	C	SIHS Congestive Heart Failure (Chrome wire shelving		5	5	0	\$ 375	\$ 1,969
1	1	Office Manager Office	C	SIHS Congestive Heart Failure (Signage - Room Sign		1	1	0	\$ 225	\$ 236
1	1	Office Manager Office	C	SIHS Congestive Heart Failure (Artwork		2	2	0	\$ 450	\$ 945
1	1	Office Manager Office	C	SIHS Congestive Heart Failure (Wall Mounted Workstation - Furn. Standard		1	1	0	\$ 3,187	\$ 3,346
1	1	Office Manager Office	C	SIHS Congestive Heart Failure (PC - IT Standard - Registration Option 1		1	1	0	\$ 2,835	\$ 2,977
1	1	Office Manager Office	C	SIHS Congestive Heart Failure (Printer - IT Standard - Tabletop Small		1	1	0	\$ 266	\$ 279
1	1	Office Manager Office	C	SIHS Congestive Heart Failure (VOIP Phone		1	1	0	\$ 300	\$ 315
1	1	Office Manager Office	C	SIHS Congestive Heart Failure (Task Chair - Mirra 2 Stool		1	1	0	\$ 1,053	\$ 1,106
1	1	Office Manager Office	C	SIHS Congestive Heart Failure (Chair - Standard Waiting Room - Furn. Stnd.		2	2	0	\$ 1,154	\$ 2,423
1	1	Office Manager Office	C	SIHS Congestive Heart Failure (Access Control - MX-1 + Card Reader		1	1	0	\$ 1,224	\$ 1,285
1	1	Office Coordinator - Shared Office	C	SIHS Congestive Heart Failure (Signage - Room Sign		1	1	0	\$ 225	\$ 236
1	1	Office Coordinator - Shared Office	C	SIHS Congestive Heart Failure (Artwork		2	2	0	\$ 450	\$ 945
1	1	Office Coordinator - Shared Office	C	SIHS Congestive Heart Failure (Wall Mounted Workstation - Furn. Stnd. Stan		1	1	0	\$ 2,675	\$ 2,809
1	1	Office Coordinator - Shared Office	C	SIHS Congestive Heart Failure (PC - IT Standard - Registration Option 1		2	2	0	\$ 2,835	\$ 5,954
1	1	Office Coordinator - Shared Office	C	SIHS Congestive Heart Failure (Printer - IT Standard - Tabletop Small		1	1	0	\$ 266	\$ 279
1	1	Office Coordinator - Shared Office	C	SIHS Congestive Heart Failure (VOIP Phone		2	2	0	\$ 300	\$ 630
1	1	Office Coordinator - Shared Office	C	SIHS Congestive Heart Failure (Task Chair - Mirra 2 Stool		2	2	0	\$ 1,053	\$ 2,211
1	1	Office Coordinator - Shared Office	C	SIHS Congestive Heart Failure (Chair - Standard Waiting Room - Furn. Stnd.		2	2	0	\$ 1,154	\$ 2,423
1	1	Office Coordinator - Shared Office	C	SIHS Congestive Heart Failure (Access Control - MX-1 + Card Reader		1	1	0	\$ 1,224	\$ 1,285
1	2	Navigator Workstation	C	SIHS Congestive Heart Failure (Signage - Room Sign		1	1	0	\$ 225	\$ 236
1	2	Navigator Workstation	C	SIHS Congestive Heart Failure (Artwork		2	2	0	\$ 450	\$ 945
1	2	Navigator Workstation	C	SIHS Congestive Heart Failure (Wall Mounted Workstation - Furn. Stnd. Stan		1	1	0	\$ 2,675	\$ 2,809
1	2	Navigator Workstation	C	SIHS Congestive Heart Failure (PC - IT Standard - Registration Option 1		2	2	0	\$ 2,835	\$ 5,954
1	2	Navigator Workstation	C	SIHS Congestive Heart Failure (Printer - IT Standard - Tabletop Small		1	1	0	\$ 266	\$ 279
1	2	Navigator Workstation	C	SIHS Congestive Heart Failure (VOIP Phone		2	2	0	\$ 300	\$ 630
1	2	Navigator Workstation	C	SIHS Congestive Heart Failure (Task Chair - Mirra 2 Stool		2	2	0	\$ 1,053	\$ 2,211
1	2	Navigator Workstation	C	SIHS Congestive Heart Failure (Chair - Standard Waiting Room - Furn. Stnd.		2	2	0	\$ 1,154	\$ 2,423

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SIH Marion MOB

FURNITURE, FIXTURE, EQUIPMENT (FFE)

Date: June 15th, 2026

Floor	Qty	Room Name	Clinical (C) or Non-Clinical	Dept.	FFE Item	Total	New	Existing	Original Budget	CON Budget Total
1	2	Navigator Workstation	C	SIHS Congestive Heart Failure	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
1	1	Shared Mid Level Office (2)	C	SIHS Congestive Heart Failure	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	Shared Mid Level Office (2)	C	SIHS Congestive Heart Failure	Artwork	2	2	0	\$ 450	\$ 945
1	1	Shared Mid Level Office (2)	C	SIHS Congestive Heart Failure	Wall Mounted Workstation - Furn. Standard	2	2	0	\$ 3,187	\$ 6,693
1	1	Shared Mid Level Office (2)	C	SIHS Congestive Heart Failure	PC - IT Standard - Registration Option 1	2	2	0	\$ 2,835	\$ 5,954
1	1	Shared Mid Level Office (2)	C	SIHS Congestive Heart Failure	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
1	1	Shared Mid Level Office (2)	C	SIHS Congestive Heart Failure	VOIP Phone	2	2	0	\$ 300	\$ 630
1	1	Shared Mid Level Office (2)	C	SIHS Congestive Heart Failure	Task Chair - Mirra 2 Stool	2	2	0	\$ 1,053	\$ 2,211
1	1	Shared Mid Level Office (2)	C	SIHS Congestive Heart Failure	Chair - Standard Waiting Room - Furn. Std.	2	2	0	\$ 1,154	\$ 2,423
1	1	Shared Mid Level Office (2)	C	SIHS Congestive Heart Failure	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
2	1	Shared Waiting (seating for 14)	C	SIMS Urology and Flex Specialty	Signage - Misc. Signage	2	2	0	\$ 225	\$ 473
2	1	Shared Waiting (seating for 14)	C	SIMS Urology and Flex Specialty	Chair - Standard Waiting Room - Furn. Std.	12	12	0	\$ 1,154	\$ 14,540
2	1	Shared Waiting (seating for 14)	C	SIMS Urology and Flex Specialty	Chair - Bariatric Waiting Room - Furn. Std.	2	2	0	\$ 1,688	\$ 3,545
2	1	Shared Waiting (seating for 14)	C	SIMS Urology and Flex Specialty	Security Camera - 360 Degree - Axis	2	2	0	\$ 1,193	\$ 2,505
2	1	Shared Waiting (seating for 14)	C	SIMS Urology and Flex Specialty	TV + Mount - IT Standard	1	1	0	\$ 735	\$ 772
2	1	Shared Waiting (seating for 14)	C	SIMS Urology and Flex Specialty	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
2	2	Reception / Check Out	C	SIMS Urology and Flex Specialty	PC - IT Standard - Registration Option 1	2	2	0	\$ 2,835	\$ 5,954
2	2	Reception / Check Out	C	SIMS Urology and Flex Specialty	VOIP Phone	2	2	0	\$ 300	\$ 630
2	2	Reception / Check Out	C	SIMS Urology and Flex Specialty	Task Chair - Mirra 2 Stool	2	2	0	\$ 1,053	\$ 2,211
2	2	Reception / Check Out	C	SIMS Urology and Flex Specialty	Artwork	2	2	0	\$ 450	\$ 945
2	2	Reception / Check Out	C	SIMS Urology and Flex Specialty	Security Camera - 360 Degree - Axis	2	2	0	\$ 1,193	\$ 2,505
2	2	Reception / Check Out	C	SIMS Urology and Flex Specialty	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
2	2	Reception / Check Out	C	SIMS Urology and Flex Specialty	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
2	2	Patient Intake	C	SIMS Urology and Flex Specialty	Signage - Misc. Signage	1	1	0	\$ 225	\$ 236
2	2	Patient Intake	C	SIMS Urology and Flex Specialty	Patient Scale	1	1	0	\$ 2,209	\$ 2,319
2	2	Patient Intake	C	SIMS Urology and Flex Specialty	Patient Thermometer	1	1	0	\$ 432	\$ 454
2	2	Patient Intake	C	SIMS Urology and Flex Specialty	Misc. Storage Bins	1	1	0	\$ 350	\$ 368
2	2	Patient Intake	C	SIMS Urology and Flex Specialty	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
2	14	Exam Room	C	SIMS Urology and Flex Specialty	Signage - Misc. Signage	14	14	0	\$ 225	\$ 3,308
2	14	Exam Room	C	SIMS Urology and Flex Specialty	Artwork	14	14	0	\$ 450	\$ 6,615
2	14	Exam Room	C	SIMS Urology and Flex Specialty	Exam Room Signaling Flags	14	14	0	\$ 60	\$ 882
2	14	Exam Room	C	SIMS Urology and Flex Specialty	Chair - Standard Waiting Room - Furn. Std.	14	14	0	\$ 1,154	\$ 16,964
2	14	Exam Room	C	SIMS Urology and Flex Specialty	Chair - Bariatric Waiting Room - Furn. Std.	14	14	0	\$ 1,688	\$ 24,814
2	14	Exam Room	C	SIMS Urology and Flex Specialty	Exam Table	14	14	0	\$ 1,895	\$ 27,857
2	14	Exam Room	C	SIMS Urology and Flex Specialty	Misc. Fixtures	14	14	0	\$ 1,500	\$ 22,050
2	14	Exam Room	C	SIMS Urology and Flex Specialty	PC - IT Standard - Patient Exam Rm	14	14	0	\$ 3,052	\$ 44,864
2	14	Exam Room	C	SIMS Urology and Flex Specialty	Sharps Container	14	14	0	\$ 73	\$ 1,073
2	14	Exam Room	C	SIMS Urology and Flex Specialty	Physician Stool - Furn. Std.	14	14	0	\$ 340	\$ 5,001
2	2	Patient Toilet	C	SIMS Urology and Flex Specialty	Signage - Room Sign	2	2	0	\$ 225	\$ 473
2	2	Patient Toilet	C	SIMS Urology and Flex Specialty	Misc. Fixtures	2	2	0	\$ 1,500	\$ 3,150
2	2	Patient Toilet	C	SIMS Urology and Flex Specialty	Nurse Call	2	2	0	\$ 4,272	\$ 8,971
2	7	Med Tech / Roomer / RN Work Area	C	SIMS Urology and Flex Specialty	Signage - Room Sign	2	2	0	\$ 225	\$ 473
2	7	Med Tech / Roomer / RN Work Area	C	SIMS Urology and Flex Specialty	Artwork	2	2	0	\$ 450	\$ 945
2	7	Med Tech / Roomer / RN Work Area	C	SIMS Urology and Flex Specialty	Wall Mounted Workstation - Furn. Std. Stan	4	4	0	\$ 2,675	\$ 11,235
2	7	Med Tech / Roomer / RN Work Area	C	SIMS Urology and Flex Specialty	PC - IT Standard - Registration Option 1	7	7	0	\$ 2,835	\$ 20,837
2	7	Med Tech / Roomer / RN Work Area	C	SIMS Urology and Flex Specialty	VOIP Phone	7	7	0	\$ 300	\$ 2,205
2	7	Med Tech / Roomer / RN Work Area	C	SIMS Urology and Flex Specialty	Task Chair - Mirra 2 Stool	7	7	0	\$ 1,053	\$ 7,740
2	7	Med Tech / Roomer / RN Work Area	C	SIMS Urology and Flex Specialty	Printer - IT Standard - Floor All-in-one	1	1	0	\$ 3,050	\$ 3,203
2	7	Med Tech / Roomer / RN Work Area	C	SIMS Urology and Flex Specialty	Tracker Board - IT Standard	2	2	0	\$ 1,235	\$ 2,594
2	2	Clean Supply	C	SIMS Urology and Flex Specialty	Signage - Room Sign	2	2	0	\$ 225	\$ 473
2	2	Clean Supply	C	SIMS Urology and Flex Specialty	Chrome wire shelving	10	10	0	\$ 375	\$ 3,938
2	2	Clean Supply	C	SIMS Urology and Flex Specialty	Access Control - MX-1 + Card Reader	2	2	0	\$ 1,224	\$ 2,570
2	2	Equipment Alcove	C	SIMS Urology and Flex Specialty	Clinic				\$	\$
2	2	Walk-in Storage/Flex	C	SIMS Urology and Flex Specialty	Chrome wire shelving	5	5	0	\$ 375	\$ 1,969
2	0.5	Office Manager Office	C	SIMS Urology and Flex Specialty	Signage - Room Sign	1	1	0	\$ 225	\$ 236
2	0.5	Office Manager Office	C	SIMS Urology and Flex Specialty	Artwork	1	1	0	\$ 450	\$ 473
2	0.5	Office Manager Office	C	SIMS Urology and Flex Specialty	Wall Mounted Workstation - Furn. Standard	1	1	0	\$ 3,187	\$ 3,346
2	0.5	Office Manager Office	C	SIMS Urology and Flex Specialty	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
2	0.5	Office Manager Office	C	SIMS Urology and Flex Specialty	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
2	0.5	Office Manager Office	C	SIMS Urology and Flex Specialty	VOIP Phone	1	1	0	\$ 300	\$ 315
2	0.5	Office Manager Office	C	SIMS Urology and Flex Specialty	Task Chair - Mirra 2 Stool	1	1	0	\$ 1,053	\$ 1,106
2	0.5	Office Manager Office	C	SIMS Urology and Flex Specialty	Chair - Standard Waiting Room - Furn. Std.	2	2	0	\$ 1,154	\$ 2,423
2	0.5	Office Manager Office	C	SIMS Urology and Flex Specialty	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
2	0.5	Office Coordinator - Shared Office	C	SIMS Urology and Flex Specialty	Signage - Room Sign	1	1	0	\$ 225	\$ 236
2	0.5	Office Coordinator - Shared Office	C	SIMS Urology and Flex Specialty	Artwork	1	1	0	\$ 450	\$ 473
2	0.5	Office Coordinator - Shared Office	C	SIMS Urology and Flex Specialty	Wall Mounted Workstation - Furn. Std. Stan	1	1	0	\$ 2,675	\$ 2,809
2	0.5	Office Coordinator - Shared Office	C	SIMS Urology and Flex Specialty	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
2	0.5	Office Coordinator - Shared Office	C	SIMS Urology and Flex Specialty	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
2	0.5	Office Coordinator - Shared Office	C	SIMS Urology and Flex Specialty	VOIP Phone	1	1	0	\$ 300	\$ 315
2	0.5	Office Coordinator - Shared Office	C	SIMS Urology and Flex Specialty	Task Chair - Mirra 2 Stool	1	1	0	\$ 1,053	\$ 1,106
2	0.5	Office Coordinator - Shared Office	C	SIMS Urology and Flex Specialty	Chair - Standard Waiting Room - Furn. Std.	2	2	0	\$ 1,154	\$ 2,423
2	0.5	Office Coordinator - Shared Office	C	SIMS Urology and Flex Specialty	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
2	1	Scheduler Workstation	C	SIMS Urology and Flex Specialty	Signage - Room Sign	1	1	0	\$ 225	\$ 236
2	1	Scheduler Workstation	C	SIMS Urology and Flex Specialty	Artwork	2	2	0	\$ 450	\$ 945
2	1	Scheduler Workstation	C	SIMS Urology and Flex Specialty	Wall Mounted Workstation - Furn. Std. Stan	1	1	0	\$ 2,675	\$ 2,809
2	1	Scheduler Workstation	C	SIMS Urology and Flex Specialty	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
2	1	Scheduler Workstation	C	SIMS Urology and Flex Specialty	VOIP Phone	1	1	0	\$ 300	\$ 315
2	1	Scheduler Workstation	C	SIMS Urology and Flex Specialty	Task Chair - Mirra 2 Stool	1	1	0	\$ 1,053	\$ 1,106
2	1	Scheduler Workstation	C	SIMS Urology and Flex Specialty	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
2	3	Physician Office	C	SIMS Urology and Flex Specialty	Signage - Room Sign	3	3	0	\$ 225	\$ 709
2	3	Physician Office	C	SIMS Urology and Flex Specialty	Artwork	3	3	0	\$ 450	\$ 1,418
2	3	Physician Office	C	SIMS Urology and Flex Specialty	Wall Mounted Workstation - Furn. Standard	3	3	0	\$ 3,187	\$ 10,039

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SIH Marion MOB

FURNITURE, FIXTURE, EQUIPMENT (FFE)

Date: June 15th, 2026

Floor	Qty	Room Name	Clinical (C) or Non-Clinical	Dept.	FFE Item	Total	New	Existing	Original Budget	CON Budget Total
2	3	Physician Office	C	SIMS Urology and Flex Special	PC - IT Standard - Registration Option 1	3	3	0	\$ 2,835	\$ 8,830
2	3	Physician Office	C	SIMS Urology and Flex Special	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
2	3	Physician Office	C	SIMS Urology and Flex Special	VOIP Phone	3	3	0	\$ 300	\$ 945
2	3	Physician Office	C	SIMS Urology and Flex Special	Task Chair - Mirra 2 Stool	3	3	0	\$ 1,053	\$ 3,317
2	3	Physician Office	C	SIMS Urology and Flex Special	Chair - Standard Waiting Room - Furn. Stnd.	4	4	0	\$ 1,154	\$ 4,847
2	3	Physician Office	C	SIMS Urology and Flex Special	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
2	1	Shared Mid Level Office (2)	C	SIMS Urology and Flex Special	Signage - Room Sign	1	1	0	\$ 225	\$ 236
2	1	Shared Mid Level Office (2)	C	SIMS Urology and Flex Special	Artwork	2	2	0	\$ 450	\$ 945
2	1	Shared Mid Level Office (2)	C	SIMS Urology and Flex Special	Wall Mounted Workstation - Furn. Standard	2	2	0	\$ 3,187	\$ 6,693
2	1	Shared Mid Level Office (2)	C	SIMS Urology and Flex Special	PC - IT Standard - Registration Option 1	2	2	0	\$ 2,835	\$ 5,954
2	1	Shared Mid Level Office (2)	C	SIMS Urology and Flex Special	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
2	1	Shared Mid Level Office (2)	C	SIMS Urology and Flex Special	VOIP Phone	2	2	0	\$ 300	\$ 630
2	1	Shared Mid Level Office (2)	C	SIMS Urology and Flex Special	Task Chair - Mirra 2 Stool	2	2	0	\$ 1,053	\$ 2,211
2	1	Shared Mid Level Office (2)	C	SIMS Urology and Flex Special	Chair - Standard Waiting Room - Furn. Stnd.	2	2	0	\$ 1,154	\$ 2,423
2	1	Shared Mid Level Office (2)	C	SIMS Urology and Flex Special	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
2	1	Shared Waiting (seating for 14)	C	SIMS Podiatry and Pain Manage	Signage - Misc. Signage	2	2	0	\$ 225	\$ 473
2	1	Shared Waiting (seating for 14)	C	SIMS Podiatry and Pain Manage	Artwork	7	7	0	\$ 450	\$ 3,308
2	1	Shared Waiting (seating for 14)	C	SIMS Podiatry and Pain Manage	Chair - Standard Waiting Room - Furn. Stnd.	12	12	0	\$ 1,154	\$ 14,540
2	1	Shared Waiting (seating for 14)	C	SIMS Podiatry and Pain Manage	Chair - Bariatric Waiting Room - Furn. Stnd.	2	2	0	\$ 1,688	\$ 3,545
2	1	Shared Waiting (seating for 14)	C	SIMS Podiatry and Pain Manage	Security Camera - 360 Degree - Axis	2	2	0	\$ 1,193	\$ 2,505
2	1	Shared Waiting (seating for 14)	C	SIMS Podiatry and Pain Manage	TV + Mount - IT Standard	1	1	0	\$ 735	\$ 772
2	1	Shared Waiting (seating for 14)	C	SIMS Podiatry and Pain Manage	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
2	2	Reception / Check Out	C	SIMS Podiatry and Pain Manage	PC - IT Standard - Registration Option 1	2	2	0	\$ 2,835	\$ 5,954
2	2	Reception / Check Out	C	SIMS Podiatry and Pain Manage	VOIP Phone	2	2	0	\$ 300	\$ 630
2	2	Reception / Check Out	C	SIMS Podiatry and Pain Manage	Task Chair - Mirra 2 Stool	2	2	0	\$ 1,053	\$ 2,211
2	2	Reception / Check Out	C	SIMS Podiatry and Pain Manage	Artwork	2	2	0	\$ 450	\$ 945
2	2	Reception / Check Out	C	SIMS Podiatry and Pain Manage	Security Camera - 360 Degree - Axis	2	2	0	\$ 1,193	\$ 2,505
2	2	Reception / Check Out	C	SIMS Podiatry and Pain Manage	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
2	2	Reception / Check Out	C	SIMS Podiatry and Pain Manage	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
2	2	Patient Intake	C	SIMS Podiatry and Pain Manage	Signage - Misc. Signage	1	1	0	\$ 225	\$ 236
2	2	Patient Intake	C	SIMS Podiatry and Pain Manage	Patient Scale	1	1	0	\$ 2,209	\$ 2,319
2	2	Patient Intake	C	SIMS Podiatry and Pain Manage	Patient Thermometer	1	1	0	\$ 432	\$ 454
2	2	Patient Intake	C	SIMS Podiatry and Pain Manage	Misc Storage Bins	1	1	0	\$ 350	\$ 368
2	2	Patient Intake	C	SIMS Podiatry and Pain Manage	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
2	13	Exam Room	C	SIMS Podiatry and Pain Manage	Signage - Misc. Signage	13	13	0	\$ 225	\$ 3,071
2	13	Exam Room	C	SIMS Podiatry and Pain Manage	Artwork	13	13	0	\$ 450	\$ 6,143
2	13	Exam Room	C	SIMS Podiatry and Pain Manage	Exam Room Signaling Flags	13	13	0	\$ 60	\$ 819
2	13	Exam Room	C	SIMS Podiatry and Pain Manage	Chair - Standard Waiting Room - Furn. Stnd.	13	13	0	\$ 1,154	\$ 15,752
2	13	Exam Room	C	SIMS Podiatry and Pain Manage	Chair - Bariatric Waiting Room - Furn. Stnd.	13	13	0	\$ 1,688	\$ 23,041
2	13	Exam Room	C	SIMS Podiatry and Pain Manage	Exam Table	13	13	0	\$ 1,885	\$ 25,867
2	13	Exam Room	C	SIMS Podiatry and Pain Manage	Misc Fixtures	13	13	0	\$ 1,500	\$ 20,475
2	13	Exam Room	C	SIMS Podiatry and Pain Manage	PC - IT Standard - Patient Exam Rm	13	13	0	\$ 3,052	\$ 41,660
2	13	Exam Room	C	SIMS Podiatry and Pain Manage	Sharps Container	13	13	0	\$ 73	\$ 996
2	13	Exam Room	C	SIMS Podiatry and Pain Manage	Physician Stool - Furn. Stnd.	13	13	0	\$ 340	\$ 4,644
2	2	Patient Toilet	C	SIMS Podiatry and Pain Manage	Signage - Room Sign	2	2	0	\$ 225	\$ 473
2	2	Patient Toilet	C	SIMS Podiatry and Pain Manage	Misc Fixtures	2	2	0	\$ 1,500	\$ 3,150
2	2	Patient Toilet	C	SIMS Podiatry and Pain Manage	Nurse Call	2	2	0	\$ 4,272	\$ 8,971
2	7	Med Tech / Roomer / RN Work Area	C	SIMS Podiatry and Pain Manage	Signage - Room Sign	2	2	0	\$ 225	\$ 473
2	7	Med Tech / Roomer / RN Work Area	C	SIMS Podiatry and Pain Manage	Artwork	4	4	0	\$ 450	\$ 1,890
2	7	Med Tech / Roomer / RN Work Area	C	SIMS Podiatry and Pain Manage	Wall Mounted Workstation - Furn. Stnd. Stan	4	4	0	\$ 2,675	\$ 11,235
2	7	Med Tech / Roomer / RN Work Area	C	SIMS Podiatry and Pain Manage	PC - IT Standard - Registration Option 1	7	7	0	\$ 2,835	\$ 20,837
2	7	Med Tech / Roomer / RN Work Area	C	SIMS Podiatry and Pain Manage	VOIP Phone	7	7	0	\$ 300	\$ 2,205
2	7	Med Tech / Roomer / RN Work Area	C	SIMS Podiatry and Pain Manage	Task Chair - Mirra 2 Stool	7	7	0	\$ 1,053	\$ 7,740
2	7	Med Tech / Roomer / RN Work Area	C	SIMS Podiatry and Pain Manage	Printer - IT Standard - Floor All-in-one	1	1	0	\$ 3,050	\$ 3,203
2	7	Med Tech / Roomer / RN Work Area	C	SIMS Podiatry and Pain Manage	Tracker Board - IT Standard	2	2	0	\$ 1,235	\$ 2,584
2	2	Clean Supply	C	SIMS Podiatry and Pain Manage	Signage - Room Sign	2	2	0	\$ 225	\$ 473
2	2	Clean Supply	C	SIMS Podiatry and Pain Manage	Chrome wire shelving	10	10	0	\$ 375	\$ 3,938
2	2	Clean Supply	C	SIMS Podiatry and Pain Manage	Access Control - MX-1 + Card Reader	2	2	0	\$ 1,224	\$ 2,570
2	2	Equipment Alcove	C	SIMS Podiatry and Pain Manage	Clinic				\$	\$
2	1	Walk-in Storage/Flex	C	SIMS Podiatry and Pain Manage	Chrome wire shelving	5	5	0	\$ 375	\$ 1,969
2	0.5	Office Manager Office	C	SIMS Podiatry and Pain Manage	Signage - Room Sign	1	1	0	\$ 225	\$ 236
2	0.5	Office Manager Office	C	SIMS Podiatry and Pain Manage	Artwork	1	1	0	\$ 450	\$ 473
2	0.5	Office Manager Office	C	SIMS Podiatry and Pain Manage	Wall Mounted Workstation - Furn. Standard	1	1	0	\$ 3,187	\$ 3,346
2	0.5	Office Manager Office	C	SIMS Podiatry and Pain Manage	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
2	0.5	Office Manager Office	C	SIMS Podiatry and Pain Manage	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
2	0.5	Office Manager Office	C	SIMS Podiatry and Pain Manage	VOIP Phone	1	1	0	\$ 300	\$ 315
2	0.5	Office Manager Office	C	SIMS Podiatry and Pain Manage	Task Chair - Mirra 2 Stool	1	1	0	\$ 1,053	\$ 1,106
2	0.5	Office Manager Office	C	SIMS Podiatry and Pain Manage	Chair - Standard Waiting Room - Furn. Stnd.	2	2	0	\$ 1,154	\$ 2,423
2	0.5	Office Manager Office	C	SIMS Podiatry and Pain Manage	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
2	1.5	Office Coordinator - Shared Office	C	SIMS Podiatry and Pain Manage	Signage - Room Sign	1	1	0	\$ 225	\$ 236
2	1.5	Office Coordinator - Shared Office	C	SIMS Podiatry and Pain Manage	Artwork	2	2	0	\$ 450	\$ 945
2	1.5	Office Coordinator - Shared Office	C	SIMS Podiatry and Pain Manage	Wall Mounted Workstation - Furn. Stnd. Stan	2	2	0	\$ 2,675	\$ 5,618
2	1.5	Office Coordinator - Shared Office	C	SIMS Podiatry and Pain Manage	PC - IT Standard - Registration Option 1	2	2	0	\$ 2,835	\$ 5,954
2	1.5	Office Coordinator - Shared Office	C	SIMS Podiatry and Pain Manage	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
2	1.5	Office Coordinator - Shared Office	C	SIMS Podiatry and Pain Manage	VOIP Phone	2	2	0	\$ 300	\$ 630
2	1.5	Office Coordinator - Shared Office	C	SIMS Podiatry and Pain Manage	Task Chair - Mirra 2 Stool	2	2	0	\$ 1,053	\$ 2,211
2	1.5	Office Coordinator - Shared Office	C	SIMS Podiatry and Pain Manage	Chair - Standard Waiting Room - Furn. Stnd.	2	2	0	\$ 1,154	\$ 2,423
2	1.5	Office Coordinator - Shared Office	C	SIMS Podiatry and Pain Manage	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
2	1	Scheduler Workstation	C	SIMS Podiatry and Pain Manage	Signage - Room Sign	1	1	0	\$ 225	\$ 236
2	1	Scheduler Workstation	C	SIMS Podiatry and Pain Manage	Artwork	2	2	0	\$ 450	\$ 945
2	1	Scheduler Workstation	C	SIMS Podiatry and Pain Manage	Wall Mounted Workstation - Furn. Stnd. Stan	1	1	0	\$ 2,675	\$ 2,809
2	1	Scheduler Workstation	C	SIMS Podiatry and Pain Manage	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977

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SIH Marion MOB

FURNITURE, FIXTURE, EQUIPMENT (FFE)

Date: June 15th, 2026

Floor	Qty	Room Name	Clinical (C) or Non-Clinical	Dept.	FFE Item	Total	New	Existing	Original Budget	CON Budget Total
2	1	Scheduler Workstation	C	SIMS Podiatry and Pain Manage	VOIP Phone	1	1	0	\$ 300	\$ 315
2	1	Scheduler Workstation	C	SIMS Podiatry and Pain Manage	Task Chair - Mira 2 Stool	1	1	0	\$ 1,053	\$ 1,106
2	1	Scheduler Workstation	C	SIMS Podiatry and Pain Manage	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
2	2	Physician Office	C	SIMS Podiatry and Pain Manage	Signage - Room Sign	1	1	0	\$ 225	\$ 236
2	2	Physician Office	C	SIMS Podiatry and Pain Manage	Artwork	2	2	0	\$ 450	\$ 945
2	2	Physician Office	C	SIMS Podiatry and Pain Manage	Wall Mounted Workstation - Furn. Standard	2	2	0	\$ 3,187	\$ 6,693
2	2	Physician Office	C	SIMS Podiatry and Pain Manage	PC - IT Standard - Registration Option 1	2	2	0	\$ 2,835	\$ 5,954
2	2	Physician Office	C	SIMS Podiatry and Pain Manage	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
2	2	Physician Office	C	SIMS Podiatry and Pain Manage	VOIP Phone	2	2	0	\$ 300	\$ 630
2	2	Physician Office	C	SIMS Podiatry and Pain Manage	Task Chair - Mira 2 Stool	2	2	0	\$ 1,053	\$ 2,211
2	2	Physician Office	C	SIMS Podiatry and Pain Manage	Chair - Standard Waiting Room - Furn. Stnd.	2	2	0	\$ 1,154	\$ 2,423
2	2	Physician Office	C	SIMS Podiatry and Pain Manage	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
2	2	Shared Mid Level Office (2)	C	SIMS Podiatry and Pain Manage	Signage - Room Sign	1	1	0	\$ 225	\$ 236
2	2	Shared Mid Level Office (2)	C	SIMS Podiatry and Pain Manage	Artwork	2	2	0	\$ 450	\$ 945
2	2	Shared Mid Level Office (2)	C	SIMS Podiatry and Pain Manage	Wall Mounted Workstation - Furn. Standard	2	2	0	\$ 3,187	\$ 6,693
2	2	Shared Mid Level Office (2)	C	SIMS Podiatry and Pain Manage	PC - IT Standard - Registration Option 1	2	2	0	\$ 2,835	\$ 5,954
2	2	Shared Mid Level Office (2)	C	SIMS Podiatry and Pain Manage	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
2	2	Shared Mid Level Office (2)	C	SIMS Podiatry and Pain Manage	VOIP Phone	2	2	0	\$ 300	\$ 630
2	2	Shared Mid Level Office (2)	C	SIMS Podiatry and Pain Manage	Task Chair - Mira 2 Stool	2	2	0	\$ 1,053	\$ 2,211
2	2	Shared Mid Level Office (2)	C	SIMS Podiatry and Pain Manage	Chair - Standard Waiting Room - Furn. Stnd.	2	2	0	\$ 1,154	\$ 2,423
2	2	Shared Mid Level Office (2)	C	SIMS Podiatry and Pain Manage	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
2	1	Shared Waiting (seating for 14)	C	SIMS Gastroenterology and Pul	Signage - Misc. Signage	2	2	0	\$ 225	\$ 473
2	1	Shared Waiting (seating for 14)	C	SIMS Gastroenterology and Pul	Artwork	7	7	0	\$ 450	\$ 3,308
2	1	Shared Waiting (seating for 14)	C	SIMS Gastroenterology and Pul	Chair - Standard Waiting Room - Furn. Stnd.	12	12	0	\$ 1,154	\$ 14,540
2	1	Shared Waiting (seating for 14)	C	SIMS Gastroenterology and Pul	Chair - Bariatric Waiting Room - Furn. Stnd.	2	2	0	\$ 1,688	\$ 3,545
2	1	Shared Waiting (seating for 14)	C	SIMS Gastroenterology and Pul	Security Camera - 360 Degree - Axis	2	2	0	\$ 1,193	\$ 2,505
2	1	Shared Waiting (seating for 14)	C	SIMS Gastroenterology and Pul	TV + Mount - IT Standard	1	1	0	\$ 735	\$ 772
2	1	Shared Waiting (seating for 14)	C	SIMS Gastroenterology and Pul	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
2	2	Reception / Check Out	C	SIMS Gastroenterology and Pul	PC - IT Standard - Registration Option 1	2	2	0	\$ 2,835	\$ 5,954
2	2	Reception / Check Out	C	SIMS Gastroenterology and Pul	VOIP Phone	2	2	0	\$ 300	\$ 630
2	2	Reception / Check Out	C	SIMS Gastroenterology and Pul	Task Chair - Mira 2 Stool	2	2	0	\$ 1,053	\$ 2,211
2	2	Reception / Check Out	C	SIMS Gastroenterology and Pul	Artwork	2	2	0	\$ 450	\$ 945
2	2	Reception / Check Out	C	SIMS Gastroenterology and Pul	Security Camera - 360 Degree - Axis	2	2	0	\$ 1,193	\$ 2,505
2	2	Reception / Check Out	C	SIMS Gastroenterology and Pul	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
2	2	Reception / Check Out	C	SIMS Gastroenterology and Pul	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
2	2	Patient Intake	C	SIMS Gastroenterology and Pul	Signage - Misc. Signage	1	1	0	\$ 225	\$ 236
2	2	Patient Intake	C	SIMS Gastroenterology and Pul	Patient Scale	1	1	0	\$ 2,209	\$ 2,319
2	2	Patient Intake	C	SIMS Gastroenterology and Pul	Patient Thermometer	1	1	0	\$ 432	\$ 454
2	2	Patient Intake	C	SIMS Gastroenterology and Pul	Misc Storage Bins	1	1	0	\$ 350	\$ 368
2	2	Patient Intake	C	SIMS Gastroenterology and Pul	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
2	12	Exam Room	C	SIMS Gastroenterology and Pul	Signage - Misc. Signage	12	12	0	\$ 225	\$ 2,835
2	12	Exam Room	C	SIMS Gastroenterology and Pul	Artwork	12	12	0	\$ 450	\$ 5,670
2	12	Exam Room	C	SIMS Gastroenterology and Pul	Exam Room Signaling Flag	12	12	0	\$ 60	\$ 756
2	12	Exam Room	C	SIMS Gastroenterology and Pul	Chair - Standard Waiting Room - Furn. Stnd.	12	12	0	\$ 1,154	\$ 14,540
2	12	Exam Room	C	SIMS Gastroenterology and Pul	Chair - Bariatric Waiting Room - Furn. Stnd.	12	12	0	\$ 1,688	\$ 21,268
2	12	Exam Room	C	SIMS Gastroenterology and Pul	Exam Table	12	12	0	\$ 1,895	\$ 23,877
2	12	Exam Room	C	SIMS Gastroenterology and Pul	Misc Fixtures	12	12	0	\$ 1,500	\$ 18,900
2	12	Exam Room	C	SIMS Gastroenterology and Pul	PC - IT Standard - Patient Exam Rm	12	12	0	\$ 3,052	\$ 38,455
2	12	Exam Room	C	SIMS Gastroenterology and Pul	Sharps Container	12	12	0	\$ 73	\$ 920
2	12	Exam Room	C	SIMS Gastroenterology and Pul	Physician Stool - Furn. Stnd.	12	12	0	\$ 340	\$ 4,287
2	2	Patient Toilet	C	SIMS Gastroenterology and Pul	Signage - Room Sign	2	2	0	\$ 225	\$ 473
2	2	Patient Toilet	C	SIMS Gastroenterology and Pul	Misc Fixtures	2	2	0	\$ 1,500	\$ 3,150
2	2	Patient Toilet	C	SIMS Gastroenterology and Pul	Nurse Call	2	2	0	\$ 4,272	\$ 8,971
2	5	Med Tech / Roomer / RN Work Area	C	SIMS Gastroenterology and Pul	Signage - Room Sign	2	2	0	\$ 225	\$ 473
2	5	Med Tech / Roomer / RN Work Area	C	SIMS Gastroenterology and Pul	Artwork	5	5	0	\$ 450	\$ 2,363
2	5	Med Tech / Roomer / RN Work Area	C	SIMS Gastroenterology and Pul	Wall Mounted Workstation - Furn. Stnd. Stan	5	5	0	\$ 2,675	\$ 14,044
2	5	Med Tech / Roomer / RN Work Area	C	SIMS Gastroenterology and Pul	PC - IT Standard - Registration Option 1	5	5	0	\$ 2,835	\$ 14,884
2	5	Med Tech / Roomer / RN Work Area	C	SIMS Gastroenterology and Pul	VOIP Phone	5	5	0	\$ 300	\$ 1,575
2	5	Med Tech / Roomer / RN Work Area	C	SIMS Gastroenterology and Pul	Task Chair - Mira 2 Stool	5	5	0	\$ 1,053	\$ 5,528
2	5	Med Tech / Roomer / RN Work Area	C	SIMS Gastroenterology and Pul	Printer - IT Standard - Floor All-in-one	1	1	0	\$ 3,050	\$ 3,203
2	5	Med Tech / Roomer / RN Work Area	C	SIMS Gastroenterology and Pul	Tracker Board - IT Standard	2	2	0	\$ 1,235	\$ 2,594
2	2	Clean Supply	C	SIMS Gastroenterology and Pul	Signage - Room Sign	2	2	0	\$ 225	\$ 473
2	2	Clean Supply	C	SIMS Gastroenterology and Pul	Chrome wire shelving	10	10	0	\$ 375	\$ 3,938
2	2	Clean Supply	C	SIMS Gastroenterology and Pul	Access Control - MX-1 + Card Reader	2	2	0	\$ 1,224	\$ 2,570
2	2	Equipment Alcove	C	SIMS Gastroenterology and Pul	Pulmonary Clinic					\$ -
2	1	Walk-in Storage/Flex	C	SIMS Gastroenterology and Pul	Chrome wire shelving	5	5	0	\$ 375	\$ 1,969
2	1	Office Manager Office	C	SIMS Gastroenterology and Pul	Signage - Room Sign	1	1	0	\$ 225	\$ 236
2	1	Office Manager Office	C	SIMS Gastroenterology and Pul	Artwork	1	1	0	\$ 450	\$ 473
2	1	Office Manager Office	C	SIMS Gastroenterology and Pul	Wall Mounted Workstation - Furn. Standard	1	1	0	\$ 3,187	\$ 3,346
2	1	Office Manager Office	C	SIMS Gastroenterology and Pul	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
2	1	Office Manager Office	C	SIMS Gastroenterology and Pul	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
2	1	Office Manager Office	C	SIMS Gastroenterology and Pul	VOIP Phone	1	1	0	\$ 300	\$ 315
2	1	Office Manager Office	C	SIMS Gastroenterology and Pul	Task Chair - Mira 2 Stool	1	1	0	\$ 1,053	\$ 1,106
2	1	Office Manager Office	C	SIMS Gastroenterology and Pul	Chair - Standard Waiting Room - Furn. Stnd.	2	2	0	\$ 1,154	\$ 2,423
2	1	Office Manager Office	C	SIMS Gastroenterology and Pul	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
2	1	RN / LPN Workstation	C	SIMS Gastroenterology and Pul	Signage - Room Sign	1	1	0	\$ 225	\$ 236
2	1	RN / LPN Workstation	C	SIMS Gastroenterology and Pul	Artwork	1	1	0	\$ 450	\$ 473
2	1	RN / LPN Workstation	C	SIMS Gastroenterology and Pul	Wall Mounted Workstation - Furn. Stnd. Stan	1	1	0	\$ 2,675	\$ 2,809
2	1	RN / LPN Workstation	C	SIMS Gastroenterology and Pul	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
2	1	RN / LPN Workstation	C	SIMS Gastroenterology and Pul	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
2	1	RN / LPN Workstation	C	SIMS Gastroenterology and Pul	VOIP Phone	1	1	0	\$ 300	\$ 315
2	1	RN / LPN Workstation	C	SIMS Gastroenterology and Pul	Task Chair - Mira 2 Stool	1	1	0	\$ 1,053	\$ 1,106

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SIH Marion MOB

FURNITURE, FIXTURE, EQUIPMENT (FFE)

Date: June 15th, 2026

Floor	Qty	Room Name	Clinical (C) or Non-Clinical	Dept.	FFE Item	Total	New	Existing	Original Budget	CON Budget Total
2	1	RN / LPN Workstation	C	SIMS Gastroenterology and Pul	Chair - Standard Waiting Room - Furn. Std.	1	1	0	\$ 1,154	\$ 1,212
2	1	RN / LPN Workstation	C	SIMS Gastroenterology and Pul	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
2	2	Scheduler Workstation	C	SIMS Gastroenterology and Pul	Signage - Room Sign	1	1	0	\$ 225	\$ 236
2	2	Scheduler Workstation	C	SIMS Gastroenterology and Pul	Artwork	2	2	0	\$ 450	\$ 945
2	2	Scheduler Workstation	C	SIMS Gastroenterology and Pul	Wall Mounted Workstation - Furn. Std. Stan	2	2	0	\$ 2,675	\$ 5,618
2	2	Scheduler Workstation	C	SIMS Gastroenterology and Pul	PC - IT Standard - Registration Option 1	2	2	0	\$ 2,835	\$ 5,954
2	2	Scheduler Workstation	C	SIMS Gastroenterology and Pul	VOIP Phone	2	2	0	\$ 300	\$ 630
2	2	Scheduler Workstation	C	SIMS Gastroenterology and Pul	Task Chair - Mirra 2 Stool	2	2	0	\$ 1,053	\$ 2,211
2	2	Scheduler Workstation	C	SIMS Gastroenterology and Pul	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
2	3	Physician Office	C	SIMS Gastroenterology and Pul	Signage - Room Sign	1	1	0	\$ 225	\$ 236
2	3	Physician Office	C	SIMS Gastroenterology and Pul	Artwork	3	3	0	\$ 450	\$ 1,418
2	3	Physician Office	C	SIMS Gastroenterology and Pul	Wall Mounted Workstation - Furn. Standard	3	3	0	\$ 3,187	\$ 10,039
2	3	Physician Office	C	SIMS Gastroenterology and Pul	PC - IT Standard - Registration Option 1	3	3	0	\$ 2,835	\$ 8,930
2	3	Physician Office	C	SIMS Gastroenterology and Pul	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
2	3	Physician Office	C	SIMS Gastroenterology and Pul	VOIP Phone	3	3	0	\$ 300	\$ 945
2	3	Physician Office	C	SIMS Gastroenterology and Pul	Task Chair - Mirra 2 Stool	3	3	0	\$ 1,053	\$ 3,317
2	3	Physician Office	C	SIMS Gastroenterology and Pul	Chair - Standard Waiting Room - Furn. Std.	3	3	0	\$ 1,154	\$ 3,635
2	3	Physician Office	C	SIMS Gastroenterology and Pul	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
2	2	Shared Mid Level Office (2)	C	SIMS Gastroenterology and Pul	Signage - Room Sign	1	1	0	\$ 225	\$ 236
2	2	Shared Mid Level Office (2)	C	SIMS Gastroenterology and Pul	Artwork	2	2	0	\$ 450	\$ 945
2	2	Shared Mid Level Office (2)	C	SIMS Gastroenterology and Pul	Wall Mounted Workstation - Furn. Standard	2	2	0	\$ 3,187	\$ 6,993
2	2	Shared Mid Level Office (2)	C	SIMS Gastroenterology and Pul	PC - IT Standard - Registration Option 1	2	2	0	\$ 2,835	\$ 5,954
2	2	Shared Mid Level Office (2)	C	SIMS Gastroenterology and Pul	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
2	2	Shared Mid Level Office (2)	C	SIMS Gastroenterology and Pul	VOIP Phone	2	2	0	\$ 300	\$ 630
2	2	Shared Mid Level Office (2)	C	SIMS Gastroenterology and Pul	Task Chair - Mirra 2 Stool	2	2	0	\$ 1,053	\$ 2,211
2	2	Shared Mid Level Office (2)	C	SIMS Gastroenterology and Pul	Chair - Standard Waiting Room - Furn. Std.	2	2	0	\$ 1,154	\$ 2,423
2	2	Shared Mid Level Office (2)	C	SIMS Gastroenterology and Pul	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
3	1	Shared Waiting (seating for 14)	C	SIMS Infectious Diseases and E	Signage - Misc. Signage	2	2	0	\$ 225	\$ 473
3	1	Shared Waiting (seating for 14)	C	SIMS Infectious Diseases and E	Artwork	7	7	0	\$ 450	\$ 3,308
3	1	Shared Waiting (seating for 14)	C	SIMS Infectious Diseases and E	Chair - Standard Waiting Room - Furn. Std.	12	12	0	\$ 1,154	\$ 14,540
3	1	Shared Waiting (seating for 14)	C	SIMS Infectious Diseases and E	Chair - Bariatric Waiting Room - Furn. Std.	2	2	0	\$ 1,688	\$ 3,545
3	1	Shared Waiting (seating for 14)	C	SIMS Infectious Diseases and E	Security Camera - 360 Degree - Axis	2	2	0	\$ 1,193	\$ 2,505
3	1	Shared Waiting (seating for 14)	C	SIMS Infectious Diseases and E	TV + Mount - IT Standard	1	1	0	\$ 735	\$ 772
3	1	Shared Waiting (seating for 14)	C	SIMS Infectious Diseases and E	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
3	2	Reception / Check Out	C	SIMS Infectious Diseases and E	PC - IT Standard - Registration Option 1	2	2	0	\$ 2,835	\$ 5,954
3	2	Reception / Check Out	C	SIMS Infectious Diseases and E	VOIP Phone	2	2	0	\$ 300	\$ 630
3	2	Reception / Check Out	C	SIMS Infectious Diseases and E	Task Chair - Mirra 2 Stool	2	2	0	\$ 1,053	\$ 2,211
3	2	Reception / Check Out	C	SIMS Infectious Diseases and E	Artwork	2	2	0	\$ 450	\$ 945
3	2	Reception / Check Out	C	SIMS Infectious Diseases and E	Security Camera - 360 Degree - Axis	2	2	0	\$ 1,193	\$ 2,505
3	2	Reception / Check Out	C	SIMS Infectious Diseases and E	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
3	2	Reception / Check Out	C	SIMS Infectious Diseases and E	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
3	2	Patient Intake	C	SIMS Infectious Diseases and E	Signage - Misc. Signage	1	1	0	\$ 225	\$ 236
3	2	Patient Intake	C	SIMS Infectious Diseases and E	Patient Scale	1	1	0	\$ 2,209	\$ 2,319
3	2	Patient Intake	C	SIMS Infectious Diseases and E	Patient Thermometer	1	1	0	\$ 432	\$ 454
3	2	Patient Intake	C	SIMS Infectious Diseases and E	Misc Storage Bins	1	1	0	\$ 350	\$ 368
3	2	Patient Intake	C	SIMS Infectious Diseases and E	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
3	13	Exam Room	C	SIMS Infectious Diseases and E	Signage - Misc. Signage	13	13	0	\$ 225	\$ 3,071
3	13	Exam Room	C	SIMS Infectious Diseases and E	Artwork	13	13	0	\$ 450	\$ 6,143
3	13	Exam Room	C	SIMS Infectious Diseases and E	Exam Room Signaling Flags	13	13	0	\$ 60	\$ 819
3	13	Exam Room	C	SIMS Infectious Diseases and E	Chair - Standard Waiting Room - Furn. Std.	13	13	0	\$ 1,154	\$ 15,752
3	13	Exam Room	C	SIMS Infectious Diseases and E	Chair - Bariatric Waiting Room - Furn. Std.	13	13	0	\$ 1,688	\$ 23,041
3	13	Exam Room	C	SIMS Infectious Diseases and E	Exam Table	13	13	0	\$ 1,895	\$ 25,867
3	13	Exam Room	C	SIMS Infectious Diseases and E	Misc Fixtures	13	13	0	\$ 1,500	\$ 20,475
3	13	Exam Room	C	SIMS Infectious Diseases and E	PC - IT Standard - Patient Exam Rm	13	13	0	\$ 3,052	\$ 41,660
3	13	Exam Room	C	SIMS Infectious Diseases and E	Sharps Container	13	13	0	\$ 73	\$ 996
3	13	Exam Room	C	SIMS Infectious Diseases and E	Physician Stool - Furn. Std.	13	13	0	\$ 340	\$ 4,644
3	1	Hearing Aid Repair Workroom	C	SIMS Infectious Diseases and ENT	Clinic					
3	2	Patient Toilet	C	SIMS Infectious Diseases and E	Signage - Room Sign	2	2	0	\$ 225	\$ 473
3	2	Patient Toilet	C	SIMS Infectious Diseases and E	Misc Fixtures	2	2	0	\$ 1,500	\$ 3,150
3	2	Patient Toilet	C	SIMS Infectious Diseases and E	Nurse Call	2	2	0	\$ 4,272	\$ 8,971
3	5	Med Tech / Roomer / RN Work Area	C	SIMS Infectious Diseases and E	Signage - Room Sign	2	2	0	\$ 225	\$ 473
3	5	Med Tech / Roomer / RN Work Area	C	SIMS Infectious Diseases and E	Artwork	5	5	0	\$ 450	\$ 2,363
3	5	Med Tech / Roomer / RN Work Area	C	SIMS Infectious Diseases and E	Wall Mounted Workstation - Furn. Std. Stan	5	5	0	\$ 2,675	\$ 14,044
3	5	Med Tech / Roomer / RN Work Area	C	SIMS Infectious Diseases and E	PC - IT Standard - Registration Option 1	5	5	0	\$ 2,835	\$ 14,884
3	5	Med Tech / Roomer / RN Work Area	C	SIMS Infectious Diseases and E	VOIP Phone	5	5	0	\$ 300	\$ 1,575
3	5	Med Tech / Roomer / RN Work Area	C	SIMS Infectious Diseases and E	Task Chair - Mirra 2 Stool	5	5	0	\$ 1,053	\$ 5,528
3	5	Med Tech / Roomer / RN Work Area	C	SIMS Infectious Diseases and E	Printer - IT Standard - Floor All-in-one	1	1	0	\$ 3,050	\$ 3,203
3	5	Med Tech / Roomer / RN Work Area	C	SIMS Infectious Diseases and E	Tracker Board - IT Standard	2	2	0	\$ 1,235	\$ 2,594
3	2	Clean Supply	C	SIMS Infectious Diseases and E	Signage - Room Sign	2	2	0	\$ 225	\$ 473
3	2	Clean Supply	C	SIMS Infectious Diseases and E	Chrome wire shelving	10	10	0	\$ 375	\$ 3,938
3	2	Clean Supply	C	SIMS Infectious Diseases and E	Access Control - MX-1 + Card Reader	2	2	0	\$ 1,224	\$ 2,570
3	2	Equipment Alcove	C	SIMS Infectious Diseases and ENT	Clinic					
3	1	Walk-in Storage / Flex	C	SIMS Infectious Diseases and E	Chrome wire shelving	5	5	0	\$ 375	\$ 1,969
3	1	Office Manager Office	C	SIMS Infectious Diseases and E	Signage - Room Sign	1	1	0	\$ 225	\$ 236
3	1	Office Manager Office	C	SIMS Infectious Diseases and E	Artwork	1	1	0	\$ 450	\$ 473
3	1	Office Manager Office	C	SIMS Infectious Diseases and E	Wall Mounted Workstation - Furn. Standard	1	1	0	\$ 3,187	\$ 3,346
3	1	Office Manager Office	C	SIMS Infectious Diseases and E	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
3	1	Office Manager Office	C	SIMS Infectious Diseases and E	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
3	1	Office Manager Office	C	SIMS Infectious Diseases and E	VOIP Phone	1	1	0	\$ 300	\$ 315
3	1	Office Manager Office	C	SIMS Infectious Diseases and E	Task Chair - Mirra 2 Stool	1	1	0	\$ 1,053	\$ 1,106
3	1	Office Manager Office	C	SIMS Infectious Diseases and E	Chair - Standard Waiting Room - Furn. Std.	2	2	0	\$ 1,154	\$ 2,423
3	1	Office Manager Office	C	SIMS Infectious Diseases and E	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285

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SIH Marion MOB

FURNITURE, FIXTURE, EQUIPMENT (FFE)

Date: June 15th, 2026

Floor	Qty	Room Name	Clinical (C) or Non-Clinical	Dept.	FFE Item	Total	New	Existing	Original Budget	CON Budget Total
3	1	Audiologist Workstation	C	SIMS Infectious Diseases and E	Signage - Room Sign	1	1	0	\$ 225	\$ 236
3	1	Audiologist Workstation	C	SIMS Infectious Diseases and E	Artwork	1	1	0	\$ 450	\$ 473
3	1	Audiologist Workstation	C	SIMS Infectious Diseases and E	Wall Mounted Workstation - Furn. Stnd. Stan	1	1	0	\$ 2,675	\$ 2,809
3	1	Audiologist Workstation	C	SIMS Infectious Diseases and E	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
3	1	Audiologist Workstation	C	SIMS Infectious Diseases and E	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
3	1	Audiologist Workstation	C	SIMS Infectious Diseases and E	VOIP Phone	1	1	0	\$ 300	\$ 315
3	1	Audiologist Workstation	C	SIMS Infectious Diseases and E	Task Chair - Mirra 2 Stool	1	1	0	\$ 1,053	\$ 1,106
3	1	Audiologist Workstation	C	SIMS Infectious Diseases and E	Chair - Standard Waiting Room - Furn. Stnd.	1	1	0	\$ 1,154	\$ 1,212
3	1	Audiologist Workstation	C	SIMS Infectious Diseases and E	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
3	1	Scheduler Workstation	C	SIMS Infectious Diseases and E	Signage - Room Sign	1	1	0	\$ 225	\$ 236
3	1	Scheduler Workstation	C	SIMS Infectious Diseases and E	Artwork	2	2	0	\$ 450	\$ 945
3	1	Scheduler Workstation	C	SIMS Infectious Diseases and E	Wall Mounted Workstation - Furn. Stnd. Stan	1	1	0	\$ 2,675	\$ 2,809
3	1	Scheduler Workstation	C	SIMS Infectious Diseases and E	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
3	1	Scheduler Workstation	C	SIMS Infectious Diseases and E	VOIP Phone	1	1	0	\$ 300	\$ 315
3	1	Scheduler Workstation	C	SIMS Infectious Diseases and E	Task Chair - Mirra 2 Stool	2	2	0	\$ 1,053	\$ 2,211
3	1	Scheduler Workstation	C	SIMS Infectious Diseases and E	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
3	4	Physician Office	C	SIMS Infectious Diseases and E	Signage - Room Sign	4	4	0	\$ 225	\$ 945
3	4	Physician Office	C	SIMS Infectious Diseases and E	Artwork	8	8	0	\$ 450	\$ 3,780
3	4	Physician Office	C	SIMS Infectious Diseases and E	Wall Mounted Workstation - Furn. Standard	4	4	0	\$ 3,187	\$ 13,385
3	4	Physician Office	C	SIMS Infectious Diseases and E	PC - IT Standard - Registration Option 1	4	4	0	\$ 2,835	\$ 11,907
3	4	Physician Office	C	SIMS Infectious Diseases and E	Printer - IT Standard - Tabletop Small	4	4	0	\$ 266	\$ 1,117
3	4	Physician Office	C	SIMS Infectious Diseases and E	VOIP Phone	4	4	0	\$ 300	\$ 1,260
3	4	Physician Office	C	SIMS Infectious Diseases and E	Task Chair - Mirra 2 Stool	4	4	0	\$ 1,053	\$ 4,423
3	4	Physician Office	C	SIMS Infectious Diseases and E	Chair - Standard Waiting Room - Furn. Stnd.	8	8	0	\$ 1,154	\$ 9,694
3	4	Physician Office	C	SIMS Infectious Diseases and E	Access Control - MX-1 + Card Reader	4	4	0	\$ 1,224	\$ 5,141
3	1	Shared Mid Level Office (2)	C	SIMS Infectious Diseases and E	Signage - Room Sign	1	1	0	\$ 225	\$ 236
3	1	Shared Mid Level Office (2)	C	SIMS Infectious Diseases and E	Artwork	2	2	0	\$ 450	\$ 945
3	1	Shared Mid Level Office (2)	C	SIMS Infectious Diseases and E	Wall Mounted Workstation - Furn. Standard	1	1	0	\$ 3,187	\$ 3,346
3	1	Shared Mid Level Office (2)	C	SIMS Infectious Diseases and E	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
3	1	Shared Mid Level Office (2)	C	SIMS Infectious Diseases and E	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
3	1	Shared Mid Level Office (2)	C	SIMS Infectious Diseases and E	VOIP Phone	1	1	0	\$ 300	\$ 315
3	1	Shared Mid Level Office (2)	C	SIMS Infectious Diseases and E	Task Chair - Mirra 2 Stool	1	1	0	\$ 1,053	\$ 1,106
3	1	Shared Mid Level Office (2)	C	SIMS Infectious Diseases and E	Chair - Standard Waiting Room - Furn. Stnd.	2	2	0	\$ 1,154	\$ 2,423
3	1	Shared Mid Level Office (2)	C	SIMS Infectious Diseases and E	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
3	1	Equipment Cleaning / Sterilizer	C	SIMS Infectious Diseases and E	ENT Clinic					
3	1	Waiting (seating for 12)	C	SIMS Rural Health Clinic / Fami	Signage - Misc. Signage	2	2	0	\$ 225	\$ 473
3	1	Waiting (seating for 12)	C	SIMS Rural Health Clinic / Fami	Chair - Standard Waiting Room - Furn. Stnd.	11	11	0	\$ 1,154	\$ 13,329
3	1	Waiting (seating for 12)	C	SIMS Rural Health Clinic / Fami	Chair - Bariatric Waiting Room - Furn. Stnd.	1	1	0	\$ 1,688	\$ 1,772
3	1	Waiting (seating for 12)	C	SIMS Rural Health Clinic / Fami	Security Camera - 360 Degree - Axis	2	2	0	\$ 1,193	\$ 2,505
3	1	Waiting (seating for 12)	C	SIMS Rural Health Clinic / Fami	TV + Mount - IT Standard	1	1	0	\$ 735	\$ 772
3	1	Waiting (seating for 12)	C	SIMS Rural Health Clinic / Fami	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
3	2	Reception / Check Out	C	SIMS Rural Health Clinic / Fami	PC - IT Standard - Registration Option 1	2	2	0	\$ 2,835	\$ 5,954
3	2	Reception / Check Out	C	SIMS Rural Health Clinic / Fami	VOIP Phone	2	2	0	\$ 300	\$ 630
3	2	Reception / Check Out	C	SIMS Rural Health Clinic / Fami	Task Chair - Mirra 2 Stool	2	2	0	\$ 1,053	\$ 2,211
3	2	Reception / Check Out	C	SIMS Rural Health Clinic / Fami	Artwork	2	2	0	\$ 450	\$ 945
3	2	Reception / Check Out	C	SIMS Rural Health Clinic / Fami	Security Camera - 360 Degree - Axis	2	2	0	\$ 1,193	\$ 2,505
3	2	Reception / Check Out	C	SIMS Rural Health Clinic / Fami	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
3	2	Reception / Check Out	C	SIMS Rural Health Clinic / Fami	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
3	1	Patient Intake	C	SIMS Rural Health Clinic / Fami	Signage - Misc. Signage	1	1	0	\$ 225	\$ 236
3	1	Patient Intake	C	SIMS Rural Health Clinic / Fami	Patient Scale	1	1	0	\$ 2,209	\$ 2,319
3	1	Patient Intake	C	SIMS Rural Health Clinic / Fami	Patient Thermometer	1	1	0	\$ 432	\$ 454
3	1	Patient Intake	C	SIMS Rural Health Clinic / Fami	Misc Storage Bins	1	1	0	\$ 350	\$ 368
3	1	Patient Intake	C	SIMS Rural Health Clinic / Fami	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
3	7	Exam Room	C	SIMS Rural Health Clinic / Fami	Signage - Misc. Signage	7	7	0	\$ 225	\$ 1,654
3	7	Exam Room	C	SIMS Rural Health Clinic / Fami	Artwork	7	7	0	\$ 450	\$ 3,308
3	7	Exam Room	C	SIMS Rural Health Clinic / Fami	Exam Room Signaling Flags	7	7	0	\$ 60	\$ 441
3	7	Exam Room	C	SIMS Rural Health Clinic / Fami	Chair - Standard Waiting Room - Furn. Stnd.	7	7	0	\$ 1,154	\$ 8,482
3	7	Exam Room	C	SIMS Rural Health Clinic / Fami	Chair - Bariatric Waiting Room - Furn. Stnd.	7	7	0	\$ 1,688	\$ 12,407
3	7	Exam Room	C	SIMS Rural Health Clinic / Fami	Exam Table	7	7	0	\$ 1,895	\$ 13,928
3	7	Exam Room	C	SIMS Rural Health Clinic / Fami	Misc Fixtures	7	7	0	\$ 1,500	\$ 11,025
3	7	Exam Room	C	SIMS Rural Health Clinic / Fami	PC - IT Standard - Patient Exam Rm	7	7	0	\$ 3,062	\$ 22,432
3	7	Exam Room	C	SIMS Rural Health Clinic / Fami	Sharps Container	7	7	0	\$ 73	\$ 537
3	7	Exam Room	C	SIMS Rural Health Clinic / Fami	Physician Stool - Furn. Stnd.	7	7	0	\$ 340	\$ 2,500
3	1	Patient Toilet	C	SIMS Rural Health Clinic / Fami	Signage - Room Sign	1	1	0	\$ 225	\$ 236
3	1	Patient Toilet	C	SIMS Rural Health Clinic / Fami	Misc Fixtures	1	1	0	\$ 1,500	\$ 1,575
3	1	Patient Toilet	C	SIMS Rural Health Clinic / Fami	Nurse Call	1	1	0	\$ 4,272	\$ 4,486
3	3	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic / Fami	Signage - Room Sign	2	2	0	\$ 225	\$ 473
3	3	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic / Fami	Artwork	3	3	0	\$ 450	\$ 1,418
3	3	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic / Fami	Wall Mounted Workstation - Furn. Stnd. Stan	3	3	0	\$ 2,675	\$ 8,426
3	3	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic / Fami	PC - IT Standard - Registration Option 1	3	3	0	\$ 2,835	\$ 8,330
3	3	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic / Fami	VOIP Phone	3	3	0	\$ 300	\$ 945
3	3	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic / Fami	Task Chair - Mirra 2 Stool	3	3	0	\$ 1,053	\$ 3,317
3	3	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic / Fami	Printer - IT Standard - Floor All-in-one	1	1	0	\$ 3,050	\$ 3,203
3	3	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic / Fami	Tracker Board - IT Standard	2	2	0	\$ 1,235	\$ 2,594
3	1	Clean Supply	C	SIMS Rural Health Clinic / Fami	Signage - Room Sign	1	1	0	\$ 225	\$ 236
3	1	Clean Supply	C	SIMS Rural Health Clinic / Fami	Chrome wire shelving	5	5	0	\$ 375	\$ 1,969
3	1	Clean Supply	C	SIMS Rural Health Clinic / Fami	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
3	1	Equipment Alcove	C	SIMS Rural Health Clinic / Fami	Medicine					
3	1	Walk-In Storage/Freezer	C	SIMS Rural Health Clinic / Fami	Chrome wire shelving	5	5	0	\$ 375	\$ 1,969
3	0.5	Office Manager Office	C	SIMS Rural Health Clinic / Fami	Signage - Room Sign	1	1	0	\$ 225	\$ 236
3	0.5	Office Manager Office	C	SIMS Rural Health Clinic / Fami	Artwork	1	1	0	\$ 450	\$ 473
3	0.5	Office Manager Office	C	SIMS Rural Health Clinic / Fami	Wall Mounted Workstation - Furn. Standard	1	1	0	\$ 3,187	\$ 3,346

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SIH Marion MOB

FURNITURE, FIXTURE, EQUIPMENT (FFE)

Date: June 15th, 2026

Floor	Qty	Room Name	Clinical (C) or Non-Clinical	Dept.	FFE Item	Total	New	Existing	Original Budget	CON Budget Total
3	0.5	Office Manager Office	C	SIMS Rural Health Clinic / Fam	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
3	0.5	Office Manager Office	C	SIMS Rural Health Clinic / Fam	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
3	0.5	Office Manager Office	C	SIMS Rural Health Clinic / Fam	VOIP Phone	1	1	0	\$ 300	\$ 315
3	0.5	Office Manager Office	C	SIMS Rural Health Clinic / Fam	Task Chair - Mirra 2 Stool	1	1	0	\$ 1,053	\$ 1,106
3	0.5	Office Manager Office	C	SIMS Rural Health Clinic / Fam	Chair - Standard Waiting Room - Furn. Std.	2	2	0	\$ 1,154	\$ 2,423
3	0.5	Office Manager Office	C	SIMS Rural Health Clinic / Fam	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
3	0.5	Office Coordinator - Shared Office	C	SIMS Rural Health Clinic / Fam	Signage - Room Sign	1	1	0	\$ 225	\$ 236
3	0.5	Office Coordinator - Shared Office	C	SIMS Rural Health Clinic / Fam	Artwork	1	1	0	\$ 450	\$ 473
3	0.5	Office Coordinator - Shared Office	C	SIMS Rural Health Clinic / Fam	Wall Mounted Workstation - Furn. Std. Stan	1	1	0	\$ 2,675	\$ 2,809
3	0.5	Office Coordinator - Shared Office	C	SIMS Rural Health Clinic / Fam	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
3	0.5	Office Coordinator - Shared Office	C	SIMS Rural Health Clinic / Fam	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
3	0.5	Office Coordinator - Shared Office	C	SIMS Rural Health Clinic / Fam	VOIP Phone	1	1	0	\$ 300	\$ 315
3	0.5	Office Coordinator - Shared Office	C	SIMS Rural Health Clinic / Fam	Task Chair - Mirra 2 Stool	1	1	0	\$ 1,053	\$ 1,106
3	0.5	Office Coordinator - Shared Office	C	SIMS Rural Health Clinic / Fam	Chair - Standard Waiting Room - Furn. Std.	2	2	0	\$ 1,154	\$ 2,423
3	0.5	Office Coordinator - Shared Office	C	SIMS Rural Health Clinic / Fam	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
3	1	Physician Office	C	SIMS Rural Health Clinic / Fam	Signage - Room Sign	1	1	0	\$ 225	\$ 236
3	1	Physician Office	C	SIMS Rural Health Clinic / Fam	Artwork	1	1	0	\$ 450	\$ 473
3	1	Physician Office	C	SIMS Rural Health Clinic / Fam	Wall Mounted Workstation - Furn. Standard	1	1	0	\$ 3,187	\$ 3,346
3	1	Physician Office	C	SIMS Rural Health Clinic / Fam	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
3	1	Physician Office	C	SIMS Rural Health Clinic / Fam	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
3	1	Physician Office	C	SIMS Rural Health Clinic / Fam	VOIP Phone	1	1	0	\$ 300	\$ 315
3	1	Physician Office	C	SIMS Rural Health Clinic / Fam	Task Chair - Mirra 2 Stool	1	1	0	\$ 1,053	\$ 1,106
3	1	Physician Office	C	SIMS Rural Health Clinic / Fam	Chair - Standard Waiting Room - Furn. Std.	2	2	0	\$ 1,154	\$ 2,423
3	1	Physician Office	C	SIMS Rural Health Clinic / Fam	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
3	1	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic / Fam	Signage - Room Sign	1	1	0	\$ 225	\$ 236
3	1	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic / Fam	Artwork	2	2	0	\$ 450	\$ 945
3	1	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic / Fam	Wall Mounted Workstation - Furn. Standard	2	2	0	\$ 3,187	\$ 6,693
3	1	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic / Fam	PC - IT Standard - Registration Option 1	2	2	0	\$ 2,835	\$ 5,954
3	1	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic / Fam	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
3	1	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic / Fam	VOIP Phone	2	2	0	\$ 300	\$ 630
3	1	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic / Fam	Task Chair - Mirra 2 Stool	2	2	0	\$ 1,053	\$ 2,211
3	1	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic / Fam	Chair - Standard Waiting Room - Furn. Std.	2	2	0	\$ 1,154	\$ 2,423
3	1	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic / Fam	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
3	1	Waiting (seating for 26)	C	SIMS Rural Health Clinic / Pedic	Signage - Misc. Signage	4	4	0	\$ 225	\$ 945
3	1	Waiting (seating for 26)	C	SIMS Rural Health Clinic / Pedic	Chair - Standard Waiting Room - Furn. Std.	24	24	0	\$ 1,154	\$ 29,081
3	1	Waiting (seating for 26)	C	SIMS Rural Health Clinic / Pedic	Chair - Bariatric Waiting Room - Furn. Std.	2	2	0	\$ 1,688	\$ 3,545
3	1	Waiting (seating for 26)	C	SIMS Rural Health Clinic / Pedic	Security Camera - 360 Degree - Axis	3	3	0	\$ 1,193	\$ 3,758
3	1	Waiting (seating for 26)	C	SIMS Rural Health Clinic / Pedic	TV + Mount - IT Standard	2	2	0	\$ 735	\$ 1,544
3	1	Waiting (seating for 26)	C	SIMS Rural Health Clinic / Pedic	Tracker Board - IT Standard	2	2	0	\$ 1,235	\$ 2,594
3	3	Reception / Check Out	C	SIMS Rural Health Clinic / Pedic	PC - IT Standard - Registration Option 1	3	3	0	\$ 2,835	\$ 8,930
3	3	Reception / Check Out	C	SIMS Rural Health Clinic / Pedic	VOIP Phone	3	3	0	\$ 300	\$ 945
3	3	Reception / Check Out	C	SIMS Rural Health Clinic / Pedic	Task Chair - Mirra 2 Stool	3	3	0	\$ 1,053	\$ 3,317
3	3	Reception / Check Out	C	SIMS Rural Health Clinic / Pedic	Artwork	3	3	0	\$ 450	\$ 1,418
3	3	Reception / Check Out	C	SIMS Rural Health Clinic / Pedic	Security Camera - 360 Degree - Axis	3	3	0	\$ 1,193	\$ 3,758
3	3	Reception / Check Out	C	SIMS Rural Health Clinic / Pedic	Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
3	3	Reception / Check Out	C	SIMS Rural Health Clinic / Pedic	Tracker Board - IT Standard	3	3	0	\$ 1,235	\$ 3,890
3	1	Patient Intake	C	SIMS Rural Health Clinic / Pedic	Signage - Misc. Signage	1	1	0	\$ 225	\$ 236
3	1	Patient Intake	C	SIMS Rural Health Clinic / Pedic	Patient Scale	1	1	0	\$ 2,209	\$ 2,319
3	1	Patient Intake	C	SIMS Rural Health Clinic / Pedic	Patient Thermometer	1	1	0	\$ 432	\$ 454
3	1	Patient Intake	C	SIMS Rural Health Clinic / Pedic	Misc Storage Bins	1	1	0	\$ 350	\$ 368
3	1	Patient Intake	C	SIMS Rural Health Clinic / Pedic	Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
3	10	Exam Room	C	SIMS Rural Health Clinic / Pedic	Signage - Misc. Signage	10	10	0	\$ 225	\$ 2,363
3	10	Exam Room	C	SIMS Rural Health Clinic / Pedic	Artwork	10	10	0	\$ 450	\$ 4,725
3	10	Exam Room	C	SIMS Rural Health Clinic / Pedic	Exam Room Signaling Flags	10	10	0	\$ 60	\$ 630
3	10	Exam Room	C	SIMS Rural Health Clinic / Pedic	Chair - Standard Waiting Room - Furn. Std.	10	10	0	\$ 1,154	\$ 12,117
3	10	Exam Room	C	SIMS Rural Health Clinic / Pedic	Chair - Bariatric Waiting Room - Furn. Std.	10	10	0	\$ 1,688	\$ 17,724
3	10	Exam Room	C	SIMS Rural Health Clinic / Pedic	Exam Table	10	10	0	\$ 1,895	\$ 19,898
3	10	Exam Room	C	SIMS Rural Health Clinic / Pedic	Misc Fixtures	10	10	0	\$ 1,500	\$ 15,750
3	10	Exam Room	C	SIMS Rural Health Clinic / Pedic	PC - IT Standard - Patient Exam Rm	10	10	0	\$ 3,052	\$ 32,046
3	10	Exam Room	C	SIMS Rural Health Clinic / Pedic	Sharps Container	10	10	0	\$ 73	\$ 767
3	10	Exam Room	C	SIMS Rural Health Clinic / Pedic	Physician Stool - Furn. Std.	10	10	0	\$ 340	\$ 3,572
3	1.5	Patient Toilet	C	SIMS Rural Health Clinic / Pedic	Signage - Room Sign	2	2	0	\$ 225	\$ 473
3	1.5	Patient Toilet	C	SIMS Rural Health Clinic / Pedic	Misc Fixtures	2	2	0	\$ 1,500	\$ 3,150
3	1.5	Patient Toilet	C	SIMS Rural Health Clinic / Pedic	Nurse Call	2	2	0	\$ 4,272	\$ 8,971
3	5	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic / Pedic	Signage - Room Sign	2	2	0	\$ 225	\$ 473
3	5	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic / Pedic	Artwork	5	5	0	\$ 450	\$ 2,363
3	5	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic / Pedic	Wall Mounted Workstation - Furn. Std. Stan	5	5	0	\$ 2,675	\$ 14,044
3	5	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic / Pedic	PC - IT Standard - Registration Option 1	5	5	0	\$ 2,835	\$ 14,884
3	5	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic / Pedic	VOIP Phone	5	5	0	\$ 300	\$ 1,575
3	5	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic / Pedic	Task Chair - Mirra 2 Stool	5	5	0	\$ 1,053	\$ 5,528
3	5	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic / Pedic	Printer - IT Standard - Floor All-in-one	1	1	0	\$ 3,050	\$ 3,203
3	5	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic / Pedic	Tracker Board - IT Standard	2	2	0	\$ 1,235	\$ 2,594
3	1.5	Clean Supply	C	SIMS Rural Health Clinic / Pedic	Signage - Room Sign	1	1	0	\$ 225	\$ 236
3	1.5	Clean Supply	C	SIMS Rural Health Clinic / Pedic	Chrome wire shelving	8	8	0	\$ 375	\$ 3,150
3	2	Equipment Alcove	C	SIMS Rural Health Clinic / Pedic	Access Control - MX-1 + Card Reader	2	2	0	\$ 1,224	\$ 2,570
3	0.667	Walk-in Storage/Flex	C	SIMS Rural Health Clinic / Pedic	Pediatric Clinic	5	5	0	\$ 375	\$ 1,969
3	0.5	Office Manager Office	C	SIMS Rural Health Clinic / Pedic	Signage - Room Sign	1	1	0	\$ 225	\$ 236
3	0.5	Office Manager Office	C	SIMS Rural Health Clinic / Pedic	Artwork	1	1	0	\$ 450	\$ 473
3	0.5	Office Manager Office	C	SIMS Rural Health Clinic / Pedic	Wall Mounted Workstation - Furn. Standard	1	1	0	\$ 3,187	\$ 3,346
3	0.5	Office Manager Office	C	SIMS Rural Health Clinic / Pedic	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
3	0.5	Office Manager Office	C	SIMS Rural Health Clinic / Pedic	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279

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SIH Marion MOB

FURNITURE, FIXTURE, EQUIPMENT (FFE)

Date: June 15th, 2026

Floor	Qty	Room Name	Clinical (C) or Non-Clinical	Dept.	FFE Item	Total	New	Existing	Original Budget	CON Budget Total
3	0.5	Office Manager Office	C	SIMS Rural Health Clinic /	Pediatric VOIP Phone	1	1	0	\$ 300	\$ 315
3	0.5	Office Manager Office	C	SIMS Rural Health Clinic /	Pediatric Task Chair - Mirra 2 Stool	1	1	0	\$ 1,053	\$ 1,106
3	0.5	Office Manager Office	C	SIMS Rural Health Clinic /	Pediatric Chair - Standard Waiting Room - Furn. Stnd.	2	2	0	\$ 1,154	\$ 2,423
3	0.5	Office Manager Office	C	SIMS Rural Health Clinic /	Pediatric Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
3	0.5	Office Coordinator - Shared Office	C	SIMS Rural Health Clinic /	Pediatric Signage - Room Sign	1	1	0	\$ 225	\$ 236
3	0.5	Office Coordinator - Shared Office	C	SIMS Rural Health Clinic /	Pediatric Artwork	1	1	0	\$ 450	\$ 473
3	0.5	Office Coordinator - Shared Office	C	SIMS Rural Health Clinic /	Pediatric Wall Mounted Workstation - Furn. Stnd. Stan	1	1	0	\$ 2,675	\$ 2,809
3	0.5	Office Coordinator - Shared Office	C	SIMS Rural Health Clinic /	Pediatric PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
3	0.5	Office Coordinator - Shared Office	C	SIMS Rural Health Clinic /	Pediatric Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
3	0.5	Office Coordinator - Shared Office	C	SIMS Rural Health Clinic /	Pediatric VOIP Phone	1	1	0	\$ 300	\$ 315
3	0.5	Office Coordinator - Shared Office	C	SIMS Rural Health Clinic /	Pediatric Task Chair - Mirra 2 Stool	1	1	0	\$ 1,053	\$ 1,106
3	0.5	Office Coordinator - Shared Office	C	SIMS Rural Health Clinic /	Pediatric Chair - Standard Waiting Room - Furn. Stnd.	2	2	0	\$ 1,154	\$ 2,423
3	0.5	Office Coordinator - Shared Office	C	SIMS Rural Health Clinic /	Pediatric Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
3	1	RN / LPN Office	C	SIMS Rural Health Clinic /	Pediatric Signage - Room Sign	1	1	0	\$ 225	\$ 236
3	1	RN / LPN Office	C	SIMS Rural Health Clinic /	Pediatric Artwork	2	2	0	\$ 450	\$ 945
3	1	RN / LPN Office	C	SIMS Rural Health Clinic /	Pediatric Wall Mounted Workstation - Furn. Standard	1	1	0	\$ 3,187	\$ 3,346
3	1	RN / LPN Office	C	SIMS Rural Health Clinic /	Pediatric PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
3	1	RN / LPN Office	C	SIMS Rural Health Clinic /	Pediatric Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
3	1	RN / LPN Office	C	SIMS Rural Health Clinic /	Pediatric VOIP Phone	1	1	0	\$ 300	\$ 315
3	1	RN / LPN Office	C	SIMS Rural Health Clinic /	Pediatric Task Chair - Mirra 2 Stool	1	1	0	\$ 1,053	\$ 1,106
3	1	RN / LPN Office	C	SIMS Rural Health Clinic /	Pediatric Chair - Standard Waiting Room - Furn. Stnd.	2	2	0	\$ 1,154	\$ 2,423
3	1	RN / LPN Office	C	SIMS Rural Health Clinic /	Pediatric Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
3	1	Physician Office	C	SIMS Rural Health Clinic /	Pediatric Signage - Room Sign	1	1	0	\$ 225	\$ 236
3	1	Physician Office	C	SIMS Rural Health Clinic /	Pediatric Artwork	1	1	0	\$ 450	\$ 473
3	1	Physician Office	C	SIMS Rural Health Clinic /	Pediatric Wall Mounted Workstation - Furn. Standard	1	1	0	\$ 3,187	\$ 3,346
3	1	Physician Office	C	SIMS Rural Health Clinic /	Pediatric PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
3	1	Physician Office	C	SIMS Rural Health Clinic /	Pediatric Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
3	1	Physician Office	C	SIMS Rural Health Clinic /	Pediatric VOIP Phone	1	1	0	\$ 300	\$ 315
3	1	Physician Office	C	SIMS Rural Health Clinic /	Pediatric Task Chair - Mirra 2 Stool	1	1	0	\$ 1,053	\$ 1,106
3	1	Physician Office	C	SIMS Rural Health Clinic /	Pediatric Chair - Standard Waiting Room - Furn. Stnd.	2	2	0	\$ 1,154	\$ 2,423
3	1	Physician Office	C	SIMS Rural Health Clinic /	Pediatric Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
3	1	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic /	Pediatric Signage - Room Sign	1	1	0	\$ 225	\$ 236
3	1	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic /	Pediatric Artwork	2	2	0	\$ 450	\$ 945
3	1	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic /	Pediatric Wall Mounted Workstation - Furn. Standard	2	2	0	\$ 3,187	\$ 6,693
3	1	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic /	Pediatric PC - IT Standard - Registration Option 1	2	2	0	\$ 2,835	\$ 5,954
3	1	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic /	Pediatric Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
3	1	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic /	Pediatric VOIP Phone	2	2	0	\$ 300	\$ 630
3	1	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic /	Pediatric Task Chair - Mirra 2 Stool	2	2	0	\$ 1,053	\$ 2,211
3	1	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic /	Pediatric Chair - Standard Waiting Room - Furn. Stnd.	2	2	0	\$ 1,154	\$ 2,423
3	1	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic /	Pediatric Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
3	1	Waiting (seating for 10)	C	SIMS Rural Health Clinic /	Beha Signage - Misc. Signage	2	2	0	\$ 225	\$ 473
3	1	Waiting (seating for 10)	C	SIMS Rural Health Clinic /	Beha Chair - Standard Waiting Room - Furn. Stnd.	9	9	0	\$ 1,154	\$ 10,905
3	1	Waiting (seating for 10)	C	SIMS Rural Health Clinic /	Beha Chair - Bariatric Waiting Room - Furn. Stnd.	10	10	0	\$ 1,688	\$ 17,724
3	1	Waiting (seating for 10)	C	SIMS Rural Health Clinic /	Beha Security Camera - 360 Degree - Axis	2	2	0	\$ 1,193	\$ 2,505
3	1	Waiting (seating for 10)	C	SIMS Rural Health Clinic /	Beha TV + Mount - IT Standard	1	1	0	\$ 735	\$ 772
3	1	Waiting (seating for 10)	C	SIMS Rural Health Clinic /	Beha Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
3	2	Reception / Check Out	C	SIMS Rural Health Clinic /	Beha PC - IT Standard - Registration Option 1	2	2	0	\$ 2,835	\$ 5,954
3	2	Reception / Check Out	C	SIMS Rural Health Clinic /	Beha VOIP Phone	2	2	0	\$ 300	\$ 630
3	2	Reception / Check Out	C	SIMS Rural Health Clinic /	Beha Task Chair - Mirra 2 Stool	2	2	0	\$ 1,053	\$ 2,211
3	2	Reception / Check Out	C	SIMS Rural Health Clinic /	Beha Artwork	2	2	0	\$ 450	\$ 945
3	2	Reception / Check Out	C	SIMS Rural Health Clinic /	Beha Security Camera - 360 Degree - Axis	2	2	0	\$ 1,193	\$ 2,505
3	2	Reception / Check Out	C	SIMS Rural Health Clinic /	Beha Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285
3	2	Reception / Check Out	C	SIMS Rural Health Clinic /	Beha Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
3	1	Patient Intake	C	SIMS Rural Health Clinic /	Beha Signage - Misc. Signage	1	1	0	\$ 225	\$ 236
3	1	Patient Intake	C	SIMS Rural Health Clinic /	Beha Patient Scale	1	1	0	\$ 2,209	\$ 2,319
3	1	Patient Intake	C	SIMS Rural Health Clinic /	Beha Patient Thermometer	1	1	0	\$ 432	\$ 454
3	1	Patient Intake	C	SIMS Rural Health Clinic /	Beha Misc Storage Bins	1	1	0	\$ 350	\$ 368
3	1	Patient Intake	C	SIMS Rural Health Clinic /	Beha Tracker Board - IT Standard	1	1	0	\$ 1,235	\$ 1,297
3	9	Exam Room	C	SIMS Rural Health Clinic /	Beha Signage - Misc. Signage	9	9	0	\$ 225	\$ 2,126
3	9	Exam Room	C	SIMS Rural Health Clinic /	Beha Artwork	9	9	0	\$ 450	\$ 4,253
3	9	Exam Room	C	SIMS Rural Health Clinic /	Beha Exam Room Signaling Flags	9	9	0	\$ 60	\$ 567
3	9	Exam Room	C	SIMS Rural Health Clinic /	Beha Chair - Standard Waiting Room - Furn. Stnd.	9	9	0	\$ 1,154	\$ 10,905
3	9	Exam Room	C	SIMS Rural Health Clinic /	Beha Chair - Bariatric Waiting Room - Furn. Stnd.	9	9	0	\$ 1,688	\$ 15,952
3	9	Exam Room	C	SIMS Rural Health Clinic /	Beha Exam Table	9	9	0	\$ 1,895	\$ 17,908
3	9	Exam Room	C	SIMS Rural Health Clinic /	Beha Misc Fixtures	9	9	0	\$ 1,500	\$ 14,175
3	9	Exam Room	C	SIMS Rural Health Clinic /	Beha PC - IT Standard - Patient Exam Rm	9	9	0	\$ 3,052	\$ 28,841
3	9	Exam Room	C	SIMS Rural Health Clinic /	Beha Sharps Container	9	9	0	\$ 73	\$ 690
3	9	Exam Room	C	SIMS Rural Health Clinic /	Beha Physician Stool - Furn. Stnd.	9	9	0	\$ 340	\$ 3,215
3	1.5	Patient Toilet	C	SIMS Rural Health Clinic /	Beha Signage - Room Sign	2	2	0	\$ 225	\$ 473
3	1.5	Patient Toilet	C	SIMS Rural Health Clinic /	Beha Misc Fixtures	2	2	0	\$ 1,500	\$ 3,150
3	1.5	Patient Toilet	C	SIMS Rural Health Clinic /	Beha Nurse Call	2	2	0	\$ 4,272	\$ 8,971
3	4	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic /	Beha Signage - Room Sign	2	2	0	\$ 225	\$ 473
3	4	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic /	Beha Artwork	4	4	0	\$ 450	\$ 1,890
3	4	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic /	Beha Wall Mounted Workstation - Furn. Stnd. Stan	4	4	0	\$ 2,675	\$ 11,235
3	4	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic /	Beha PC - IT Standard - Registration Option 1	4	4	0	\$ 2,835	\$ 11,907
3	4	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic /	Beha VOIP Phone	4	4	0	\$ 300	\$ 1,260
3	4	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic /	Beha Task Chair - Mirra 2 Stool	4	4	0	\$ 1,053	\$ 4,423
3	4	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic /	Beha Printer - IT Standard - Floor All-in-one	1	1	0	\$ 3,050	\$ 3,203
3	4	Med Tech / Roomer / RN Work Area	C	SIMS Rural Health Clinic /	Beha Tracker Board - IT Standard	2	2	0	\$ 1,235	\$ 2,594
3	1.5	Clean Supply	C	SIMS Rural Health Clinic /	Beha Signage - Room Sign	2	2	0	\$ 225	\$ 473
3	1.5	Clean Supply	C	SIMS Rural Health Clinic /	Beha Chrome wire shelving	10	10	0	\$ 375	\$ 3,938
3	1.5	Clean Supply	C	SIMS Rural Health Clinic /	Beha Access Control - MX-1 + Card Reader	1	1	0	\$ 1,224	\$ 1,285

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SIH Marion MOB

FURNITURE, FIXTURE, EQUIPMENT (FFE)

Date: June 15th, 2026

Floor	Qty	Room Name	Clinical (C) or Non-Clinical	Dept.	FFE Item	Total	New	Existing	Original Budget	CON Budget Total
3	1	Equipment Alcove	C	SIMS Rural Health Clinic / Behavioral Health		5	5	0	\$ 375	\$ 1,969
3	1	Walk-in Storage/Flex	C	SIMS Rural Health Clinic / Beha Chrome wire shelving		1	1	0	\$ 225	\$ 236
3	1	LCSW Office	C	SIMS Rural Health Clinic / Beha Signage - Room Sign		2	2	0	\$ 450	\$ 945
3	1	LCSW Office	C	SIMS Rural Health Clinic / Beha Artwork		1	1	0	\$ 3,187	\$ 3,346
3	1	LCSW Office	C	SIMS Rural Health Clinic / Beha Wall Mounted Workstation - Furn. Standard		1	1	0	\$ 2,835	\$ 2,977
3	1	LCSW Office	C	SIMS Rural Health Clinic / Beha PC - IT Standard - Registration Option 1		1	1	0	\$ 266	\$ 279
3	1	LCSW Office	C	SIMS Rural Health Clinic / Beha Printer - IT Standard - Tabletop Small		1	1	0	\$ 300	\$ 315
3	1	LCSW Office	C	SIMS Rural Health Clinic / Beha Task Chair - Mirra 2 Stool		1	1	0	\$ 1,053	\$ 1,106
3	1	LCSW Office	C	SIMS Rural Health Clinic / Beha Chair - Standard Waiting Room - Furn. Std.		2	2	0	\$ 1,154	\$ 2,423
3	1	LCSW Office	C	SIMS Rural Health Clinic / Beha Access Control - MX-1 + Card Reader		1	1	0	\$ 1,224	\$ 1,285
3	1	Physician Office	C	SIMS Rural Health Clinic / Beha Signage - Room Sign		1	1	0	\$ 225	\$ 236
3	1	Physician Office	C	SIMS Rural Health Clinic / Beha Artwork		1	1	0	\$ 450	\$ 473
3	1	Physician Office	C	SIMS Rural Health Clinic / Beha Wall Mounted Workstation - Furn. Standard		1	1	0	\$ 3,187	\$ 3,346
3	1	Physician Office	C	SIMS Rural Health Clinic / Beha PC - IT Standard - Registration Option 1		1	1	0	\$ 2,835	\$ 2,977
3	1	Physician Office	C	SIMS Rural Health Clinic / Beha Printer - IT Standard - Tabletop Small		1	1	0	\$ 266	\$ 279
3	1	Physician Office	C	SIMS Rural Health Clinic / Beha VOIP Phone		1	1	0	\$ 300	\$ 315
3	1	Physician Office	C	SIMS Rural Health Clinic / Beha Task Chair - Mirra 2 Stool		1	1	0	\$ 1,053	\$ 1,106
3	1	Physician Office	C	SIMS Rural Health Clinic / Beha Chair - Standard Waiting Room - Furn. Std.		2	2	0	\$ 1,154	\$ 2,423
3	1	Physician Office	C	SIMS Rural Health Clinic / Beha Access Control - MX-1 + Card Reader		1	1	0	\$ 1,224	\$ 1,285
3	3	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic / Beha Signage - Room Sign		2	2	0	\$ 225	\$ 473
3	3	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic / Beha Artwork		3	3	0	\$ 450	\$ 1,418
3	3	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic / Beha Wall Mounted Workstation - Furn. Standard		3	3	0	\$ 3,187	\$ 10,039
3	3	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic / Beha PC - IT Standard - Registration Option 1		3	3	0	\$ 2,835	\$ 8,930
3	3	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic / Beha Printer - IT Standard - Tabletop Small		1	1	0	\$ 266	\$ 279
3	3	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic / Beha VOIP Phone		3	3	0	\$ 300	\$ 945
3	3	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic / Beha Task Chair - Mirra 2 Stool		3	3	0	\$ 1,053	\$ 3,317
3	3	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic / Beha Chair - Standard Waiting Room - Furn. Std.		3	3	0	\$ 1,154	\$ 3,635
3	3	Shared Mid Level Office (2)	C	SIMS Rural Health Clinic / Beha Access Control - MX-1 + Card Reader		1	1	0	\$ 1,224	\$ 1,285
3	3	Student Touchdown Area	C	SIMS Rural Health Clinic / Beha Signage - Room Sign		1	1	0	\$ 225	\$ 236
3	3	Student Touchdown Area	C	SIMS Rural Health Clinic / Beha Artwork		3	3	0	\$ 450	\$ 1,418
3	3	Student Touchdown Area	C	SIMS Rural Health Clinic / Beha Wall Mounted Workstation - Furn. Std. Stan		3	3	0	\$ 2,675	\$ 8,426
3	3	Student Touchdown Area	C	SIMS Rural Health Clinic / Beha PC - IT Standard - Registration Option 1		3	3	0	\$ 2,835	\$ 8,930
3	3	Student Touchdown Area	C	SIMS Rural Health Clinic / Beha Printer - IT Standard - Tabletop Small		1	1	0	\$ 266	\$ 279
3	3	Student Touchdown Area	C	SIMS Rural Health Clinic / Beha VOIP Phone		3	3	0	\$ 300	\$ 945
3	3	Student Touchdown Area	C	SIMS Rural Health Clinic / Beha Task Chair - Mirra 2 Stool		3	3	0	\$ 1,053	\$ 3,317
3	3	Student Touchdown Area	C	SIMS Rural Health Clinic / Beha Chair - Standard Waiting Room - Furn. Std.		2	2	0	\$ 1,154	\$ 2,423
3	3	Student Touchdown Area	C	SIMS Rural Health Clinic / Beha Access Control - MX-1 + Card Reader		1	1	0	\$ 1,224	\$ 1,285
1	1	Entrance Vestibule	NC	Staff Support - All Areas in MOB Vinyl Door Signage		1	1	0	\$ 475	\$ 499
1	1	Entrance Vestibule	NC	Staff Support - All Areas in MOB Artwork		2	2	0	\$ 450	\$ 945
1	1	Entrance Vestibule	NC	Staff Support - All Areas in MOB Knox Box		1	1	0	\$ 1,400	\$ 1,470
1	1	Entrance Vestibule	NC	Staff Support - All Areas in MOB Security Camera - 360 Degree - Axis		1	1	0	\$ 1,193	\$ 1,253
1	1	Entrance Vestibule	NC	Staff Support - All Areas in MOB Access Control - MX-1 + Card Reader		1	1	0	\$ 1,224	\$ 1,285
1	1	Entrance Vestibule	NC	Staff Support - All Areas in MOB Signage Board - IT Standard		1	1	0	\$ 980	\$ 1,029
1	1	Entrance Vestibule	NC	Staff Support - All Areas in MOB VoIP Multimedia Intercom - Algo 8036		1	1	0	\$ 2,400	\$ 2,520
1	1	Entrance Vestibule	NC	Staff Support - All Areas in MOB Time Clock		2	2	0	\$ 3,500	\$ 7,350
1	1	Staff Support	NC	Staff Support - All Areas in MOB Signage - Room Sign		2	2	0	\$ 225	\$ 473
1	1	Staff Support	NC	Staff Support - All Areas in MOB Access Control - MX-1 + Card Reader		2	2	0	\$ 1,224	\$ 2,570
1	1	Staff Support	NC	Staff Support - All Areas in MOB Coat hooks (5 hooks)		20	20	0	\$ 58	\$ 1,218
1	1	Staff Lockers	NC	Staff Support - All Areas in MOB n/a		0	0	0	\$ -	\$ -
1	1	Staff Support / Kitchen Area	NC	Staff Support - All Areas in MOB Signage - Room Sign		2	2	0	\$ 225	\$ 473
1	1	Staff Support / Kitchen Area	NC	Staff Support - All Areas in MOB Artwork		5	5	0	\$ 450	\$ 2,363
1	1	Staff Support / Kitchen Area	NC	Staff Support - All Areas in MOB Table - Breakroom - Furn. Std.		6	6	0	\$ 542	\$ 3,415
1	1	Staff Support / Kitchen Area	NC	Staff Support - All Areas in MOB Chair - Breakroom - Furn. Std.		40	40	0	\$ 161	\$ 6,762
1	1	Staff Support / Kitchen Area	NC	Staff Support - All Areas in MOB Refrigerator		6	6	0	\$ 900	\$ 5,870
1	1	Staff Support / Kitchen Area	NC	Staff Support - All Areas in MOB Coffee Maker		3	3	0	\$ 450	\$ 1,418
1	1	Staff Support / Kitchen Area	NC	Staff Support - All Areas in MOB Microwave		6	6	0	\$ 170	\$ 1,071
1	1	Staff Support / Kitchen Area	NC	Staff Support - All Areas in MOB Misc Fixtures		1	1	0	\$ 2,000	\$ 2,100
2,3	2	Staff Support / Kitchenette (On floors 2 and 3, 1 pe NC	NC	Staff Support - All Areas in MOB Signage - Room Sign		2	2	0	\$ 225	\$ 473
2,3	2	Staff Support / Kitchenette (On floors 2 and 3, 1 pe NC	NC	Staff Support - All Areas in MOB Artwork		2	2	0	\$ 450	\$ 945
2,3	2	Staff Support / Kitchenette (On floors 2 and 3, 1 pe NC	NC	Staff Support - All Areas in MOB Coffee Maker		2	2	0	\$ 450	\$ 945
1	1	Staff Support / Male Toilet Room	NC	Staff Support - All Areas in MOB Signage - Room Sign		1	1	0	\$ 225	\$ 236
1	1	Staff Support / Male Toilet Room	NC	Staff Support - All Areas in MOB Misc Fixtures		1	1	0	\$ 1,350	\$ 1,418
1	1	Staff Support / Female Toilet Room	NC	Staff Support - All Areas in MOB Signage - Room Sign		1	1	0	\$ 225	\$ 236
1	1	Staff Support / Female Toilet Room	NC	Staff Support - All Areas in MOB Misc Fixtures		1	1	0	\$ 1,350	\$ 1,418
2,3	4	Staff Support / Unisex Staff Toilets (On floors 2 and 3)	NC	Staff Support - All Areas in MOB Signage - Room Sign		1	1	0	\$ 225	\$ 236
2,3	4	Staff Support / Unisex Staff Toilets (On floors 2 and 3)	NC	Staff Support - All Areas in MOB Misc Fixtures		1	1	0	\$ 1,350	\$ 1,418
1	1	EVS / Cleaning Supplies Storage Room	NC	SIMS Building Support - Environ Signage - Room Sign		1	1	0	\$ 225	\$ 236
1	1	EVS / Cleaning Supplies Storage Room	NC	SIMS Building Support - Environ Chrome wire shelving		3	3	0	\$ 375	\$ 1,181
1	1	EVS / Cleaning Supplies Storage Room	NC	SIMS Building Support - Environ Wall Mounted Workstation - Furn. Standard		1	1	0	\$ 4,092	\$ 4,297
1	1	EVS / Cleaning Supplies Storage Room	NC	SIMS Building Support - Environ PC - IT Standard - Registration Option 1		1	1	0	\$ 2,835	\$ 2,977
1	1	EVS / Cleaning Supplies Storage Room	NC	SIMS Building Support - Environ VOIP Phone		1	1	0	\$ 300	\$ 315
1	1	EVS / Cleaning Supplies Storage Room	NC	SIMS Building Support - Environ Task Chair - Mirra 2 Stool		1	1	0	\$ 1,053	\$ 1,106
1	1	Receiving / Staging - Material Management	NC	Building Support - Materials Mgt Signage - Room Sign		1	1	0	\$ 225	\$ 236
1	1	Receiving / Staging - Material Management	NC	Building Support - Materials Mgt Chrome wire shelving		6	6	0	\$ 375	\$ 2,363
1	1	Receiving / Staging - Material Management	NC	Building Support - Materials Mgt Misc Fixtures		1	1	0	\$ 1,350	\$ 1,418
1	1	Receiving / Staging - Material Management	NC	Building Support - Materials Mgt Wall Mounted Workstation - Furn. Standard		1	1	0	\$ 4,092	\$ 4,297
1	1	Receiving / Staging - Material Management	NC	Building Support - Materials Mgt PC - IT Standard - Registration Option 1		1	1	0	\$ 2,835	\$ 2,977
1	1	Receiving / Staging - Material Management	NC	Building Support - Materials Mgt VOIP Phone		1	1	0	\$ 300	\$ 315
1	1	Receiving / Staging - Material Management	NC	Building Support - Materials Mgt Task Chair - Mirra 2 Stool		1	1	0	\$ 1,053	\$ 1,106

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SIH Marion MOB

FURNITURE, FIXTURE, EQUIPMENT (FFE)

Date: June 15th, 2026

Floor	Qty	Room Name	Clinical (C) or Non-Clinical	Dept.	FFE Item	Total	New	Existing	Original Budget	CON Budget Total
1	1	Receiving / Staging - Material Management	NC	Building Support - Materials Mgmt	Access Control - MX-1 + Card Reader	3	3	0	\$ 1,224	\$ 3,856
1	1	Receiving / Staging - Material Management	NC	Building Support - Materials Mgmt	Security Camera - 360 Degree - Axis	2	2	0	\$ 1,193	\$ 2,505
1	1	Central Equipment Holding Area	NC	Building Support - Materials Mgmt	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	Central Equipment Holding Area	NC	Building Support - Materials Mgmt	Chrome wire shelving	2	2	0	\$ 375	\$ 788
1	1	Hazardous Waste Holding Area	NC	Building Support - Materials Mgmt	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	Hazardous Waste Holding Area	NC	Building Support - Materials Mgmt	Misc Fixtures	1	1	0	\$ 1,350	\$ 1,418
1	1	Hazardous Waste Holding Area	NC	Building Support - Materials Mgmt	Chrome wire shelving	2	2	0	\$ 375	\$ 788
1	1	Facilities Office Stock Room	NC	Building Support - Facilities	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	Facilities Office Stock Room	NC	Building Support - Facilities	Wall Mounted Workstation - Furn. Standard	1	1	0	\$ 4,092	\$ 4,297
1	1	Facilities Office Stock Room	NC	Building Support - Facilities	PC - IT Standard - Registration Option 1	1	1	0	\$ 2,835	\$ 2,977
1	1	Facilities Office Stock Room	NC	Building Support - Facilities	Printer - IT Standard - Tabletop Small	1	1	0	\$ 266	\$ 279
1	1	Facilities Office Stock Room	NC	Building Support - Facilities	VOIP Phone	1	1	0	\$ 300	\$ 315
1	1	Facilities Office Stock Room	NC	Building Support - Facilities	Task Chair - Mirra 2 Stool	1	1	0	\$ 1,053	\$ 1,106
1	2	Stairwell Access Door	NC	Building Support - Facilities	Access Control - MX-1 + Card Reader	2	2	0	\$ 1,224	\$ 2,570
1	2	Stairwell Access Door	NC	Building Support - Facilities	Security Camera - 360 Degree - Axis	2	2	0	\$ 1,193	\$ 2,505
1,2,3	3	Housekeeping Closets (one per each floor)	NC	Building Support - Facilities	Signage - Room Sign	3	3	0	\$ 225	\$ 709
1,2,3	3	Housekeeping Closets (one per each floor)	NC	Building Support - Facilities	Housekeeping Cart	3	3	0	\$ 760	\$ 2,394
1,2,3	3	Housekeeping Closets (one per each floor)	NC	Building Support - Facilities	Misc Fixtures	1	1	0	\$ 1,350	\$ 1,418
3	3	Exterior	NC	Building Support - Facilities	Exterior Building Sign	3	3	0	\$ 26,000	\$ 81,900
1	1	Exterior	NC	Building Support - Facilities	Ground Entry Signs	3	3	0	\$ 6,500	\$ 20,475
1	1	Exterior	NC	Building Infrastructure	Generator	1	1	0	\$ 217,100	\$ 227,955
1	1	Exterior	NC	Building Infrastructure	Security Camera - 360 Degree - Axis	16	16	0	\$ 1,193	\$ 20,042
1	1	Exterior	NC	Building Infrastructure	Blue Light Phone Tower Aluminum	3	3	0	\$ 4,800	\$ 15,120
1	1	Boiler Room	NC	Building Infrastructure	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	Boiler Room	NC	Building Infrastructure	VOIP Phone	1	1	0	\$ 300	\$ 315
1	1	Water Entrance & DHW	NC	Building Infrastructure	VOIP Phone	1	1	0	\$ 300	\$ 315
1	1	Fire Pump Room	NC	Building Infrastructure	VOIP Phone	1	1	0	\$ 300	\$ 315
1	1	Main Electrical Room	NC	Building Infrastructure	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1	1	Main Electrical Room	NC	Building Infrastructure	VOIP Phone	1	1	0	\$ 300	\$ 315
1,2,3	6	Electrical Closets (or panels on staff corridor)	NC	Building Infrastructure	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1,2,3	6	Electrical Closets (or panels on staff corridor)	NC	Building Infrastructure	VOIP Phone	6	6	0	\$ 300	\$ 1,890
1,2,3	3	Data Closets	NC	Building Infrastructure	Signage - Room Sign	1	1	0	\$ 225	\$ 236
1,2,3	3	Data Closets	NC	Building Infrastructure	Cameras - Media Server	2	2	0	\$ 19,000	\$ 39,900
1	1	Data Closets	NC	Building Infrastructure	Building Server VMWARE host	1	1	0	\$ 35,000	\$ 36,750
1,2,3	3	Data Closets	NC	Building Infrastructure	Cable Management - Data Racks	3	3	0	\$ 1,000	\$ 3,150
1,2,3	3	Data Closets	NC	Building Infrastructure	Patchpanels	20	20	0	\$ 700	\$ 15,025
1,2,3	3	Data Closets	NC	Building Infrastructure	48-port PoE+ Switch	20	20	0	\$ 10,623	\$ 228,009
1,2,3	3	Data Closets	NC	Building Infrastructure	Data Racks Frame	3	3	0	\$ 300	\$ 945
1,2,3	3	Data Closets	NC	Building Infrastructure	Network - UPSs	6	6	0	\$ 1,800	\$ 11,340
1	1	Data Closets	NC	Building Infrastructure	Server Cabinet	1	1	0	\$ 1,500	\$ 1,575
1,2,3	3	Data Closets	NC	Building Infrastructure	Server UPSs for the Server Cabinet	2	2	0	\$ 1,800	\$ 3,780
1	1	Data Closets	NC	Building Infrastructure	2 Fiber Circuits (Network Connectivity)	2	2	0	\$ 1,500	\$ 3,150
1	1	Data Closets	NC	Building Infrastructure	Door Controllers - Access Control Power Supply	6	6	0	\$ 563	\$ 3,547
2	1	Data Closets	NC	Building Infrastructure	Door Controllers - Access Control Power Supply	4	4	0	\$ 563	\$ 2,365
3	1	Data Closets	NC	Building Infrastructure	Door Controllers - Access Control Power Supply	5	5	0	\$ 563	\$ 2,956
1,2,3	3	All Floors	NC	Building Infrastructure	Wireless Access Points	57	57	0	\$ 1,800	\$ 107,730
1	1	Data Closets	NC	Building Infrastructure	Fax Gateway	1	1	0	\$ -	\$ -
1	1	Data Closets	NC	Building Infrastructure	Voice Gateway	1	1	0	\$ 7,500	\$ 7,875
										\$ 5,263,158

Clinical Total	\$ 3,836,401
Non-Clinical Total	\$ 1,426,757
Clinical + Non-Clinical Total	\$ 5,263,158

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ATTACHMENT 9

COST/SPACE REQUIREMENTS

Department	Cost	Departmental Gross Square Footage (DGSF)						
		Existing	Entire Facility		This Project			Vacated as a Result of this Project
			Total Upon Project Completion	New	Modernized	As Is		
CLINICAL SERVICE AREAS:								
SIHS:								
Diagnostic Imaging (1 General X-Ray Room, 2 Mammography Rooms)	\$1,683,544	0	1,894	1,894	0	0		
Outpatient Laboratory (2 Phlebotomy Stations)	\$608,323	0	1,003	1,003	0	0		
Congestive Heart Failure Clinic (4 exam rooms)	\$1,531,417	0	2,604	2,604	0	0		
Patient Registration	\$182,176	0	313	313	0	0		
SIMS - Physician Exam Clinics:								
Cardiovascular Clinic (7 exam rooms)	\$2,132,807	0	3,668	3,668	0	0		
Urology/Specialty Flex Clinic (14 exam rooms)	\$3,485,632	0	5,994	5,994	0	0		
Pulmonary/Gastroenterology Clinic (12 exam rooms)	\$3,332,469	0	5,731	5,731	0	0		
Podiatry/Pain Management Clinic (13 exam rooms)	\$3,204,946	0	5,512	5,512	0	0		
Rural Health Clinics (26 exam rooms)	\$6,702,048	0	11,526	11,526	0	0		
Infectious Diseases/ENT Clinic (13 exam rooms)	\$3,582,550	0	6,127	6,127	0	0		
Patient Registration	\$296,879	0	511	511	0	0		
TOTAL CLINICAL SERVICE AREAS	26,722,791	0	44,883	44,883	0	0		
NON-CLINICAL SERVICE AREAS:								
SIHS:								
Retail Pharmacy	\$627,545	0	696	696	0	0		
Vestibules, Stairs, Circulation, Lobbies & Public Toilets - Common Areas	\$5,208,627	0	10,876	10,876	0	0		
Building Support Services - Common Areas	\$439,282	0	961	961	0	0		
TOTAL NON-CLINICAL SERVICE AREAS	\$6,275,454	0	12,533	12,533	0	0		
TOTAL PROJECT	\$32,998,245	0	57,416	57,416	0	0		

III.

1110.110(a) Background of the Applicant

1. Southern Illinois Hospital Services, a corporate member of Southern Illinois Hospital Enterprises, Inc., currently owns or operates the following health care facilities, including LLCs, with ownership of at least 5%. Their identification numbers are listed below.

<u>Name and Location of Facility</u>	<u>Identification Numbers</u>
Harrisburg Medical Center, Inc., Harrisburg	Illinois Hospital License ID# 0000521 The Joint Commission ID# 7353
Herrin Hospital, Herrin	Illinois Hospital License ID# 0000935 The Joint Commission ID# 7357
Memorial Hospital of Carbondale, Carbondale	Illinois Hospital License ID# 0000513 The Joint Commission ID# 7252
St. Joseph Memorial Hospital, Murphysboro (Critical Access Hospital)	Illinois Hospital License ID# 0004614
Physicians Surgery Center, LLC, Carbondale	Illinois Ambulatory Surgical Treatment Center License ID# 7003128 Accreditation Association for Ambulatory Health Care, Inc. Accreditation ID# 4398
Southern Illinois Orthopedic Center, LLC, Herrin (51% ownership)	Illinois Ambulatory Surgical Treatment License ID# 7002421 Accreditation Association for Ambulatory Health Care, Inc. Accreditation ID# 22592

2. The corporate officers or directors of Southern Illinois Healthcare Medical Office Building (MOB), Southern Illinois Medical Services, NFP, Southern Illinois Hospital Services, and Southern Illinois Healthcare Enterprises, Inc., do not own or operate or operate any healthcare facilities that are located in Illinois.
3. Southern Illinois Hospital Services is a corporate member of Southern Illinois Healthcare Enterprises, Inc.

The only health care facilities currently owned and/or operated by Southern Illinois Hospital Services, all of which are identified in Item 1, are located in Illinois.

Southern Illinois Healthcare Enterprises, Inc., does not own or operate any health care facilities other than those owned or operated by Southern Illinois Hospital Services.

This Attachment includes a certification letter from Southern Illinois Healthcare Enterprises, documenting that health care facilities owned or operated by Southern Illinois Hospital Services have not had any adverse action taken against them during the past three years.

4. The certification letter referenced in Item 3. above authorizes the Illinois Health Facilities and Services Review Board and Illinois Department of Public Health to access any documents necessary to verify the information submitted in response to this subsection, including but not limited to the licensing or certification records of other states, where applicable, and the records of nationally recognized accreditation organizations.
5. This item is not applicable to this application because the requested materials are being submitted as part of this application.



Administration

t 618.457.5200

f 618.529.0568

April 29, 2026

Ms. Debra Savage, Chair
Illinois Health Facilities and Services Review Board
525 W. Jefferson, Second Floor
Springfield, Illinois 62702

Dear Ms. Savage:

The Master Lessee for the Marion Medical Office Building (MOB) is Southern Illinois Healthcare Enterprises (SIHE), which is the sole member of Southern Illinois Hospital Services (SIHS) and Health Services of Southern Illinois, Inc. (HSSI).

SIHE elects the members of the Board of Trustees of SIHS, which owns and/or operates the following entities:

Memorial Hospital of Carbondale, Carbondale, Illinois (Memorial);
Herrin Hospital, Herrin, Illinois (Herrin);
St. Joseph Memorial Hospital, Murphysboro, Illinois (St. Joseph);
Harrisburg Medical Center, Inc., Harrisburg, Illinois (HMC);
Southern Illinois Medical Services, NFP;
Southern Illinois Specialty Services, NFP;
Physicians Surgery Center, LLC;
SIH Foundation, NFP;
SIH Cayman SPC Group, Ltd.;
Quality Health Partners, LLC.

Memorial Hospital of Carbondale, Herrin Hospital, St Joseph Memorial Hospital, and Harrisburg Medical Center are wholly owned subsidiaries of SIHS and provide acute inpatient, outpatient and emergency care. Selected facilities also provide obstetric, neonatal, pediatric, rehabilitation, psychiatric, long-term swing bed, and intensive and intermediate inpatient services. Admitting physicians are primarily community-based practitioners.

Effective August, 2021, SIHS assumed ownership of Harrisburg Medical Center, Inc. (HMC) by becoming its sole member. HMC operates a general acute care hospital located in Harrisburg, Illinois and other related health care businesses. HMC is the sole corporate member of Harrisburg Medical Center Foundation, Inc. and Harrisburg Medical Center Clinic Services, LLC. The affiliation allows the corporation to continue and strengthen the high-quality health care services currently delivered in Southern Illinois and to maintain and enhance the delivery of health care services in the communities served by HMC.

SIHS serves as the sole member and elects all of the trustees of, and thereby controls, Southern Illinois Medical Services, NFP (SIMS) and Southern Illinois Specialty Services, NFP (SISS). Both are an Illinois not-for-profit corporations established to employ physicians and to operate physician practices in Southern Illinois. SIMS was established in November, 2006, and SISS was established in January, 2026.

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SIHS is the sole member of Physicians' Surgery Center, LLC (PSC), an Illinois limited liability company which was established in May, 2007, to operate and manage an ambulatory surgical treatment center, Physicians Surgery Center, LLC, located in Carbondale.

In addition, SIHS owns 51% of Southern Illinois Orthopedic Center, LLC, an ambulatory surgical treatment center located in Herrin.

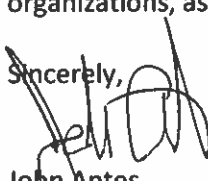
HSSI is an Illinois for-profit corporation, which operates a retail lab.

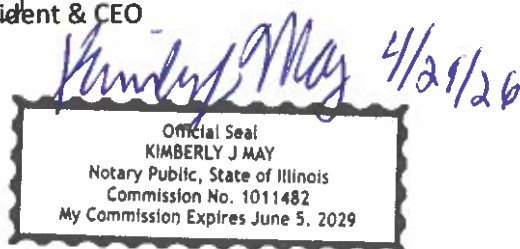
In addition to SIHE, SIHS and HSSI, there are affiliated corporations collectively referred to as the System, of which SIHE plans, directs and administers the operations.

We hereby certify that there has been no adverse action taken against any health care facility owned and/or operated by Southern Illinois Healthcare Enterprises, Inc., or its subsidiaries during the three years prior to the filing of this application.

This letter is also sent to authorize the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access any documents necessary to verify the information submitted, including but not limited to the following: official records of IDPH or other state agencies; the licensing or certification records of other states, where applicable; and the records of nationally recognized accreditation organizations, as identified in the requirements specified in 77 Ill. Adm. Code 1110.230.a).

Sincerely,


John Antes
President & CEO





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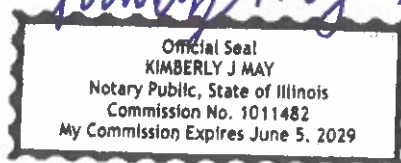
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Sincerely,


John Antes
President & CEO



III.

Criteria 1110.110(b) & (d)

Purpose of Project

1. This project is expected to enhance patient experience, improve care delivery efficiency, and permit a better alignment of staffing, space and resources.

This project is intended to consolidate, modernize and centralize existing services. It is not intended to add new service lines, to expand the scope of services from those currently offered by Southern Illinois Healthcare (SIH) or to increase volumes of existing services beyond normally anticipated growth.

When this project is completed, the proposed Southern Illinois Healthcare Medical Office Building (SIH MOB) will combine and replace services currently provided by a number of SIH programs that take place in multiple separate existing buildings, mainly in Herrin and Marion. Physicians, staff and outpatient services will relocate from their current sites into the new building. In addition, this project will house new satellites that provide services (e.g., Diagnostic Imaging, Phlebotomy) in existing locations.

Consolidation of outpatient services and clinics into a single facility will improve care team coordination and workforce efficiency. Physicians, advance practice providers, clinic staff, and support services will be located in the same building, correcting deficiencies in a number of the current facilities that provide patient care at the present time, reducing fragmentation, improving communication, and permitting staffing resources to be more effectively deployed in response to patient demand.

Southern Illinois Healthcare Enterprises (SIHE) will lease the entire new building and will then sub-lease space to Southern Illinois Hospital Services (SIHS) and Southern Illinois Medical Services (SIMS) that each of their entities will operate within the building.

As a result of this project, SIHS and SIMS will vacate 9 existing buildings that presently accommodate multiple clinical sites.

Construction of the SIH MOB will enable SIMS and SIHS to provide services to residents of Health Planning Areas (HPAs) F-05, F-06, and F-07 who are patients of SIH's physicians and hospitals. SIMS currently occupies several buildings near the proposed location for its physicians' offices, and SIHS provides facilities for its physicians and medical services (i.e., Diagnostic Imaging, Lab) in nearby hospitals and in ambulatory clinic sites it operates.

No acute care or hospital-based services are proposed as part of this project.

The existing facilities for ambulatory care that are the sources of medical facilities for this project were developed over time and are geographically dispersed, which results in operational inefficiencies and inconsistent patient experiences as well as challenges for patients who must currently visit multiple sites to receive related services. In addition, many of the current facilities have physical constraints that limit workflow efficiency, accessibility, and the ability to co-locate related outpatient services in a patient-friendly manner.

By consolidating its multiple existing locations into a single, purposefully constructed Medical Office Building, SIHE is exercising responsible capital stewardship. This project avoids unnecessary capital investment in multiple aging facilities, reduces long-term operating and maintenance costs, and supports the financial sustainability of essential healthcare services within several HPAs located in Health Service Area (HSA) 5. The existence of the SIH MOB will improve the ease of ambulatory access, coordination of care, and operational efficiencies, while maintaining the current level of services available to the communities served by SIH.

Patients will benefit from a centralized location within HPAs F-05, F-06, and F-07, where physician clinics in multiple specialties, imaging services, laboratory service, and retail pharmacy services are located in the same building, which reduces unnecessary travel between sites and simplifies appointment scheduling and coordination of care. The project is expected to enhance patients' experiences, improve care delivery efficiency, and permit a better alignment of staffing, space and resources.

Consolidation of outpatient services and clinics in a single facility will improve care team coordination and workforce efficiency. Physicians of multiple specialties, advance practice providers, clinic staff, and support services will be located in the same building, which will reduce fragmentation of care, improve communication, and permit staffing resources to be more effectively deployed in response to patients' demand for care.

The deficiencies of 7 facilities that currently provide health services to patients that will be cared for in the new facility are described below.

This project will eliminate the need to provide significant capital repairs and upgrades to 7 of the facilities that currently provide the services that will be provided in the SIH MOB. These facilities have the following deficiencies.

- The Breast Center in Marion is located in a building that is more than 25 years old, and its floor requires replacement.

- The building in which Southern Illinois Healthcare's Congestive Heart Failure Clinic is currently located has the following repair needs: its floor, HVAC system and roof all require replacement.
- The 3 Medical Office Buildings in which ENT, Gastroenterology (GI), and Infectious Disease are currently located are each more than 30 years old, and each of these facilities has the following repair needs: their floors and HVAC systems require replacement; and their roofs require repair.
- The Medical Office Building in which Podiatry is currently located is more than 30 years old, and its roof requires repair.
- The Medical Office Building in which the Urology Clinic is currently located is more than 100 years old, and the current facility has the following repair needs: it has flooring issues; its HVAC system requires replacement; and its floor requires replacement.

2. The market area for the SIH MOB is the same market area that is currently served by SIH's hospitals and outpatient care facilities, including offices of physicians who are members of SIH's medical staffs.

The proposed project will not duplicate services within SIH's Health Service Areas (HSA), nor will it adversely impact existing providers. The services that will be provided in the proposed SIH MOB are already available within the HSA, as they are currently delivered across multiple SIH locations that serve outpatients. This project represents a relocation and consolidation of existing services, rather than the introduction of new or expanded services. This consolidation will permit SIH to better align its outpatient footprint with current and projected community needs.

The SIH Medical Office Building will be located in Williamson County, which is within HPA F-06 and HSA 5. Additional SIH facilities in that HPA include Herrin Hospital as well as Southern Illinois Orthopedic Center, in which Southern Illinois Hospital Services (SIHS) holds 51% ownership.

SIHS's other hospitals (Memorial Hospital of Carbondale, St. Joseph Memorial Hospital, and Harrisburg Medical Center) as well as Physicians' Surgery Center, LLC, which is owned and operated by SIHS, are all located in adjacent HPAs (HPAs F-05 and F-07) that are within HSA 5.

This project represents a relocation and consolidation of existing services, rather than the introduction of new or expanded services. This consolidation will permit SIH to better align its outpatient footprint with current and projected community needs.

This project is intended to consolidate, modernize and centralize existing services. It is not intended to add new service lines, to expand the scope of services from those currently offered, or to increase volumes of existing services beyond normally anticipated growth.

The patient origin for all SIH hospitals during the most recent fiscal year (FY26) indicates that more than 85% of their discharges resided in zip codes that are within SIH's market area for this project, which includes the following counties.

Franklin
Jackson
Johnson
Perry
Saline
Union
Williamson

The chart of SIH's hospitals' patient origin is found following the narrative of this attachment. It is assumed that the patient origin of the SIH MOB will be similar to its hospitals' patient origin since the patients are frequently patients of SIH physicians.

3. This project is proposed to address the following health problems or illnesses in addition to the current facility issues that have been identified above and elsewhere in this application.
 - a. Residents of HPAs F-05, F-06 and F-07 experience significant health and socioeconomic challenges, including higher-than-average rates of cancer and heart disease, a disproportionate prevalence of smoking, obesity and other chronic co-morbidities, and notable behavioral health needs.
 - b. Nearly 20% of the population live in poverty, creating substantial barriers to accessing timely, coordinated ambulatory care. In response, Southern Illinois Healthcare prioritizes community benefit through charity care and financial assistance, education, and outreach initiatives, and efforts to positively impact community health for its most vulnerable and underrepresented populations. Southern Illinois Healthcare has a long-standing commitment to service to its communities and to advancing health equity across its PSAs.

During FY25, the four SIH hospitals provided charity care with a total cost of \$7,392,459. This represented more than 1% of Net Patient Revenue in FY25.

- c. As documented in Southern Illinois Healthcare's Racial Health Equity Progress Report, which is appended to this Attachment, the organization has demonstrated measurable progress toward achieving racial health equity, with overall performance exceeding nationwide results. Southern Illinois Healthcare was scored at the "best practice" level for multiple metrics, including access to free and discounted care and partnerships with patients and the community.
 - d. In the last three fiscal years, SIH provided \$523,518,738 in community benefits, underscoring its commitment to improving access to care and health outcomes for the populations it serves.
 - e. The facilities in which many of the clinical services included in this project are located have serious facility deficiencies which require significant capital expenditures, as discussed under Item 1 above.
4. The sources of the documentation include the following.
- a. Southern Illinois Hospitals' patient origin data for March 1, 2025, through February 28, 2026
 - b. Southern Illinois Hospitals' charity care data for FY23 through FY25
 - c. Southern Illinois Healthcare's Racial Health Equity Progress Report, which follows the Patient Origin Report in this Attachment
 - d. Reports by the hospitals' architects, who assessed the facility needs of the current MOBs
5. This project will address and improve the referenced issues by replacing and consolidating the existing SIH medical office buildings and placing within the new SIH MOB facilities that are appropriate support services for outpatients' services (i.e., diagnostic imaging including Radiology and Mammography; Phlebotomy, Congestive Heart Failure Clinic, and specialty clinics in more than 10 medical specialties).

The older medical office buildings in Herrin and Marion will be vacated and divested when the new MOB is ready for occupancy, thus reducing redundant space and ongoing facility operating expenses.

This consolidation and modernization of SIH's medical office buildings will permit SIH to better align its outpatient footprint with current and projected community needs for medical care.

6. The primary goal of this project is to replace and consolidate existing medical offices into one medical office building which will also include support facilities that are important for outpatient care.

As a result, SIH will be enabled to reduce redundant space by consolidating its current outpatient facilities.

Achievement of this goal will permit SIMS to reduce its ongoing facility operating expenses, and SIH will be able to better align its outpatient footprint with current and projected community needs.

These goals will be fulfilled when the new SIH MOB is completed and becomes operational during FY28.

IN-PATIENT ORIGIN FROM SOUTHERN ILLINOIS HEALTHCARE (SIH) HOSPITALS								
MARCH 1, 2025 - FEBRUARY 28, 2026								
Community	Zip Code	Discharges	Percentage of Discharges	Cumulative %	County	In P.A. F-05-F07?	In HSA 5?	In SIH MOB Market Area?
Carbondale}	62901	2,301	0.1126	0.1126	Jackson	Yes	Yes	Yes
Carbondale}	62902	406	0.0199	0.1325	Jackson	Yes	Yes	Yes
Carbondale}	62903	215	0.0105	0.1430	Jackson	Yes	Yes	Yes
Marion	62959	1,946	0.0952	0.2382	Williamson	Yes	Yes	Yes
Herrin	62948	1,778	0.0870	0.3252	Williamson	Yes	Yes	Yes
Murphysboro	62966	1,659	0.0812	0.4064	Jackson	Yes	Yes	Yes
West Frankfort	62896	1,265	0.0619	0.4683	Franklin	Yes	Yes	Yes
Harrisburg	62946	990	0.0484	0.5167	Saline	Yes	Yes	Yes
Carterville	62918	946	0.0463	0.5630	Williamson	Yes	Yes	Yes
Johnston City	62951	587	0.0287	0.5917	Williamson	Yes	Yes	Yes
DuQuoin	62832	580	0.0284	0.6201	Perry	Yes	Yes	Yes
Benton	62812	552	0.0270	0.6471	Franklin	Yes	Yes	Yes
Pinckneyville	62274	337	0.0165	0.6636	Perry	Yes	Yes	Yes
Anna	62906	331	0.0162	0.6798	Union	Yes	Yes	Yes
Christopher	62822	307	0.0150	0.6949	Franklin	Yes	Yes	Yes
De Soto	62924	284	0.0139	0.7087	Jackson	Yes	Yes	Yes
Carrier Mills	62917	260	0.0127	0.7215	Saline	Yes	Yes	Yes
Roughton	62983	218	0.0107	0.7321	Franklin	Yes	Yes	Yes
Energy	62933	206	0.0101	0.7422	Williamson	Yes	Yes	Yes
Zeigler	62999	201	0.0098	0.7521	Franklin	Yes	Yes	Yes
Cobden	62960	187	0.0092	0.7612	Union	Yes	Yes	Yes
Creal Springs	62922	187	0.0092	0.7704	Franklin	Yes	Yes	Yes
El Dorado	62930	183	0.0090	0.7793	Saline	Yes	Yes	Yes
Goreville	62939	182	0.0089	0.7882	Johnson	Yes	Yes	Yes
Mulkeytown	62865	178	0.0087	0.7969	Franklin	Yes	Yes	Yes
Vienna	62995	172	0.0084	0.8053	Johnson	Yes	Yes	Yes
Ava	62907	166	0.0081	0.8135	Jackson	Yes	Yes	Yes
Makanda	62958	163	0.0080	0.8214	Jackson	Yes	Yes	Yes
Elkville	62932	157	0.0077	0.8291	Jackson	Yes	Yes	Yes
Energy	62233	137	0.0067	0.8358	Williamson	Yes	Yes	Yes
Thompsonville	62890	135	0.0066	0.8424	Franklin	Yes	Yes	Yes
Hurst	62949	129	0.0063	0.8487	Williamson	Yes	Yes	Yes
Pittsburg	62974	124	0.0061	0.8548	Williamson	Yes	Yes	Yes
Total, All of these Zipcodes		17,469						
Other Zipcodes		2,967						
Total Discharges		20,436						



Southern Illinois Healthcare

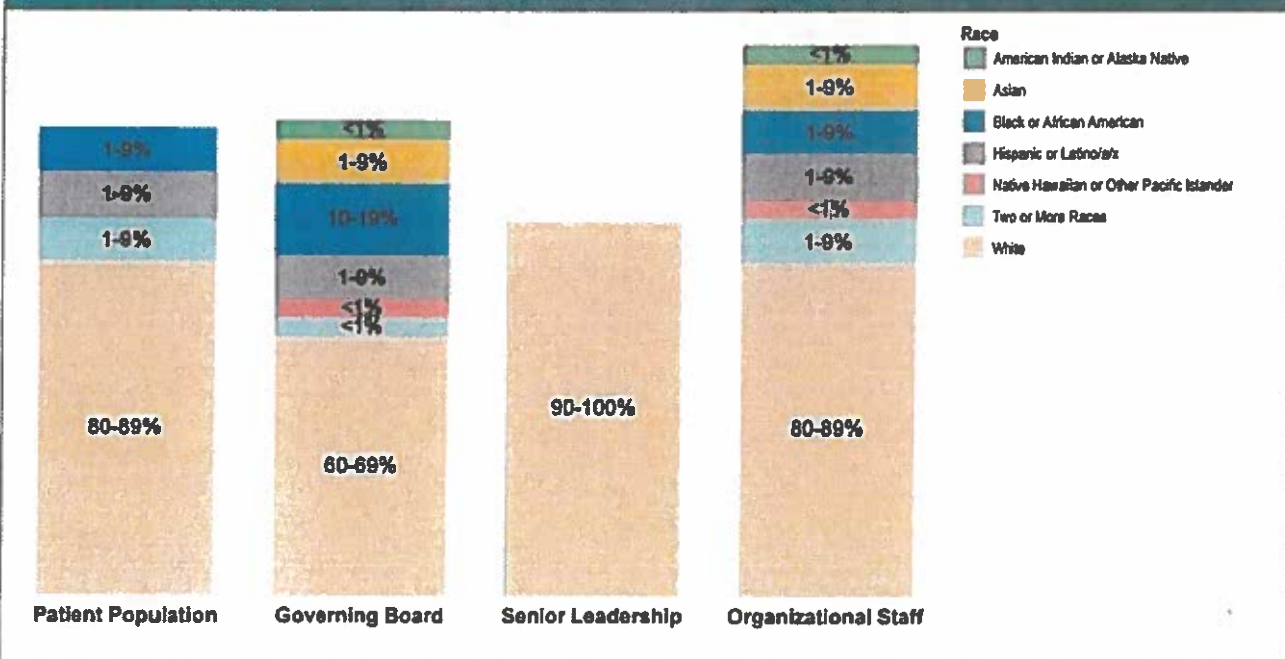
DEMOGRAPHIC PROFILE

Composite Metric 1: Board Management & Workforce resemble our community

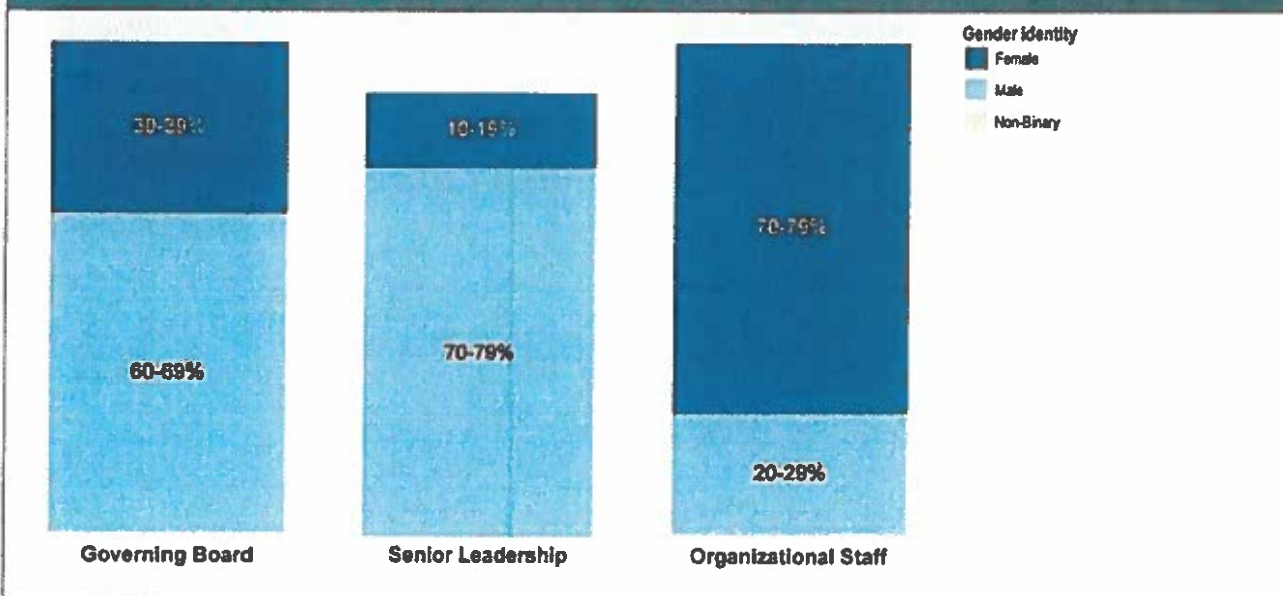
Composite Metric 2: Patient Demographics

(Progress Report questions 1 & 3)

Progress Report Submitted On: 12/28/2023 13:58:46



Gender Identity Demographics of Staff (Progress Report question 2)





Racial Health Equity Progress Report

Composite Metric Score and National Implementation Status

Metric	Metric Description	Progress Report Question	# of Questions	Your Score	Implementation Status	Your Status	Nationwide
Overall	Overall Summary Metrics	All	123	452	Implementation	3.9	2.9

Our People

Metric 3	Diversity and Inclusion Training in our Workforce	4, 5, 6, 7, 8	37	154	Implementation	4.2	2.8
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Our Organization

Metric 4	Leadership and Organizational Practices to Advance Racial Equity	9, 11, 12, 13, 14, 15	29	82	Piloting	2.8	2.8
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Our Patients

Metric 5	Patient Assessment	16, 17, 18	7	25	Implementation	3.6	2.8
Metric 6	Patient Supports for Social Determinants of Health	19, 20, 21, 22	12	48	Implementation	4.1	3.6
Metric 7	Quality Improvement Practices	23, 24, 25, 26, 27	18	59	Piloting	3.3	2.2
Metric 8	Access to Free and Discounted Care	28	5	25	Best Practice	5.0	3.7

Our Community

Metric 9	Investment in the Community	29, 30, 31	10	33	Piloting	3.3	2.5
Metric 10	Partnerships with Patients and Community	32	5	25	Best Practice	5.0	3.2

Implementation Status

Definition

Score Range

5	Best Practice	Organization has implemented this process, is tracking progress and outcome data and would consider out process and data to be a best practice.	4.5 - 5.0
4	Implementation	This process has been implemented across all targeted patient demographics and is standardized.	3.5 - 4.4
3	Piloting	This process is being piloted but is not fully standardized or implemented across all target patient demographics.	2.5 - 3.4
2	Initiation	This process is being discussed by key leaders or within meetings and action steps are being developed.	1.5 - 2.4
1	Initial Substantiation	This process has been discussed but no action has been taken.	0.5 - 1.4
0	Not Initiated	No current plans on this process have been discussed.	0 - 0.4



Racial Health Equity

Change by Metric Score

Notes show metric score for baseline and performance years plus directional change

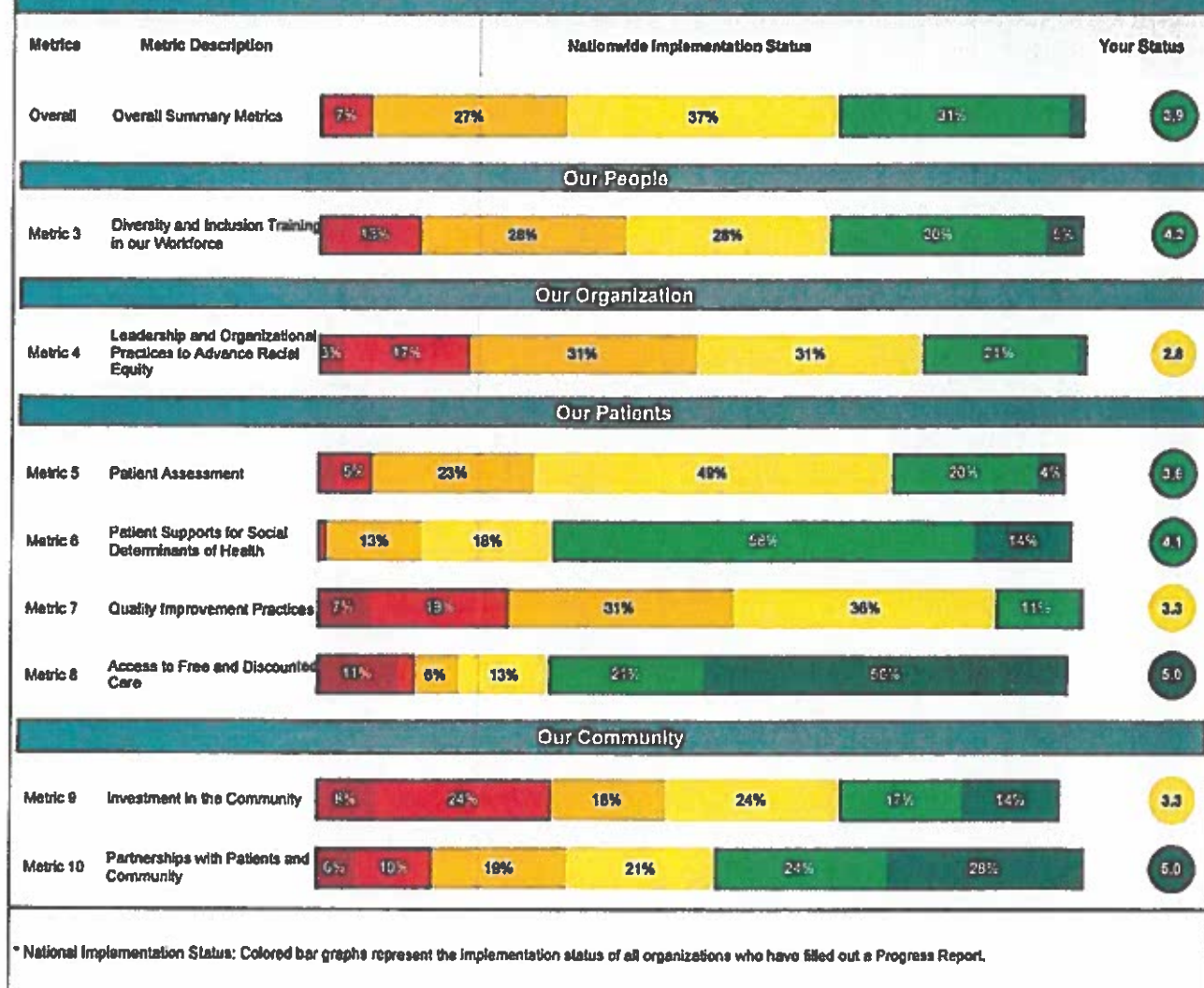
Metric	Metric Description	Baseline	Performance	Change	
Overall	Overall Summary Metrics	3.9	3.9	0%	→
Our People					
Metric 3	Diversity and Inclusion Training in our Workforce	4.1	4.2	2%	↑
Our Organization					
Metric 4	Leadership and Organizational Practices to Advance Racial Equity	2.7	2.8	5%	↑
Our Patients					
Metric 5	Patient Assessment	3.4	3.6	5%	↑
Metric 6	Patient Supports for Social Determinants of Health	4.1	4.1	-0.4%	↓
Metric 7	Quality Improvement Practices	3.1	3.3	6%	↑
Metric 8	Access to Free and Discounted Care	5.0	5.0	0%	→
Our Community					
Metric 9	Investment in the Community	3.5	3.3	-6%	↓
Metric 10	Partnerships with Patients and Community	5.0	5.0	0%	→

Implementation Status	Definition	Score Range
5 Best Practice	Organization has implemented this process, is tracking process and outcome data and would consider our process and data to be a best practice.	4.5 - 5.0
4 Implementation	This process has been implemented across all targeted patient demographics and is standardized.	3.5 - 4.4
3 Piloting	This process is being piloted but is not fully standardized or implemented across all target patient demographics.	2.5 - 3.4
2 Initiation	This process is being discussed by key leaders or within meetings and action steps are being developed.	1.5 - 2.4
1 Informal Discussions	This process has been discussed but no action has been taken.	0.5 - 1.4
0 Not in Place	No current plans on this process have been discussed	0 - 0.4



Racial Health Equity Progress Report

Composite Metric Score and National Implementation Status

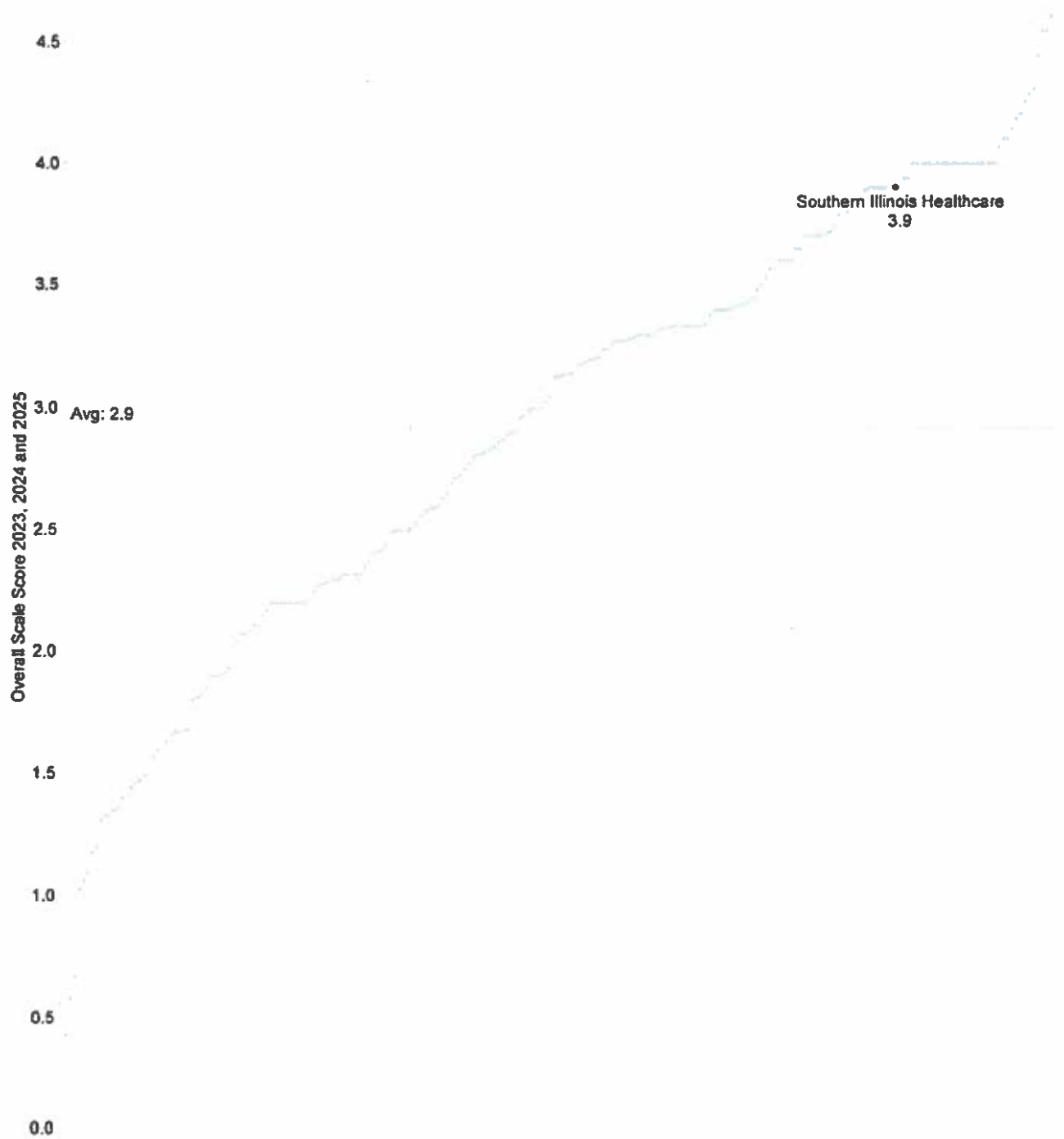


Implementation Status	Definition	Score Range
5 Best Practices	Organization has implemented this process, is tracking process and outcome data and would consider this process and data to be best practices.	4.5 - 5.0
4 Implementation	This process has been implemented across all targeted patient demographics and is standardized.	3.5 - 4.4
3 Piloting	This process is being piloted but is not fully standardized or implemented across all target patient demographics.	2.5 - 3.4
2 Initiation	This process is being discussed by key leaders or within meetings and action steps are being developed.	1.5 - 2.4
1 Initial Exploration	This process has been discussed but no action has been taken.	0.5 - 1.4
0 Not in Place	No current plans on this process have been discussed.	0 - 0.4



Average Composite Score (Composite Metrics 3 to 10 Combined)

Overall Score of All Participating Organizations





Racial Health Equity Progress Report

Domains

Our People		4.2	Our Organization		2.8	Our Patients		3.6	Our Community		3.6
Organizational Demographics			Training								

Focus Area

Board, Leadership, Staff Diversity 1.3	Cultural Responsiveness Training 4.0	Anti-Racism Inclusion in Strategic Plan 1.0	Collection, Auditing and Integration of Race Ethnicity and Language data 3.5	Supplier Diversity 1.0 ✓
	Anti-racism Behaviors Training 4.1	Community Engagement in Strategic Plan 1.0	Collecting, Auditing, and Integration of Sexual Orientation Gender Identity data 4.6	Local Purchasing 3.0 ✓
	Measuring Employee Engagement and Feelings of Inclusion stratified by Race, Ethnicity and Language data 3.8	Policy Focus on Employee Recruitment, Promotion, Retention, Compensation, and Benefits 1.0	Collecting, Auditing and Integration of Social Determinants of Health data 3.9	Local Hiring and Pathways 4.5
	Implicit & Explicit Bias Training 5.0	Policy Focus on Contracting and Purchasing 1.0	Interpretation Services 4.8	Multidisciplinary Action Planning 5.0
Implementation Status Definition Score Range		Policy Focuses on Patient Access, Rights, and Payment 5.0	Access to Care 5.0	Partnering with Community-Based Organizations on Disparities Projects 5.0
		Pay Equity Analysis 4.8	Demographic Data Quality Audit 3.0	Community Investment 5.0
		Equity KPIs 3.5	Stratifying Health Outcomes by Race 2.9	
		Dedicated DEI Resourcing 3.8	Patient Experience data 3.3	
		Racial Equity in Strategic Plan 2.7	Patient Engagement 1.0	

Implementation Status	Definition	Score Range
5 Best Practice	Organizational goal fully meeting all best practices in providing personal and professional support to all patients and staff, including those with diverse backgrounds and needs.	4.5 - 5.0
4 Implemented with care	This process has been implemented across all targeted patient demographics and is standardized.	3.5 - 4.4
3 Pilot	This process is being piloted but is not fully standardized or implemented across all target patient demographics.	2.5 - 3.4
2 Initiation	This process is being discussed by key leaders or a task meeting and action steps are being developed.	1.5 - 2.4
1 Initial investigation	This process has been discussed but no action has been taken.	0.5 - 1.4
0 Not in place	No current plans on this process have been discussed.	0 - 0.4

Zipcodes Within SIH MOB Market Area

Zip Code	Current Population	5-Year Projected Population
62238	639	654
62274	7,589	7,640
62812	11,084	10,929
62819	439	444
62822	2,758	2,735
62825	110	109
62832	8,845	8,785
62836	755	773
62840	0	0
62841	159	159
62856	256	259
62865	2,064	2,090
62874	287	285
62884	2,761	2,711
62888	1,866	1,886
62890	2,377	2,395
62891	471	474
62896	11,425	11,194
62897	398	390
62901	23,362	22,374
62902	4,357	4,248
62903	2,408	2,321
62905	667	658
62906	7,543	7,345
62907	2,185	2,144
62909	3	3
62912	1,158	1,135
62915	100	102
62916	917	889
62917	2,234	2,103
62918	11,661	11,947
62920	2,856	2,807
62921	101	100
62922	3,144	3,215
62923	465	450
62924	2,634	2,577
62926	1,939	1,900
62927	350	342
62930	5,757	5,676
62932	1,472	1,438

62933	1,240	1,234
62935	2,165	2,097
62939	3,103	3,038
62940	425	413
62942	591	566
62943	1,438	1,429
62946	11,989	11,404
62948	11,605	11,651
62949	728	744
62950	188	184
62951	5,025	5,078
62952	2,869	2,770
62958	2,051	1,995
62959	27,674	27,942
62961	14	13
62965	60	59
62966	13,635	13,084
62967	261	254
62972	1,469	1,438
62974	1,434	1,485
62975	245	242
62977	619	596
62983	1,515	1,524
62985	841	825
62987	848	853
62994	617	588
62995	5,186	5,085
62997	315	320
62998	354	358
62999	1,457	1,416
TOTAL	229,557	226,371

-1.39%

III.

Criteria 1110.110(b) & (d) Alternatives

1. Southern Illinois Healthcare Enterprises (SIHE), Southern Illinois Hospital Services (SIHS), and Southern Illinois Medical Services (SIMS), which are the co-applicants for this project, considered the following alternatives to the proposed project.
 - a. Construct the Medical Office Building (MOB) as proposed, adding a six-station Infusion Suite that includes a related Compounding Pharmacy within the Suite.
 - b. Construct the MOB as proposed, adding an Urgent Care Suite that would be relocated from 22 E. Outer Drive in Marion, Illinois, where it is currently located.
 - c. Construct the proposed MOB as proposed, but plan on leaving approximately 12,000 DGSF unprogrammed so it could constitute shell space for future expansion.
2. These alternatives were rejected for the following reasons.
 - a. Construct the Medical Office Building (MOB) as proposed, adding a six-station Infusion Suite that includes a related Compounding Pharmacy within the Suite.

Capital Costs: \$34,594,086 in 2026 dollars when the Infusion Suite was included in the MOB's approximate project costs

When the space program for inclusion of the Infusion Suite was completed and the probable costs were identified, it was determined that adequate capacity for infusion therapy existed in other SIH Infusion Suites, so the decision was made to omit the proposed Infusion Suite from the project's scope of work.
 - b. Construct the MOB as proposed, adding an Urgent Care Suite that would be relocated from 22 E. Outer Drive in Marion, Illinois, where it is currently located.

Capital Costs: \$34,238,049 in 2026 dollars when an Urgent Care Suite was included in the MOB's approximate project costs

This alternative was programmed as a suite with 6 exam rooms and 1 procedure room in approximately 4,000 DGSF. Diagnostic Imaging and

Lab services were proposed to be located in an adjacent, yet separate suite that would be managed by SIHS.

Upon a detailed analysis, the inclusion of this alternative was determined to be inappropriate for this MOB for the following reasons: (1) the existing Urgent Care Suite, which is located less than 2 miles from the proposed Southern Illinois Healthcare MOB has a long-term lease that does not expire until October 31, 2038; and (2) the operational hours of operation of the existing Urgent Care Suite do not align with the MOB's proposed hours of operation. As a result, it was determined to remove the Urgent Care Suite from the proposed MOB.

- c. Construct the proposed MOB as proposed, but plan on leaving approximately 12,000 DGSF unprogrammed so it could constitute shell space for future expansion.

Capital Costs: \$31,875,886 in 2026 dollars when approximately 12,000 DGSF in shell space was included in the MOB's approximate project costs

This alternative considered leaving approximately 12,000 DGSF in shell space for future fit out.

It was negated because, upon further investigations, it was determined to relocate the Congestive Heart Failure Clinic and Rural Health Clinic (Rural Health Clinic includes practices of Family Medicine, Pediatric, and Behavioral Health) in the MOB, rather than leaving space currently planned for their use as shell space. The Congestive Heart Failure Clinic and all of the Rural Health Clinic practices identified in this section currently occupy space that is leased for their use.

- 3. This information is not available.

IV.

1110.120 Project Scope, Utilization, and Unfinished/Shell Space

This project includes both Clinical and Non-Clinical Service Areas.

All of the Clinical Service Areas are discussed below, except for the Physician Exam Clinics, which are private physician practices in multiple clinical specialties. These practices are owned and operated by Southern Illinois Medical Services (SIMS) for the private practice of medicine.

These clinics currently exist in medical office buildings owned and operated by SIMS and are being moved to the Southern Illinois Healthcare Medical Office Building (SIH MOB) as part of this project. These are Clinical Service Areas not subject to CON review and for which the Health Facilities and Services Review Board has not established utilization standards in 77 Ill. Adm. Code 1110.

The only Non-Clinical Service Area is a Retail Pharmacy, which will be owned and operated by Southern Illinois Hospital Services (SIHS). It will be solely a retail pharmacy for patients' use and will not provide services to the SIH MOB.

The other Clinical Service Areas proposed for the SIH MOB are the following:

- Diagnostic Radiology: General Radiology (X-Ray);
- Diagnostic Radiology: Mammography;
- Laboratory, Phlebotomy;
- Congestive Heart Failure Clinic.

The only Clinical Service Area included in this project for which BGSF/DGSF standards exist in Section 1110.APPENDIX B is Diagnostic Radiology.

This project includes the construction of Diagnostic Radiology for both General Radiology and Mammography.

The square footage that is provided for General Radiology is separate from Mammography because there are separate square footage standards for each, based on the DGSF for each unit.

A space program for the Diagnostic Radiology Service and also for the Outpatient Laboratory Service, which is a drop-off for blood and urinary/feces samples, is found on Page 4 of this Attachment.

CLINICAL SERVICE AREA	STATE GUIDELINE
General Radiology	8,000 procedures/procedure room 1,300 DGSF/Unit
Mammography	5,000 procedures/procedure room 900 DGSF/Unit

This project proposes the following number of rooms and square footage for General Radiology and Mammography. The number and size of these rooms is based upon the projected number of anticipated patient encounters (also known as "procedures") during the second year of operation of the SIH MOB.

This figure is based upon the current number of patient encounters for each of these diagnostic modalities projected to Year 2 of operation of the MOB.

CLINICAL SERVICE AREA	STATE GUIDELINE
General Radiology	Proposed for Year 1, FY29: 2,000 encounters Proposed: 1 procedure room, 947 DGSF
Mammography	Proposed for Year 1, FY29: 8,000 encounters 2 procedure rooms, 947 DGSF

This project also includes the construction of Phlebotomy Stations for General Laboratory and the relocation of the Congestive Heart Failure Clinic, but there are no BGSF/DGSF standards in Section 1110.APPENDIX B for these services.

Attachment 15 includes projected utilization for the SIH MOB's Diagnostic Radiology and Mammography services. However, as noted earlier in this Attachment, there are no BGSF/DGSF standards in Section 1110.APPENDIX B for Phlebotomy of Laboratory Services or the Congestive Heart Failure Clinic.

The square footage proposed for the Diagnostic Radiology Service (General Radiology, Mammography) is presented on the next page (Page)3 of this Attachment.

CLINICAL SERVICE AREA	STATE STANDARD	PROJECTED FY2029/2030	TOTAL EXISTING DGSF	TOTAL PROPOSED DGSF
General Radiology	8,000 procedures/unit 1,300 DGSF/Unit'	2,000/2,040 Procedures	0 DGSF	947 DGSF
Mammography	5,000 Procedures/Unit 900 DGSF/Unit	8,000/8,160 Procedures	0 DGSF	947 DGSF
Laboratory (Phlebotomy)	N/A	62,172/63,415 Procedures	0 DGSF	1,003 DGSF
Congestive Heart Failure Clinic	N/A	6,264/7,141 Procedure	0 DGSF	2,604 DGSF

The proposed number of units and DGSF are justified for these clinical services.

The square footage proposed for these services is shown on the next page.

CLINICAL SERVICE AREA	STATE GUIDELINE/ UNIT	PROPOSED UNITS and DGSF	TOTAL DGSF JUSTIFIED FOR THIS SERVICE	TOTAL PROPOSED DGSF
General Radiology	1300 DGSF/ unit	1 unit 947 DGSF	1,300 DGSF	947 DGSF
Mammography	900 DGSF/ unit	2 units 947 DGSF	900 DGSF/Unit = 1,800 DGSF	947 DGSF
Laboratory (Phlebotomy)	N/A	2 stations plus 1 Toilet	N/A	1,003 DGSF
Comprehensive Heart Failure Clinic	N/A	4 exam rooms	NA	2,604 DGSF

SIH Marion MOB Space Summary - partial			
		Quantity	Comments
SIHS Diagnostic Testing Suite			
SIHS Imaging - General X-Ray			
Shared Waiting (seating for 2)		1	
Shared Reception/Check Out		0.33	
Patient Toilet		0.5	
Patient Change Rooms - shared with Mammography		0.5	
Patient Lockers - Shared with Mammography		4	
General Imaging Room		1	
Tech Work Area		2	Workstation for 4 technicians
Clean Supply - Shared		0.33	
Office Manager Office - Shared		0.33	
Physician Office		0.5	
SIHS Imaging- Mammography			
Shared Waiting (seating for 5)		1	
Shared Reception/Check Out		0.33	
Patient Toilet		0.5	
Patient Change Rooms - shared with X-Ray		0.5	
Patient Lockers - Shared with X-Ray		4	
Mammography Rooms		2	
Tech Work Areas		2	Workstation for 4 technicians
Clean Supply - Shared		0.33	
Office Manager Office - Shared		0.33	
Physician Office		0.5	
SIHS Outpatient Lab/Phlebotomy			
			Specimens sent to the hospital for processing
Shared Waiting (seating for 5)		1	
Shared Reception/Check Out		0.33	
Phlebotomy Toilet		1	
Phlebotomy Stations		2	1 stations and 1 room
Phlebotomists' Work Area		1	Workstation for 2 phlebotomists
Clean Supply - Shared		0.33	
Office Manager Office - Shared		0.33	
SIHS Congrestive Heart Failure Clinic			
Shared Waiting (seating for 6)		1	
Reception/CheckOut		1	
Patient Intake		1	
Exam Rooms		4	
Patient Toilet		1	
Med Tech/Roomer/RM Work Area		4	
Clean Supply		1	
Equipment Alcove		1	
Walk-In Storage/Flex		1	
Office Coordinator - Shared Office		1	
Navigator Workstation		2	
Shared Mid-Level Office		2	

IV.

1110.120 Project Services Utilization

This project includes 2 clinical services for which the HFSRB has established utilization and square footage guidelines in Appendix B of 77 Ill. Adm. Code 1110: General Radiology and Mammography.

The HFSRB has established utilization standards and square footage standards for General Radiology and Mammography, both of which are classified under Diagnostic Radiology.

This service currently exists in Planning Areas F-05, F06, and F-07, both in hospitals and in outpatient facilities owned and operated by Southern Illinois Healthcare (SIH). Both General Radiology and Mammography are considered to be normal and regular modalities for contemporary healthcare.

The chart below identifies the utilization targets and space guidelines that exist in Section 1110. Appendix B for these clinical modalities.

CLINICAL SERVICE AREA	STATE GUIDELINE
Diagnostic and Treatment: Diagnostic/Interventional Radiology: General Radiology	8,000 procedures/room 1,300 DGSF/unit or key room
Diagnostic and Treatment: Diagnostic/Interventional Radiology: Mammography	5,000 visits/room 900 DGSF/unit or key room

SIH currently provides General Radiology procedures in every hospital and also in four ambulatory care sites.

SIH currently provides Mammography procedures at Harrisburg Medical Center, as well as at two ambulatory care sites. One of the ambulatory care sites is in Marion, and it will be relocated to the SIH MOB that is the subject of this CON application.

In its new location in the SIH MOB, the new Mammography site will provide service to its current patients who receive care in existing locations as well as to additional patients of the physicians who will be practicing in the new SIH MOB and additional patients of SIH physicians.

Utilization of both General Radiology and Mammography at the new location are expected will increase to increase in alignment with incremental aging population growth in the market area.

Historic outpatient utilization at Williamson County facilities for the last 2 years and

projected utilization for the first 2 complete years of these clinical services at the SIH MOB after this project is completed are found below.

DIAGNOSTIC RADIOLOGY							
	Historic Years In Williamson County		Projected Years		No. Of Rooms	State Standard procedures	Meets Standard?
	FY24	FY25	FY29	FY30			
Diagnostic Radiology	24,963	24,243	2,000	2,040	1	8,000/room 1,300 DGSF	Yes, for 1 room 947 DGSF
Mammography	5,438	5,413	8,000	8,169	2	5,000/room 900 DGSF	Yes, for 2 rooms 947 DGSF total

The proposed single authorized Diagnostic Radiology Procedure Room and the proposed square footage are both justified. It is expected that a small percentage of Diagnostic Radiology encounters currently seen at Logan Primary Care in Herrin and also at the Herrin Hospital Outpatient Department will be seen at SIH MOB.

The two proposed Mammography Rooms will replace the existing room in Marion whose FY24 encounters were 5,438 and FY25 encounters were 5,418 and provide space to accommodate the projected outpatient caseload in the market area expected at SIH MOB.

M.

Criteria 1110.270(b)

Clinical Service Areas Other than Categories of Service:

New Services or Facilities or Equipment

This project's purpose is to provide improved facilities for the patients receiving care in the existing medical office buildings that are being consolidated in the Southern Illinois Healthcare (SIH) Medical Office Building (MOB) and to provide clinical services in the same building to patients of physicians who are members of the SIH hospitals' medical staffs.

SIH owns and operates the following hospitals: Memorial Hospital of Carbondale; Herrin Hospital; St. Joseph Memorial Hospital; and Harrisburg Medical Center.

The patients who will be served are patients of physicians currently on the medical staffs of SIH, all of which are located in Hospital Planning Areas (HPAs) F-05, F-06, F-07, all of these planning areas being located within Health Service Area (HSA) 5).

1. The goal of this project is to replace and consolidate existing medical offices into one Medical Office Building that will also include support facilities that provide important diagnostic services for outpatients.
2. Consolidation of outpatient services and clinics into a single facility will improve care team coordination and workforce efficiency. Physicians in multiple specialties, advance practice providers, clinic staff, and support services will be located in the same building..This project will correct deficiencies in a number of the current facilities providing patient care, reduce fragmentation, improve communication, and permit staffing resources to be more effectively deployed in response to patient demand.

Southern Illinois Medical Services (SIMS) currently leases medical offices to physicians in a number of medical office buildings near the proposed location of the SIH MOB, and Southern Illinois Hospital Services (SIHS) provides facilities for its physicians and medical services (i.e., Diagnostic Imaging, Lab) in nearby hospitals and ambulatory clinics it owns and operates.

No acute care or hospital-based services are proposed as part of this project.

The existing facilities for ambulatory care that are the sources of medical facilities for this project were developed over time and are geographically dispersed, which results in operational inefficiencies and inconsistent patient experiences and challenges for patients who must currently attend multiple sites to receive related services. In addition, many of the current

facilities have physical constraints that limit workflow efficiency, accessibility, and the ability to co-locate related outpatient services in a patient-friendly manner.

By consolidating its multiple existing locations into a single, purposefully constructed MOB, SIH is exercising responsible capital stewardship. This project avoids unnecessary capital investment in multiple aging facilities, as described later in this Attachment, reduces long-term operating and maintenance costs, and supports the financial sustainability of essential healthcare services within several HPAs that are located in HSA 5. The SIH MOB will improve the ease of ambulatory access, coordination of care, and operational efficiencies, while maintaining the current level of services available to the communities served by SIH.

Patients from HPAs F-05, F-06, and F-07 will benefit from a centralized location where physician clinics in multiple specialties, imaging services, laboratory service, and retail pharmacy services are located in the same building, which reduces unnecessary travel between sites and simplifies appointment scheduling and coordination of care. The project is expected to enhance patients' experiences, improve care delivery efficiency, and permit a better alignment of staffing, space and resources.

This goal will also enable SIH to reduce redundant space by consolidating its current outpatient facilities.

As a result, SIMS' ongoing facility operating expenses will be reduced, and SIH will be able to better align its outpatient footprint with current and projected community needs.

3. This project will address and improve the referenced issues identified in this application by replacing and consolidating the existing SIH medical office buildings and placing facilities within the new SIH MOB that are appropriate support services for outpatient services, such as Diagnostic Imaging, including General Radiology and Mammography, and Phlebotomy.

This project is expected to enhance patient experience, improve care delivery efficiency, and permit a better alignment of staffing, space and resources.

This project is not intended to add new service lines, to expand the scope of services from those currently offered, or to increase volumes of existing services beyond normally anticipated growth.

When this project is completed, the proposed MOB will combine and replace services currently provided in a number of separate existing buildings, mainly in

Herrin and Marion. Physicians, staff and outpatient services will relocate from their current sites into the new building.

4. The deficiencies of more than 7 facilities that currently provide health services to patients who will be cared for in the new facility are described below.

This project will eliminate the need to provide significant capital repairs and upgrades to 7 facilities that currently provide the services that will be provided in the Southern Illinois Healthcare MOB. These facilities have the following deficiencies.

- The Breast Center in Marion is located in a building that is more than 25 years old, and its floor requires replacement.
- The building in which Southern Illinois Healthcare's Heart Failure Clinic is currently located has the following repair needs: its floor, HVAC system, and roof all require replacement.
- The 3 Medical Office Buildings in which ENT, Gastroenterology (GI), and Infectious Disease are currently located are each more than 30 years old, and these facilities each have the following repair needs: the buildings' floors each require replacement; each building's HVAC system requires replacement; and the roof in each building requires repair.
- The Medical Office Building in which Podiatry is currently located is more than 30 years old, and its roof requires repair.
- The Medical Office Building in which the Urology Clinic is currently located is more than 100 years old, and the current facility has the following repair needs: it has flooring issues; its HVAC system requires replacement; and its floor requires replacement.

5. The market area for the SIH MOB is the same market area that is currently served by SIH's hospitals and outpatient care facilities, including offices of physicians who are members of SIH's medical staffs.

The services that will be provided in the proposed SIH MOB are already available to SIH physicians' patients within SIH's market area, as they are currently delivered across multiple SIH locations that serve outpatients. This project represents a relocation and consolidation of existing services, rather than the introduction of new or expanded services. This consolidation will permit Southern Illinois Healthcare to better align its outpatient footprint with current and projected community needs.

The SIH MOB will be located in Williamson County, which is within Health Planning Area F-06 and HSA 5. Additional SIH facilities in that PSA include Herrin Hospital as well as Southern Illinois Orthopedic Center, in which Southern Illinois Hospital Services (SIHS) holds 51% ownership.

In addition to Herrin Hospital, SIHS's other hospitals (Memorial Hospital of Carbondale, St. Joseph Memorial Hospital, and Harrisburg Medical Center) as well as Physicians' Surgery Center, LLC, which is owned and operated by SIHS, are all located in adjacent HPAs F-05 and F-07 that are located within HSA 5.

This project is intended to consolidate, modernize or centralize existing services. It is not intended to add new service lines, to expand the scope of services from those currently offered, or to increase volumes of existing services beyond normally anticipated growth.

The patient origin for all Southern Illinois Healthcare hospitals during the most recent fiscal year (FY26) indicates that more than 85% of the discharges resided in zip codes that are within these HPAs, which include the following counties that constitute the market area for this project.

Franklin
Jackson
Johnson
Perry
Saline
Union
Williamson

The chart of SIH's hospitals' patient origin is found on Page 6 of this attachment. It is assumed that the patient origin of the SIH MOB will be similar to its hospitals' patient origin since the patients are generally patients of SIH physicians.

6. The proposed number of patient encounters for the clinical services that will be provided at the SIH MOB are as follows.

	<u>Year 1 FY29</u>	<u>Year 2 FY30</u>
Diagnostic X-Ray	2,000	2,040
Mammography	8,000	8,160
Phlebotomy	62,172	63,415
Congestive Heart Failure Clinic	6,264	7,141

These proposed patient encounters were based upon the following information.

- SIH currently provides Diagnostic X-Ray services at four ambulatory clinic sites plus all four hospitals.

The number of Diagnostic X-Ray encounters for outpatients at Herrin Hospital was 19,183 in CY24 and 18,807 in CY25.

The number of Diagnostic X-Ray encounters at Logan Primary Care in Herrin was 5,780 in CY24 and 5,436 in CY25.

- SIH currently provides Mammography at an ambulatory clinic site in Marion that will be relocated to the SIH MOB, plus ambulatory clinic sites in Carbondale and at Harrisburg Medical Center.

The number of Mammography encounters at the ambulatory clinic site in Marion was 5,438 in CY24 and 5,413 in CY25.

- SIH currently provides Laboratory (Phlebotomy) services at seven ambulatory clinic sites plus all four hospitals.

The number of outpatient Phlebotomy encounters at Herrin Hospital was 1,306,680 in CY24 and 1,335,986 in CY25.

- SIH's Congestive Heart Failure Clinic is an existing clinic that is a service of an SIH hospital. The purpose is to provide care coordination and management, education, and therapy for patients with heart failure. At the present time, the Clinic has 6 exam rooms and is staffed by Advance Practice Providers and Nurses. In 2025, this service treated 3,514 patients, which increased to 4,228 patients in 2026.

The increase in proposed encounters at SIH's Congestive Heart Failure Clinic is driven by projected growth in cardiac disease prevalence associated with aging demographic and rising cardiovascular risk within the SIH service area. As a response to the increased growth in cardiac disease prevalence within the SIH service area, 3 Cardiologists have been recruited and will be joining this program soon.

This expansion in both demand and provider capacity will enhance SIH's ability to manage its cardiac heart failure patients within the system, which will result in many of these patients no longer having to be referred out of the SIH system.

**IN-PATIENT ORIGIN FROM SOUTHERN ILLINOIS HEALTHCARE (SIH) HOSPITALS
MARCH 1, 2025 - FEBRUARY 28, 2026**

Community	Zip Code	Percentage			County	In P.A.	In	In SIH MOB
		Discharges	of Discharges	Cumulative %		F-05-F07?	HSA 5?	Market Area?
Carbondale)	62901	2,301	0.1126	0.1126	Jackson	Yes	Yes	Yes
Carbondale)	62902	406	0.0199	0.1325	Jackson	Yes	Yes	Yes
Carbondale)	62903	215	0.0105	0.1430	Jackson	Yes	Yes	Yes
Marion	62959	1,946	0.0952	0.2382	Williamson	Yes	Yes	Yes
Herrin	62948	1,778	0.0870	0.3252	Williamson	Yes	Yes	Yes
Murphysboro	62966	1,659	0.0812	0.4064	Jackson	Yes	Yes	Yes
West Frankfort	62896	1,265	0.0619	0.4683	Franklin	Yes	Yes	Yes
Harrisburg	62946	990	0.0484	0.5167	Saline	Yes	Yes	Yes
Cartersville	62918	946	0.0463	0.5630	Williamson	Yes	Yes	Yes
Johnston City	62951	587	0.0287	0.5917	Williamson	Yes	Yes	Yes
DuQuoin	62832	580	0.0284	0.6201	Perry	Yes	Yes	Yes
Benton	62812	552	0.0270	0.6471	Franklin	Yes	Yes	Yes
Pinckneyville	62274	337	0.0165	0.6636	Perry	Yes	Yes	Yes
Anna	62906	331	0.0162	0.6798	Union	Yes	Yes	Yes
Christopher	62822	307	0.0150	0.6949	Franklin	Yes	Yes	Yes
De Soto	62924	284	0.0139	0.7087	Jackson	Yes	Yes	Yes
Carrier Mills	62917	260	0.0127	0.7215	Saline	Yes	Yes	Yes
Roughton	62983	218	0.0107	0.7321	Franklin	Yes	Yes	Yes
Energy	62933	206	0.0101	0.7422	Williamson	Yes	Yes	Yes
Zeigler	62999	201	0.0098	0.7521	Franklin	Yes	Yes	Yes
Cobden	62960	187	0.0092	0.7612	Union	Yes	Yes	Yes
Creal Springs	62922	187	0.0092	0.7704	Franklin	Yes	Yes	Yes
El Dorado	62930	183	0.0090	0.7793	Saline	Yes	Yes	Yes
Goreville	62939	182	0.0089	0.7882	Johnson	Yes	Yes	Yes
Mulkeytown	62865	178	0.0087	0.7969	Franklin	Yes	Yes	Yes
Vienna	62995	172	0.0084	0.8053	Johnson	Yes	Yes	Yes
Ava	62907	166	0.0081	0.8135	Jackson	Yes	Yes	Yes
Makanda	62958	163	0.0080	0.8214	Jackson	Yes	Yes	Yes
Elkville	62932	157	0.0077	0.8291	Jackson	Yes	Yes	Yes
Energy	62233	137	0.0067	0.8358	Williamson	Yes	Yes	Yes
Thompsonville	62890	135	0.0066	0.8424	Franklin	Yes	Yes	Yes
Hurst	62949	129	0.0063	0.8487	Williamson	Yes	Yes	Yes
Pittsburg	62974	124	0.0061	0.8548	Williamson	Yes	Yes	Yes
Total, All of these Zipcodes		17,469						
Other Zipcodes		2,967						
Total Discharges		20,436						

ATTACHMENTS 34-36
PROOF OF A+ BOND RATING



Research Update:

Southern Illinois Healthcare Enterprises Bond Rating Affirmed At 'A-'; Outlook Stable

November 21, 2025

Overview

- S&P Global Ratings affirmed its 'A-' long-term rating on various Illinois Finance Authority bonds, issued for Southern Illinois Healthcare Enterprises (SIHE).
- The outlook is stable.

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Rationale

Security

The bonds are secured by a pledge of the system's gross revenue.

Credit highlights

The rating reflects SIHE's robust and stable balance sheet, including ample days' cash on hand (DCOH) and low leverage, both of which have improved over the September 2025 interim period and provided some cushion for the system to absorb recent operating losses.

The pace of operational improvement tapered in fiscal 2025, as continued efforts to optimize operations and the system's cost structure were offset by lower acuity, labor and wage pressures, and higher-than-expected employee benefit costs. That said, SIHE still expects to achieve at least breakeven in fiscal 2026 because of a recent increase to the state directed payment program by about \$35 million, for which the system has begun to receive initial payments. Additional support from the Federal Emergency Management Agency (FEMA) could further bolster operating margins in fiscal 2026, although the magnitude and the timing of the payments remains to be determined. Management does expect the recent tax and spending bill to negatively affect state directed payment programs beginning in fiscal 2028, and has identified additional revenue and expense management opportunities to buffer credit quality as those cuts begin.

The rating reflects an enterprise profile with a leading market share, albeit with limited revenue diversity relative to our other rated health care systems. Also incorporated into our rating is our

Southern Illinois Healthcare Enterprises Bond Rating Affirmed At 'A-'; Outlook Stable

view of SIHE's comparatively limited primary service area (PSA), with unfavorable demographics and population growth, which we believe has sometimes weighed on the system's operations, including SIHE's ability to recruit staff. While immediate service area competition is limited and SIHE works with BJC Health Care, one of the main competitors in St. Louis, through the BJC collaborative, there is increasing competition in the broader service area from Deaconess Health System in Indiana, which has continued to acquire facilities.

Management has no sizable capital projects or debt plans over the outlook period, but SIHE's average age of plant has also been rising because capital spending has been muted in the past several years.

The rating further reflects our view of the following credit strengths for SIHE:

- A solid balance sheet, including good unrestricted reserves, as measured by DCOH, along with relatively low leverage, that is expected to remain appropriate for the 'A-' rating and provide cushion as SIHE continues to right-size operations;
- A leading market share in the organization's PSA, providing key tertiary services to a broad area; and
- A proactive and disciplined management team focused on enhancing operational efficiencies and improving profitability through ongoing structural changes and the use of consultants, while also preparing for the future of health care delivery.

In addition, the rating reflects our opinion of the following credit risks:

- A trend of negative operating margins that persisted in fiscal years 2024 and 2025, although management expects to reach breakeven in fiscal 2026 through the receipt of higher state directed payments;
- Fluctuations in maximum annual debt service (MADS) coverage that have left the organization reliant on nonoperating income given the weaker operating performance; and
- Weaker economic and demographic fundamentals, with a largely rural market outside the main city of Carbondale where Southern Illinois University is located.

Environmental, social, and governance

We view human capital risks as elevated given recent labor and wage pressures that have more acutely affected SIHE's operating performance than peers, although we acknowledge management is handling these challenges through cost reductions and focused efforts on staffing and recruitment. The weaker economic indicators, including more limited population growth associated with SIHE's PSA, could restrict SIHE's ability to recruit staff. Furthermore, we believe that environmental and governance risk are neutral to our credit rating analysis.

Outlook

The stable outlook reflects our view that the system's solid balance sheet provides some limited cushion to absorb persistent operating losses as management continues to focus on turnaround efforts such as rightsizing the cost base and optimizing operations, with the potential for meaningful near-term upside from the increase in state directed payment support. The outlook also incorporates our view that SIHE will maintain healthy reserves and low debt and that the enterprise profile will be stable, including market share.

Downside scenario

We could consider a negative rating action if SIHE is unsuccessful in reaching breakeven or better and generating material and sustained improvements in underlying performance as the additional supplemental funds are expected to eventually decrease. Any material deterioration in balance-sheet metrics, particularly DCOH, or a significant increase in debt levels without a commensurate improvement in balance sheet strength would pressure the rating, as would a significant reduction in market share.

Upside scenario

A positive rating action is unlikely over the outlook period given recent weakness in operating performance and the potential need for higher capital spending. Over time, we could consider a positive rating action should SIHE generate sustained positive operating margins while maintaining current balance-sheet metrics and enterprise strength.

Credit Opinion

Enterprise Profile: Adequate

A PSA with weak regional economic fundamentals

SIHE is located Carbondale, Ill., with a PSA that it defines as including seven counties with a population of approximately 231,000. However, the base area is composed of the counties of Franklin, Jackson, Saline, and Williamson, with a total population of about 180,000 that accounts for approximately 75% of total inpatient admissions, and this is reflective of how S&P Global Ratings defines the PSA. We view SIHE's overall economic fundamentals as somewhat weak because the four main counties exhibit population and employment growth prospects that are below the national average.

Leading market position, but with more limited diversity as a health system for the region

SIHE operates four hospitals, with Memorial Hospital of Carbondale (a 154-staffed-bed, acute-care hospital) the largest contributor to the group, accounting for less than 50% of total revenue in fiscal 2025. On Aug. 1, 2021, Harrisburg Medical Center (HMC) joined the system by way of member substitution. SIHE and HMC had previously been clinically affiliated, collaborating in areas such as general surgery, urology, and primary care, while HMC was also part of the SIH STAT Heart Program.

The organization has consistently exhibited a leading market share that exceeds 50% in the seven-county area, with some fluctuation in recent years due to outmigration to St. Louis, Mo., Evansville, Ind., or Louisville, Ky., or reduced access to services given staffing challenges. SIHE's primary competitor is Deaconess Illinois Medical Center, which is about 13 miles from SIHE's flagship center.

Management team focused on returning to profitability

Following some management transitions in calendar 2022 including the appointment of a new CEO, chief financial officer, and chief innovation officer, SIHE's management team has stabilized. The new team has brought in a host of initiatives including organizational changes and

Southern Illinois Healthcare Enterprises Bond Rating Affirmed At 'A-'; Outlook Stable

improvements to data analytics and benchmarking to better support operating improvements and position the organization for future success.

Although the system's overall vision has not meaningfully changed, the new management team's current focus is on returning to profitability via sustainable volumes, enhancing its analytical capabilities, and reshaping SIHE's cost structure with an emphasis on labor management and retention, supply-chain modernization, process improvements, and adoption of AI in key service areas. In recent years, the team made difficult decisions, particularly about physician compensation and productivity, which initially led to higher-than-typical turnover, affecting volumes. However, we believe this will put SIHE on a better path once it is fully staffed again.

Southern Illinois Healthcare Enterprises--enterprise statistics

	--Six months ended Sept. 30--	--Fiscal year ended March 31--		
	2025	2025	2024	2023
PSA population	N.A.	230,501	356,171	229,515
PSA market share (%)	N.A.	54.2	56.7	57
Inpatient admissions	8,456	16,175	14,231	15,083
Equivalent inpatient admissions	29,938	54,533	52,609	53,137
Emergency visits	39,105	80,389	81,391	83,241
Inpatient surgeries	1,678	2,710	2,338	2,721
Outpatient surgeries	3,756	7,312	7,568	8,323
Medicare case mix index	1.6272	1.6258	1.6661	1.7087
FTE employees	3,653	3,476	3,546	3,751
Active physicians	331	311	306	353
Top 10 physicians admissions (%)	N.A.	N.A.	N.A.	N.A.
Based on net/gross revenues	Net	Net	Net	Net
Medicare (%)	34.6	34.8	33.6	33.6
Medicaid (%)	11.1	12.1	11.9	12.0
Commercial/Blues (%)	49.2	48.7	49.7	49.1

Inpatient admissions exclude normal newborn, psychiatric, rehabilitation, and long-term care facility admissions. PSA--Primary service area. FTE--Full-time equivalent. N.A.--Not available.

Financial Profile: Strong

Operating losses persisted in fiscal 2025

Following a meaningful reduction in operating losses in fiscal 2024 that was spurred by a robust turnaround plan that used corporate and industry analytics to establish cost-reduction and revenue and productivity improvement strategies, and the recognition of \$14 million related to the 340B settlement payment, operating margin improvement plateaued in fiscal 2025. This was due to high-dollar claims benefits associated with SIHE's insured employee base, continuing costs for the usage of locums in specialty areas, ongoing salary and benefit inflation, and volumes that had yet to catch up with the system's physician recruitment initiatives. Lower acuity, in part due to staffing gaps in SIHE's neurology and cardio-thoracic teams, also weighed on margins, negating revenue cycle improvements and efforts to maximize payer reimbursement.

For fiscal 2026, SIHE expects operating margins to reach at least breakeven, largely aided by an expected increase in Illinois' state directed payment program, retroactive to January 2025, along

Southern Illinois Healthcare Enterprises Bond Rating Affirmed At 'A-'; Outlook Stable

with the ongoing benefits of revenue generating and expense management initiatives, which are partly supported by consultant initiatives. Medicare Volume Decrease Adjustments payments, expected to be received in fiscal 2026, are also projected to support margins. Further tailwinds in the form of FEMA compensation totaling about \$30 million are possible, although the likelihood, timing, and ultimate size remains to be determined. That said, the benefits of the higher directed payments are currently expected to be temporary, because the recent tax and spending bill is set to negatively affect state directed payments beginning in calendar 2028. In the meantime, management will continue to focus on operating efficiencies as well as multi-year strategic initiatives to support cash flow as those directed payments decline in the outer years.

Maximum annual debt service (MADS) coverage through the Sept. 30, 2025, interim period was somewhat thin for the rating, and lower than fiscal 2025, which was aided by a meaningful increase in nonoperating income. This follows MADS coverage below 1.0x in fiscal 2023, which required the amendment of private-placement debt service coverage (DSC) covenants to avoid an event of default. For public debt, a consultant call-in was required. Management has since amended the private debt covenants to allow additional flexibility, with the expectation that the system will meet all its covenants in fiscal 2026.

Liquidity and financial flexibility remain solid

SIHE's liquidity and financial flexibility continue to be robust and a credit strength, with DCOH and unrestricted reserves to long-term debt that remained solid in fiscal 2025 and through the Sept. 30, 2025, interim period, and favorable compared with rating medians and those of similarly rated peers. SIHE expects DCOH will remain above 300 days over the outlook period, which we believe remains ample for the 'A-' rating.

As of March 31, 2025, unrestricted reserves were allocated 3.0% in cash, 40% in fixed income, and about 57% in equities. Management reported that almost all reserves could be liquidated within a week.

Capital expenses for fiscal 2026 were initially budgeted at approximately \$57.0 million, with an eye toward IT integration projects, certain facilities upgrades, and projects designed to support volume growth and recruitment. That said, management aims to remain nimble and modulate its expenses in light of operational performance and ongoing needs, and we believe that capital expenditure will likely be below budget.

Sound debt profile with no issuances expected over the outlook period

SIHE's debt profile remains sound for the rating, with leverage that remains solid and favorable compared with that of similarly rated peers, while debt burden, and contingent liabilities to long-term debt, continue to be aligned with the rating. We expect the debt profile will progressively improve because SIHE has no issuance plans over the outlook period.

SIHE terminated its interest rate contract swaps in May 2024, and is therefore no longer subject to any swap termination events or collateral triggers. The system has no defined-benefit pension plan, which we view positively.

Southern Illinois Healthcare Enterprises Bond Rating Affirmed At 'A-'; Outlook Stable

Southern Illinois Healthcare Enterprises--financial statistics

	--Six months ended Sept. 30--	--Fiscal year ended March 31--			Medians for 'A-' rated healthcare systems
	2025	2025	2024	2023	2024
Financial performance					
Net patient revenue (\$000s)	444,703	828,370	784,425	784,994	2,599,145
Total operating revenue (\$000s)	449,071	843,819	812,058	805,639	2,873,377
Total operating expenses (\$000s)	464,969	870,575	838,586	854,101	2,895,690
Operating income (\$000s)	(15,898)	(26,756)	(26,528)	(48,462)	(14,427)
Operating margin (%)	(3.54)	(3.17)	(3.27)	(6.02)	(1.20)
Net nonoperating income (\$000s)	14,624	66,280	15,445	(2,566)	52,012
Excess income (\$000s)	(1,274)	39,524	(11,083)	(51,028)	19,244
Excess margin (%)	(0.27)	4.34	(1.34)	(6.35)	1.30
Operating EBIDA margin (%)	3.04	4.02	4.17	1.32	4.00
EBIDA margin (%)	6.09	11.01	5.95	1.00	5.90
Net available for debt service (\$000s)	28,259	100,196	49,277	8,068	218,112
Maximum annual debt service (\$000s)	27,036	27,036	27,036	27,036	70,316
Maximum annual debt service coverage (x)	2.09	3.71	1.82	0.30	2.60
Operating lease-adjusted coverage (x)	1.97	3.48	1.77	0.34	2.10
Liquidity and financial flexibility					
Unrestricted reserves (\$000s)	743,371	675,503	653,621	605,931	1,336,080
Unrestricted days' cash on hand	306.1	298.7	300.4	272.8	156.8
Unrestricted reserves/total long-term debt (%)	217.2	196.9	190.7	172.9	124.9
Unrestricted reserves/contingent liabilities (%)	992.4	901.8	859.0	784.6	400.2
Average age of plant (years)	12.0	11.2	10.6	9.9	13.6
Capital expenditures/depreciation and amortization (%)	52.8	58.2	76.7	57.5	128.8
Debt and liabilities					
Total long-term debt (\$000s)	342,191	343,004	342,708	350,449	1,073,045
Long-term debt/capitalization (%)	30.9	32.9	33.4	36.6	40.9
Contingent liabilities (\$000s)	74,905	74,905	76,095	77,225	361,884
Contingent liabilities/total long-term debt (%)	21.9	21.8	22.2	22.0	23.9
Debt burden (%)	2.92	2.97	3.27	3.37	2.60
Defined-benefit plan funded status (%)	N/A	N/A	N/A	N/A	95.10
Miscellaneous					
Medicare advance payments (\$000s)*	0	0	0	0	MNR
Short-term borrowings (\$000s)*	0	0	0	0	MNR
COVID-19 stimulus recognized (\$000s)	0	3,831	8,566	3,183	MNR
Risk based capital ratio (%)	N/A	N/A	N/A	N/A	MNR
Total net special funding (\$000s)	23,864	54,076	45,361	47,554	MNR

*Excluded from unrestricted reserves, long-term debt, and contingent liabilities. N/A--Not applicable. N.A.--Not available. MNR--Median not reported.

Southern Illinois Healthcare Enterprises Bond Rating Affirmed At 'A-'; Outlook Stable

Credit Snapshot

- Group rating methodology: We view SIHE as core to the consolidated group credit profile.
- Organizational overview: SIHE, through its Southern Illinois Hospital Services division, operates four hospitals: Memorial Hospital of Carbondale, a 154-staffed-bed, acute-care hospital in Carbondale; Herrin Hospital, a 114-staffed-bed, acute-care hospital in Herrin that includes 29 rehabilitation beds through a joint venture with the Shirley Ryan Ability Lab; St. Joseph Memorial Hospital, a 25-staffed-bed, critical access hospital in Murphysboro; and HMC, a 71-bed hospital in Harrisburg.

Ratings List

Ratings Affirmed

Healthcare

Southern Illinois Healthcare Enterprises, IL Hospital Revenues

A-/Stable

The ratings appearing below the new issues represent an aggregation of debt issues (ASID) associated with related maturities. The maturities similarly reflect our opinion about the creditworthiness of the U.S. Public Finance obligor's legal pledge for payment of the financial obligation. Nevertheless, these maturities may have different credit ratings than the rating presented next to the ASID depending on whether or not additional legal pledge(s) support the specific maturity's payment obligation, such as credit enhancement, as a result of defeasance, or other factors.

Certain terms used in this report, particularly certain adjectives used to express our view on rating relevant factors, have specific meanings ascribed to them in our criteria, and should therefore be read in conjunction with such criteria. Please see Ratings Criteria at <https://disclosure.spglobal.com/ratings/en/regulatory/ratings-criteria> for further information. A description of each of S&P Global Ratings' rating categories is contained in "S&P Global Ratings Definitions" at <https://disclosure.spglobal.com/ratings/en/regulatory/article/-/view/sourceId/504352>. Complete ratings information is available to RatingsDirect subscribers at www.capitaliq.com. All ratings referenced herein can be found on S&P Global Ratings' public website at www.spglobal.com/ratings.

Southern Illinois Healthcare Enterprises Bond Rating Affirmed At 'A-'; Outlook Stable

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IX.D. Projected Operating Costs

Projected Operating Costs Per EPD* = FY29 Operating Expenses/FY29 EPD*

FY29 Operating Expenses:

Salaries	\$14,696,255
Benefits	3,153,101
Supplies	<u>2,357,257</u>
	\$20,206,613

FY29 Equivalent Patient Days (EPD)* =

$[1 + (\text{Outpatient Revenue})^{**} \times \text{Total Projected FY29 Units of Service} =$
 $(\text{Inpatient Revenue})^{***}$

$[1 + \$1,834,358,132] \times 170,624 =$

$\$1,834,358,133 \times 170,624 =$

312,985,521,914 EPD*

Projected Operating Costs Per EPD* = FY29 Operating Expenses/FY29 EPD* =

$\frac{\$20,206,613}{312,985,521,914} =$

\$0.00006456085 Projected Costs Per FY29 EPD*

* EPD is actually Equivalent Cost per Encounter for this facility

**Outpatient Services Revenues for each hospital in FY2025:

Harrisburg Medical Center	\$ 153,795,796.
Herrin Hospital	\$ 546,201,180.
Memorial Hospital of Carbondale	\$ 858,519,908.
St. Joseph Memorial Hospital	<u>\$ 275,841,248.</u>
Total	\$1,834,358,132.

***There is no Inpatient Revenue for an outpatient Medical Office Building, so
SIH hospitals' Inpatient Revenue is not provided for this calculation

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

Projected Capital Costs Per EPD* = FY29 Capital Costs/FY29 EPD*

FY29 Capital Costs:

Depreciation/Amortization	\$454,956
Interest	<u>0,000</u>
	\$454,956

FY29 Equivalent Patient Days (EPD)* =

$[1 + \frac{(\text{Outpatient Revenue})^{**}}{(\text{Inpatient Revenue})^{***}}] \times \text{Total Projected FY29 Units of Service}$

$[1 + \$834,358,132] \times 170,624 =$

$\$834,358,133 \times 170,624 =$

312,985,521,914 EPD*

Projected Capital Costs Per EPD* = FY29 Capital Costs/FY29 EPD* =

$\frac{454,956}{312,985,521,914} =$

\$0.0000014536 Projected Capital Costs Per EPD*

*EPD is actually Equivalent Cost per Encounter for this facility

**Outpatient Services Revenues for each hospital in FY2025:

Harrisburg Medical Center	\$ 153,795,796.
Herrin Hospital	\$ 546,201,180.
Memorial Hospital of Carbondale	\$ 858,519,908.
St. Joseph Memorial Hospital	<u>\$ 275,841,248.</u>
Total	\$1,834,358,132.

***There is no Inpatient Revenue for an outpatient Medical Office Building, so
SIH hospitals' Inpatient Revenue is not provided for this calculation

X.
Charity Care Information

1. Charity Care Information for the last 3 audited fiscal years for hospitals owned and operated by Southern Illinois Healthcare, all of which are located in the market area for Southern Illinois Healthcare Medical Office Building (SIH MOB), is presented below.

HARRISBURG MEDICAL CENTER

	FY2023	FY2024	FY2025
Net Patient Revenue	\$39,411,670	\$34,357,872	\$43,335,242
Amount of Charity Care (charges)	\$1,603,104	\$1,139,826	\$1,909,372
Cost of Charity Care	\$714,516	\$465,505	\$572,940

HERRIN HOSPITAL

	FY2023	FY2024	FY2025
Net Patient Revenue	\$182,994,948	\$175,178,873	\$184,770,139
Amount of Charity Care (charges)	\$4,621,579	\$5,548,877	\$8,362,274
Cost of Charity Care	\$1,040,285	\$1,141,676	\$1,563,177

MEMORIAL HOSPITAL OF CARBONDALE

	FY2023	FY2024	FY2025
Net Patient Revenue	\$327,050,110	\$329,825,034	\$362,423,446
Amount of Charity Care (charges)	\$10,831,554	\$15,080,670	\$20,698,043
Cost of Charity Care	\$2,839,925	\$3,689,381	\$4,478,994

ST. JOSEPH MEMORIAL HOSPITAL

	FY2023	FY2024	FY2025
Net Patient Revenue	\$81,892,995	\$84,273,075	\$89,339,847
Amount of Charity Care (charges)	\$1,961,605	\$2,003,009	\$3,377,183
Cost of Charity Care	\$670,045	\$458,607	\$687,348

2. This chart reports data separately for each of Southern Illinois Healthcare's hospitals.

3. Although SIH MOB is not an existing facility, the historic Charity Care Information for existing Southern Illinois Healthcare hospitals is considered to be equivalent to SIH MOB's Charity Care Information.

However, it should be noted that the only patients obtaining care from Southern Illinois Healthcare at SIH MOB will be those being diagnosed or treated in the following departments, which will be operated by Southern Illinois Hospital Services (SIHS): Diagnostic Testing for General X-Ray and Mammography, Outpatient Lab Phlebotomy, and Congestive Heart Failure Clinic.

All of the services provided by Southern Illinois Medical Services (SIMS) will be billed by SIMS.

ATTACHMENT 40
SPECIAL FLOOD HAZARD AREA AND
500-YEAR FLOODPLAIN DETERMINATION FORM

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

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

1. Applicant: Southern Illinois Healthcare Enterprises 1239 East Main Street
(Name) (Address)
Carbondale IL 62902 618-457-5200
(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: 3406-3412 Heartland Drive Marion, IL 62959
(Address) (City) (State)
Williamson Township 9 South, Section 16
(County) (Township) (Section)

3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (<https://msc.fema.gov/portal/home>) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the **Go to NFHL Viewer** tab above the map. You can print a copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes___ No **X** ?

IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN? Yes___ No **X** ?

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

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

FIRM Panel Number: _____ Effective Date: _____

Name of Official: _____ Title: _____

Business/Agency: _____ Address: _____

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

Signature: _____ Date: _____

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

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



Administration

t 618.457.5200

f 618.529.0568

April 29, 2026

Mr. John Kniery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Second Floor
Springfield, Illinois 62761

Re: Compliance with Requirements of Illinois Executive Order #2006-5
Regarding Construction Activities in Special Flood Hazard Areas

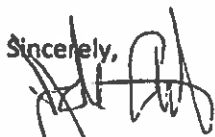
Dear Mr. Kniery,

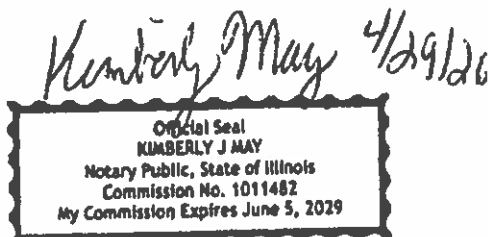
I am the applicant representative of Southern Illinois Healthcare Enterprises, the owner of the site on which Marion MOB will be located.

I hereby attest that this site is not located on a flood plain, as identified by the most recent FEMA Flood Insurance Rate Map for this location (i.e., FIRM Panel Number 17199C0175D) and that this location complies with the Flood Plain Rule and the requirements stated under Illinois Executive Order #2006-5, "Construction Activities in the Special Flood Hazard Areas."

As shown in the information in Section XI of this application, Marion MOB is not proposed to be located in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain.

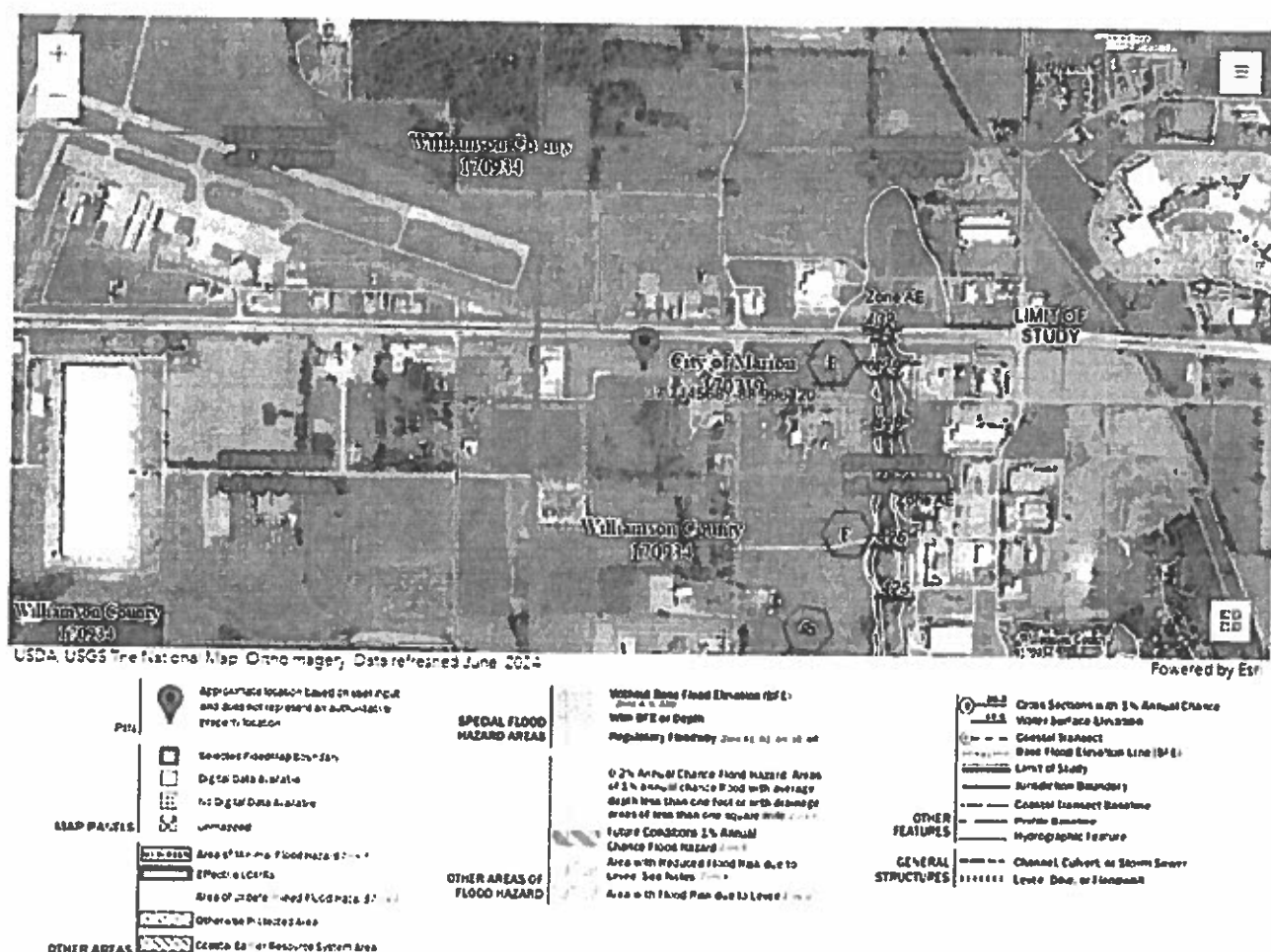
Sincerely,


John Antes
President & CEO



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By their signatures on the certifications, the Applicants certifies that the site for the proposed project is located in an area of minimal flood hazard, as show in the interactive map for Panel 17199C0175D from the FEMA Flood Map Service Center.



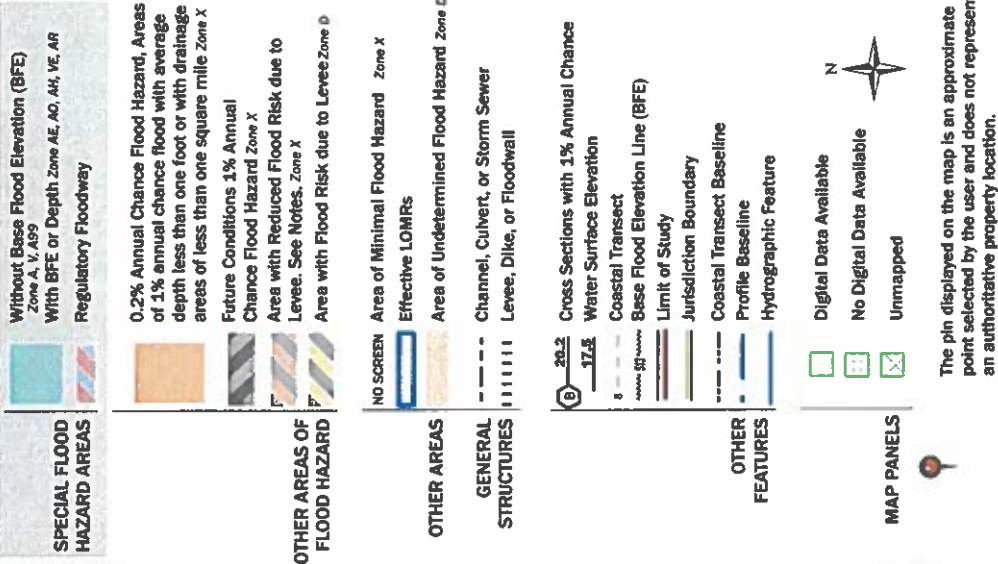
National Flood Hazard Layer FIRMette

89°0'48"W 37°44'54"N



Legend

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



The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 4/15/2026 at 10:20 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodeled areas cannot be used for

