

26-044

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

RECEIVED
SEP 28 2026

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	The University of Chicago Medical Center – Washington Park Lab		
Street Address:	362 E. Garfield Blvd.		
City and Zip Code:	Chicago 60615		
County:	Cook	Health Service Area:	6
		Health Planning Area:	A-03

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

Exact Legal Name:	The University of Chicago Medical Center
Street Address:	5841 S. Maryland Avenue
City and Zip Code:	Chicago, Illinois 60637
Name of Registered Agent:	Illinois Corporation Service Company
Registered Agent Street Address:	801 Adlai Stevenson Drive
Registered Agent City and Zip Code:	Springfield 62703-4261
Name of Chief Executive Officer:	Thomas Jackiewicz
CEO Street Address:	5841 S. Maryland Avenue
CEO City and Zip Code:	Chicago 60637
CEO Telephone Number:	(773) 702-6240

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:	Joe Ourth
Title:	Partner
Company Name:	Saul Ewing LLP
Address:	161 N. Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number:	(312) 876-6215
E-mail Address:	joe.ourth@saul.com
Fax Number:	

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

Name:	
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
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:	Jason Duong
Title:	Director, Strategy & Implementation
Company Name:	The University of Chicago Medical Center
Address:	5841 S. Maryland Avenue, Chicago, IL 60637
Telephone Number:	(773) 437-7697
E-mail Address:	Jason.Duong@uchicagomedicine.org
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Lake Park Associates, Inc.
Address of Site Owner:	5801 S. Ellis Ave. Suite 619, Chicago, IL 60637
Street Address or Legal Description of the Site:	
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

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

Exact Legal Name:	The University of Chicago Medical Center		
Address:	5841 S. Maryland Avenue, Chicago, IL 60637		
☒	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

2. 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.

The University of Chicago Medical Center proposes to construct a four-story, specialized clinical laboratory facility along East Garfield Boulevard in Chicago's Washington Park neighborhood (the "Project") approximately one mile from the Medical Center. The Project will consolidate and replace clinical laboratory operations, expand diagnostic capacity, support current and projected patient-care needs, and create healthcare employment and educational pathways for South Side residents.

Specifically, UCMC proposes to construct a 144,368 BGSF four-story building containing clinical laboratory space. The reviewable program consists of a High Containment Laboratory of 2,072 DGSF together with 81,480 GSF of clinical laboratory sections: Laboratory Logistics and Support, a Core Lab, an Innovation Lab, Special Chemistry-Immunology, Anatomic Pathology, digital pathology, block and slide storage, Epidemiology, Microbiology and Molecular Microbiology, Transplant Immunology and Infection Lab (TIIL), and Clinical Genomics.

The Project will also replace the pneumatic tube, trolley-package and courier delivery used today with a dedicated and monitored specimen-transport system sized to maintain turnaround within UCMC's established 30-minute requirement. Consolidation accommodates projected testing volume growth in 83,552 DGSF of laboratory space, compared with the approximately 105,000 DGSF the laboratories occupy today, by eliminating support space duplicated across fourteen locations and permitting automation the existing configuration cannot accommodate.

The proposed clinical laboratory facility is part of a broader partnership among UChicago Medicine, the University of Chicago, and City Colleges of Chicago. City Colleges plans to construct a Malcolm X College Learning Center on the adjacent property. The learning center will serve up to 800 students and establish Chicago's first dedicated clinical laboratory technician program, creating a direct educational pathway into an occupation for which qualified employees are currently in short supply.

The Project is classified as "non-substantive" under Review Board regulations as it creates no new category of services and adds no beds.

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	\$479,918	\$236,378	\$716,296
Site Survey and Soil Investigation	\$185,255	\$91,245	\$276,500
Site Preparation	\$2,432,100	\$1,197,900	\$3,630,000
Off Site Work	\$167,500	\$82,500	\$250,000
New Construction Contracts	\$115,712,102	\$53,078,513	\$168,790,615
Modernization Contracts			0
Contingencies	\$20,275,004	\$10,444,699	\$30,719,703
Architectural/Engineering Fees	\$6,303,943	\$3,104,928	\$9,408,871
Consulting and Other Fees	\$11,328,702	\$5,835,999	\$17,164,701
Movable or Other Equipment (not in construction contracts)	\$35,225,000	\$12,203,761	\$47,428,761
Bond Issuance Expense (project related)	\$5,346,000	\$2,754,000	\$8,100,000
Net Interest Expense During Construction (project related)	\$24,288,000	\$12,512,000	\$36,800,000
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized	\$3,018,563	\$1,555,017	\$4,573,580
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$224,762,087	\$103,096,940	\$327,859,027
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	44,941,544	\$23,151,704	\$68,093,248
Pledges			0
Gifts and Bequests			0
Bond Issues (project related)			0
Mortgages			0
Leases (fair market value)			0
Governmental Appropriations			0
Grants			0
Other Funds and Sources	\$171,445,414	\$88,320,365	\$259,765,779
TOTAL SOURCES OF FUNDS	\$224,762,087	\$103,096,940	\$327,859,027
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: \$ _____
The project involves the establishment of a new facility or a new category of service ☐ Yes ☒ No If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100. Estimated start-up costs and operating deficit cost is \$ _____.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.
Indicate the stage of the project's architectural drawings: ☐ None or not applicable ☐ Preliminary ☒ Schematics ☐ Final Working
Anticipated project completion date (refer to Part 1130.140): <u>April 30, 2030</u>
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.
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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

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: The University of Chicago Medical Center			CITY: Chicago		
REPORTING PERIOD DATES: From: January 1, 2025 to: December 31, 2025					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	545	21,231	137,999	--	545
Obstetrics	46	2,901	8,753	--	46
Pediatrics	60	3,635	15,163	--	60
Intensive Care	158	5,481	40,636	--	158
Comprehensive Physical Rehabilitation	--	--	--	--	--
Acute/Chronic Mental Illness	--	--	--	--	--
Neonatal Intensive Care	53	727	14,593	--	53
General Long-Term Care	--	--	--	--	--
Specialized Long-Term Care	--	--	--	--	--
Long Term Acute Care	--	--	--	--	--
Other ((identify))	--	--	--	--	--
TOTALS:	862	33,975	217,144	--	862

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

SIGNATURE

Amy Ross

PRINTED NAME

EVP Chief Strategy and Growth Office

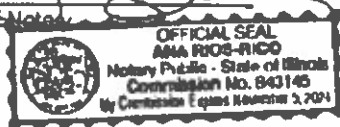
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 18th day of August

Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

SIGNATURE

B. Rachel Spitz

PRINTED NAME

SVP and General Counsel

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 18th day of August

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	MEET STANDARD?
YEAR 1					
YEAR 2					

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

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

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

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

Service	# Existing Key Rooms	# Proposed Key Rooms
☐		
☐		
☐		

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

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) – Need Determination – Establishment
Service Modernization	(c)(1) – Deteriorated Facilities
	AND/OR
	(c)(2) – Necessary Expansion
	PLUS
	(c)(3)(A) – Utilization – Major Medical Equipment
	OR
	(c)(3)(B) – Utilization – Service or Facility
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):

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

VII. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document those financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable [Indicate the dollar amount to be provided from the following sources]:

\$68,093,248	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.
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_____	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.
\$259,768,779	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project. (Synthetic Lease)
\$327,859,027	TOTAL FUNDS AVAILABLE

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

SECTION VIII. 1120.130 - FINANCIAL VIABILITY

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

Variance

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

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

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (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.

SECTION X. SAFETY NET IMPACT STATEMENT

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

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

Safety Net Impact Statements shall also include all the following:

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

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

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

	Outpatient				
	Total				

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

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.

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

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

1. Applicant: _____
(Name) (Address)

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

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

(County) (Township) (Section)

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

copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

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

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

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

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

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

FIRM Panel Number: _____ Effective Date: _____

Name of Official: _____ Title: _____

Business/Agency: _____ Address: _____

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

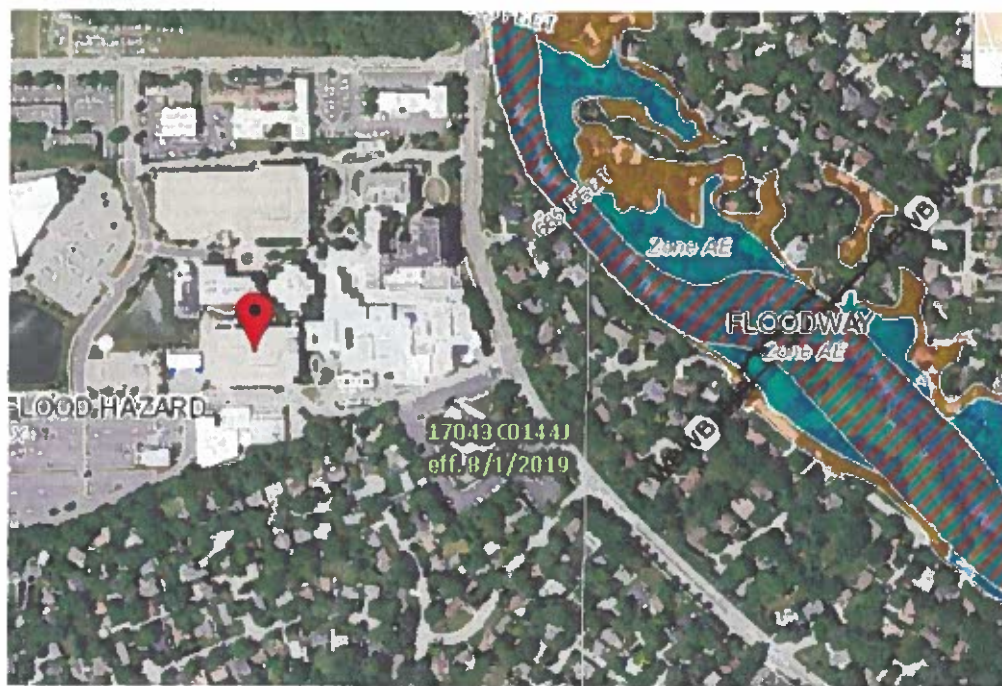
Signature: _____ Date: _____

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

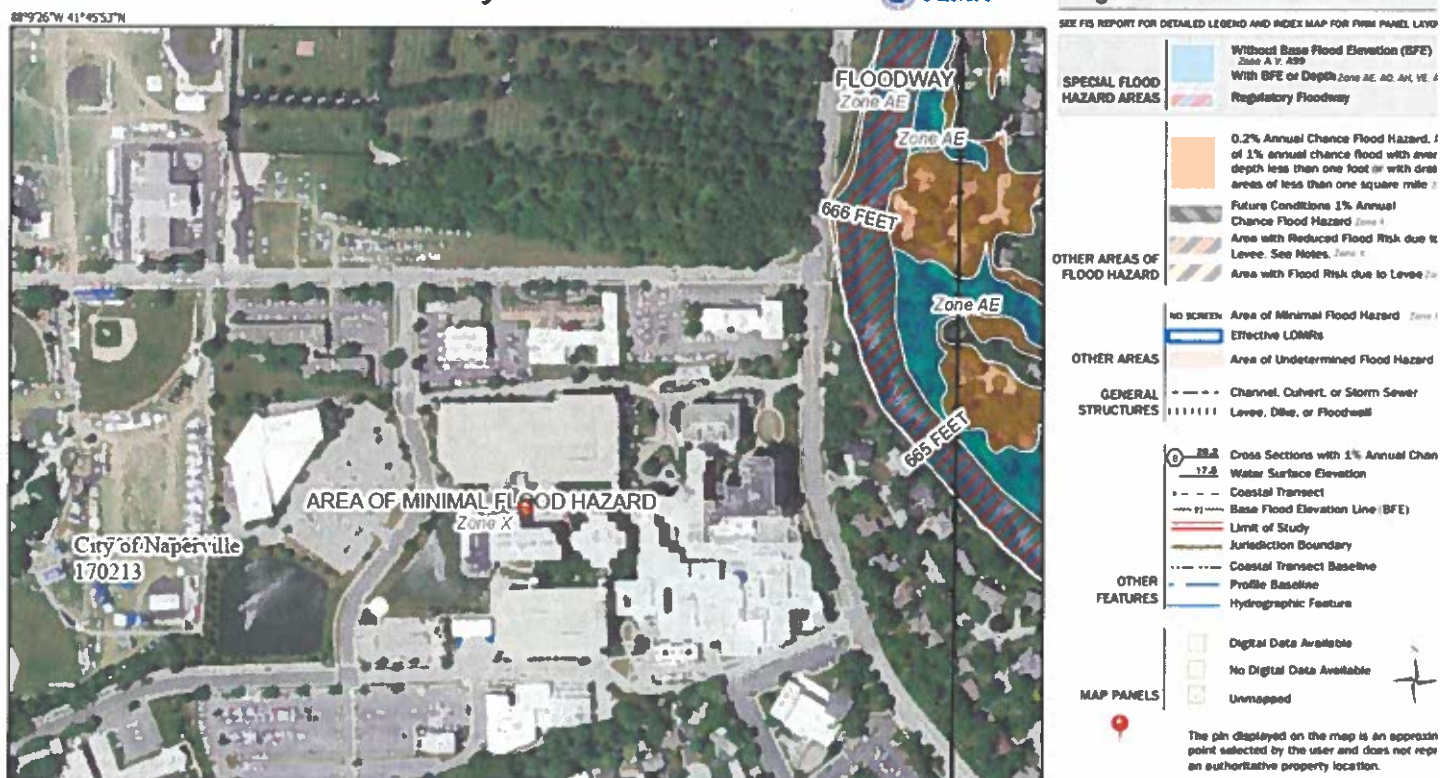
If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428

Floodplain Map Example

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



National Flood Hazard Layer FIRMette



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

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Section I, Type of Ownership of Applicant/Co-Applicant

Attachment 1

The University of Chicago Medical Center (“UCMC”) is an Illinois not-for-profit corporation, incorporated on October 1, 1986. A copy of UCMC’s Good Standing Certificate is attached.

ATTACHMENT 1

File Number

5439-757-7



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

THE UNIVERSITY OF CHICAGO MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 01, 1986, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2022500406 verifiable until 08/13/2027
Authenticate at: <https://www.illinois.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of AUGUST A.D. 2026 .

Alexi Giannoulis
SECRETARY OF STATE

ATTACHMENT 1

Section I, Site Ownership

Attachment 2

The site for the Project has a street address of 362 E. Garfield Blvd., Chicago, IL 60615 and more specifically depicted on the site plan on the following page and as described herein.

Term Sheet – Washington Park Collaborative Program & Development Agreement (CPDA)

Lake Park Associates, Inc. (LPA) or to be formed Special Purpose Entity (SPE), both of which would be a wholly owned affiliate of the University of Chicago (the University), UCMC, and City Colleges of Chicago (CCC) will all be parties to the CPDA, which sets forth the rights and obligations of each party with respect to the preparation of plans and seeking zoning approvals with respect to the Project and establish the timing of and conditions to entry onto the key project documents, including an agreement relating to the ongoing programming to be conducted at the Project. The CPDA may be further memorialized, in part, in the Master Declaration which all members of the CPDA will also be a party to. UCMC shall be responsible for developing Subarea A, CCC shall be responsible for development of Subarea C, and LPA shall be responsible for developing both Subareas B & D. A draft Term Sheet for the CPDA is included within the UCMC CON application materials.

Term Sheet – Ground Lease (Subarea A – UCMC Pathology Lab Site)

The land on which the UCMC intends to build its 144,368 SF specialized clinical lab facility within Subarea A was purchased in May of 2018 by LPA (Title Commitment Attached). The proposed transaction will require a to-be-determined lessor pursuant to a synthetic lease transaction (the “Synthetic Lease Lessor”) to enter into a seventy-five (75) year ground lease with a new tax-exempt, University Special Purpose Entity (SPE). The Synthetic Lease Lessor will then enter into a seventy-five (75) year sub-ground lease with UCMC, and the sub-ground lease is another agreement where UCMC can demonstrate control of the Subarea A site. A draft Term Sheet for the Ground Lease, and subsequently what will be the Sub-Ground Lease is included within the UCMC CON application materials.



LETTER OF INTENT**(Washington Park Collaborative Program & Development Agreement)**

This Letter of Intent ("Letter of Intent") is entered into as of _____, 2026 (the "Effective Date") by and among Lake Park Associates, Inc. or its affiliate ("LPA"), City Colleges of Chicago ("City Colleges" or "CCC"), and the University of Chicago Medical Center ("UCMC"). LPA, City Colleges, and UCMC are considering entering into a Collaborative Program and Development Agreement with each other generally in accordance with the following terms:

GENERAL:	The Collaborative Program and Development Agreement ("CPDA") will, among other things, set forth the rights and obligations of the parties with respect to the preparation of plans and the seeking of zoning approvals with respect to the Project and establish the timing of and conditions to entry into the key project documents, including an agreement relating to the ongoing programming to be conducted at the Project. The CPDA may be further memorialized, in part, in the Master Declaration (defined below).
PROJECT:	The "Project" is anticipated to consist of office, classroom space, research, medical services, and manufacturing facilities that include, among other things, the following: 1) A building containing approximately [140,000-175,000] SF for use by UCMC, consisting of clinical lab testing, research and laboratory facilities, potential ambulatory facilities, related office use, and other uses that customarily are ancillary to the foregoing uses, and ground floor food service space¹ (the "Clinical Lab"); 2) A skybridge extending between the Clinical Lab and the Garage (the "Skybridge"), which may also serve the Learning Center (defined below) and other portions of the Project as may be approved by UCMC; 3) A Learning Center building containing approximately

¹ The ground floor food service may be open or closed to the public on certain days and times at reasonably controlled by UCMC, in its sole but reasonable discretion.

	[40,000-50,000] SF for use by City Colleges, to be used for allied health science education and job training programs (the "Learning Center"); 4) Additional parcels for construction of office, medical services, warehouse, and other facilities (the "Additional Parcels"); 5) A structured parking garage which is anticipated to have approximately [500-700]² stalls and will be utilized by users of the Clinical Lab, the Learning Center, and other portions of the Project (the "Garage"); and 6) Common improvements (collectively, the "Common Improvements"), which shall include: a. An approximately 13,137 SF outdoor plaza (the "Plaza") and which may also include, among other things, landscaping, stormwater management, utilities, roadways, infrastructure improvements, and other improvements that serve users of the Project; b. Centralized stormwater detention serving the Clinical Labs, the Learning Center, the Plaza, and other potential future users in the area bounded by 54th Street to the north, Dr. Martin Luther King Drive to the east, Garfield Boulevard to the south, and Calumet Avenue to the west (the "Stormwater Detention Vault"); c. Reconstruction and widening of 54th Place, which is expected to be vacated and owned by LPA, and will serve users of the Project and the general public; and d. Potentially, among other things, landscaping, utilities, roadways, infrastructure improvements, and other improvements that serve users of the Project. The Common Improvements shall not be subject to the Ground Lease (defined below). As described in more detail elsewhere in this Letter of Intent, (i) LPA shall be the master developer of the Project, shall be responsible for the development and construction of the Common Improvements, and shall have the right to develop the Additional Parcels, (ii) the Ground Lessee (as defined below) shall be responsible to develop and construct the Clinical Lab
--	--

² TBD

	and the Skybridge. Such responsibility shall be passed along to UCMC or an affiliate as the "Sublessee" under and pursuant to the Sublease (as defined below). Ground Lessee would engage Sublessee as its construction agent to manage and administer such construction. Ground Lessee (or Sublessee as construction agent for Ground Lessee) would engage all contractors required to perform such construction, (iii) City Colleges shall develop and construct the Learning Center, and (iv) LPA shall develop and construct the Garage. The Project will require rezoning and the establishment of a new planned development (the "PD") that will include multiple sub-areas, each of which will be controlled by the applicable owner, subject in each case to the terms of the PD and Master Declaration (defined below). Rezoning and establishment of the PD will include the Clinical Lab site, the Learning Center site, the Garage site, the Plaza site, and approximately 126,407 SF of other LPA-controlled property, substantially as depicted on Exhibit A. LPA shall be responsible for leading the PD process. Clinical laboratory or ambulatory use, and other uses that customarily are ancillary to the foregoing uses, shall be an allowable use for up to 350,000 square feet in the PD. The Project will be substantially as depicted on Exhibit B attached hereto and will be as shown on an exhibit to be attached to the CPDA. UCMC will have the right to enter into a synthetic lease financing transaction with respect to the Skybridge area and the Clinical Lab and in connection therewith UCMC may assign to the synthetic lease lessor UCMC's rights and obligations (whether in its individual capacity, or as construction agent for the synthetic lease lessor) under the CPDA and any other agreements with respect to the Project. Upon or after the execution of the CPDA by LPA, UCMC, and City Colleges, the Ground Lessee (as hereinafter defined) may execute a joinder to, or be a beneficiary of, the CPDA, as appropriate, in furtherance of the synthetic lease transaction. LPA, Sublessee, and City Colleges will enter into a Zoning Rights Agreement (which may be accompanied by a Declaration, if the parties so elect) setting forth, among other things, the matters described above. Upon or after the execution of the Zoning Rights Agreement by LPA, Sublessee, and City Colleges of Chicago, the Ground Lessee (as hereinafter defined) may join in the execution of, and may be a beneficiary of, such Zoning Rights Agreement, as appropriate, in furtherance of the synthetic lease transaction.
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CLOSING DOCUMENTS:	• Deed of Garage site from City Colleges to LPA for \$370,000. • Deed of Learning Center site from LPA to City Colleges. • A Right of First Offer and Right of First Refusal Agreement in favor of LPA with respect to the Learning Center site. • A Right of First Offer and Right of First Refusal Agreement in favor of LPA with respect to Sublessee's interest in the Clinical Lab site. Such agreement will contain certain exceptions relating to Ground Lessee. • A Restrictive Covenant, to be recorded against the Learning Center site, requiring the completion of the construction of the Learning Center within an agreed-upon timeframe. The Restrictive Covenant shall provide LPA with a buyout right and other remedies in the event of a breach thereunder. • Ground Lease of the Skybridge area and the Clinical Lab site (the "Ground Lease") from LPA to a to-be-determined lessor pursuant to a synthetic lease transaction (the "Ground Lessee"). During the term of the Ground Lease, the Ground Lessee or UCMC will be considered the owner of the improvements to the Skybridge area and the Clinical Lab site. • A Sublease of the Skybridge area and the Clinical Lab site between the Ground Lessee and UCMC or an affiliate (the "Sublease"). • Master Declaration by and among LPA, UCMC, and City Colleges. • _____³ (____), the form of which shall be an exhibit to the CPDA, between UCMC and CCC regarding the programmatic teaching relationship between the two (2) organizations, which aligns with the _____ between the University of Chicago and CCC (Exhibit C). Such _____ shall address, among other things, UCMC's and CCC's rights and obligations with respect to training, clinical rotation, and employment programs to be conducted at and in connection with the Project. • A 20-year Parking Agreement between LPA and CCC.
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³ NTD: UCMC shall provide a form of document it wishes to utilize.

	outlining the terms and pricing for the 100-150 parking spaces that LPA will lease to CCC in the Garage, post-completion.⁴ Pursuant to the Parking Agreement, CCC shall pay its portion of the acquisition and development costs for the Garage (based on the number of leased parking spaces divided by the total number of spaces in the Garage), as amortized over a 20-year period, together with its proportionate share of monthly operating costs. • A 75-year Parking Easement Agreement between LPA and the owner of the Clinical Lab, pursuant to which LPA will grant an easement to such owner (it being understood that the rights under such easement will be leased to Ground Lessee and subleased to UCMC) permitting the use of [] parking spaces in the Garage, post-completion, in exchange for (i) equal monthly payments over a [10]-year⁵ period that amortizes the Clinical Lab site's proportionate share of the cost to construct the Garage (including an agreed-upon interest rate); and (ii) monthly payments of the Clinical Lab site's proportionate share of the costs of any maintenance, repairs, or replacements to the Garage. The Parking Easement Agreement may include limited rights to use the Garage during the construction period.
CONDITIONS PRECEDENT TO EXECUTION AND DELIVERY OF CLOSING DOCUMENTS:	1. The CTA shall have conveyed the Garage site to City Colleges. 2. LPA, UCMC, and City Colleges shall have obtained all zoning entitlements necessary for the construction of the Clinical Lab, the Learning Center, and the Garage. The Parties shall cooperate in coordinating their development schedules and agree to adjust the closing conditions as necessary. 3. LPA, UCMC, and City Colleges shall have obtained all permits and approvals necessary for the construction of the Clinical Lab, the Learning Center, the Garage, the Skybridge and the following (collectively, the "Initial Common Improvements"): the Plaza, the Stormwater Detention Vault, and any other Common Improvements required for the use of the Clinical Lab, the Learning Center, and the Garage.

⁴NTD: CCC shall advise whether it is permissible for UCMC to incorporate language in the Parking Agreement that conveys an easement protection to CCC for the right to the 100-150 allocated parking spaces beyond the duration of the 20-year Agreement.

⁵NTD: 10-year timeline to be confirmed.

	4. UCMC shall have demonstrated to LPA's and City Colleges' reasonable satisfaction that UCMC has the funds or commitments of funds necessary to complete the construction and development of the Clinical Lab, as more particularly described in the CPDA. 5. City Colleges shall have demonstrated to LPA's and UCMC's reasonable satisfaction that City College has the funds or commitments of funds necessary to complete the construction and development of the Learning Center, as more particularly described in the CPDA. 6. LPA shall have demonstrated to UCMC's and City Colleges' reasonable satisfaction that LPA has the funds or commitments of funds necessary to complete the construction and development of the Initial Common Improvements, as more particularly described in the CPDA. 7. LPA shall have demonstrated to the reasonable satisfaction of CCC, UCMC, and the Ground Lessee, that LPA has the funds or commitments of funds necessary to complete the construction and development of the Garage, as more particularly described in the CPDA. 8. LPA, City Colleges, and/or UCMC shall have negotiated and agreed upon the forms of any other closing documents as specifically set forth in the transaction documents.
MASTER DECLARATION:	The parties will enter into a Master Declaration which shall govern the ongoing rights, obligations, and restrictions applicable to the Project. The Master Declaration will address matters including, but not limited to, 1) shared use and access of common areas; 2) maintenance and operational responsibilities for shared infrastructure and amenities; 3) easements for utilities and services between parcels and any other required easements; 4) structure for cost-sharing and reimbursement for construction and operation of common facilities and services, including, without limitation, those items shown on Exhibit D⁶ attached hereto; 5) in the event that the Skybridge serves multiple users, provisions relating to the sharing of the Skybridge; 6) insurance requirements; 7) use restrictions; 8) LPA's approval rights relating to construction and alterations within the Project; 9) LPA's right to further develop, construct, and alter the Common

⁶ To be revised as appropriate based on discussions between the parties.

	Improvements and the Additional Parcels; 10) a prohibition, in favor of UCMC, on the occupancy of the Project by certain competing users; and 11) a process for dispute resolution.
CONSTRUCTION:	The parties will establish project milestones including milestones for: the completion of schematic design, design development, and construction documents, land use/development entitlements and permitting, financing, closing, construction commencement, construction completion, and opening the Project. Such milestones would be subject to customary relief for delays, including delays caused by the non-constructing party or force majeure. The parties will collaborate regarding any connections between the buildings within the Project and other urban design matters.
COMMON IMPROVEMENTS DEVELOPMENT:	LPA shall use commercially reasonable efforts to cause the Initial Common Improvements to be constructed in accordance with the construction schedule, including certain critical milestones to be set forth in the CPDA. Such milestones would be subject to customary relief for delays, including delays caused by the non-constructing party or force majeure. LPA, Ground Lessee or Sublessee, and City Colleges shall be responsible for their pro rata share of design, development, and construction costs related to the Common Improvements.
INITIAL COMMON IMPROVEMENTS CONSTRUCTION PERIOD:	Estimated to be [] months
LEARNING CENTER DEVELOPMENT:	City Colleges shall use commercially reasonable efforts to cause the Learning Center to be constructed in accordance with the construction schedule, including certain critical milestones to be set forth in the CPDA. Such milestones would be subject to customary relief for delays, including delays caused by the non-constructing party or force majeure.
LEARNING CENTER CONSTRUCTION PERIOD:	Estimated to be [] months
CLINICAL LAB DEVELOPMENT:	Ground Lessee and Sublessee shall use commercially reasonable efforts to cause the Clinical Lab to be constructed in accordance with the construction schedule, including certain critical milestones to be set forth in the CPDA. Such milestones would be subject to customary relief for delays, including delays caused by the non-constructing party or force majeure.
CLINICAL LAB	Estimated to be [] months

CONSTRUCTION PERIOD:	
GARAGE DEVELOPMENT:	LPA shall commission the design documents for the Garage and shall construct or cause the construction of the Garage in accordance with the terms of the final CPDA. LPA shall be responsible for the design, development, and construction costs related to the Garage, subject to reimbursement as provided in the Parking Agreement and Parking Easement Agreement.
GARAGE CONSTRUCTION PERIOD:	Estimated to be [] months
SKYBRIDGE DEVELOPMENT:	UCMC shall commission the initial design documents for the Skybridge and shall construct or cause the initial construction of the Skybridge in accordance with the terms of the final CPDA. UCMC shall be responsible for the initial design, development, and construction costs related to the Skybridge, subject to reimbursement or contribution from other parties that are granted access or usage of the Skybridge.
SKYBRIDGE CONSTRUCTION PERIOD:	Estimated to be [] months
SUBDIVISION OR PETITION FOR TAX DIVISION:	The parties shall reasonably cooperate in connection with a subdivision or a petition to tax division that is designed to create separate tax parcels for one or more of the Clinical Lab, the Learning Center, the Garage, and any other portions of the Project.
TAX EXEMPTION FOR THE GARAGE	LPA agrees, at LPA's sole cost and expense, to use good faith efforts to exempt the Garage from property taxes based on UCMC's and City Colleges' tax-exempt status.
TOTAL GARAGE DEVELOPMENT COST:	[\$xxx million]
TERMINATION RIGHTS:	Each of LPA, UCMC (and the synthetic lease lessor as an assignee of UCMC), and City Colleges shall have the right to terminate the CPDA if certain milestones regarding (i) zoning approvals, (ii) issuance of permits, and (iii) commencement of construction, are not achieved by their respective dates to be set forth in the CPDA.

This Letter of Intent does not create any binding obligation on the part of any party to agree to any of the terms contained herein or consummate the transactions contemplated hereby. The execution and delivery by LPA and its affiliates of the transaction agreements shall be subject to the prior review and approval of the University of Chicago's Board of Trustees including but not limited to its Subcommittee on Real Estate, Institutional Capacity Committee, and Executive Committee. Unless and until definitive transaction agreements are fully negotiated, signed and delivered, any party may terminate further negotiations or activity concerning the Project, without any liability or obligation to any other party.

This Letter of Intent may be executed by .pdf or facsimile and in multiple counterparts.

[Signature page follows]

{Signature Page to Letter of Intent}

THE UNIVERSITY OF CHICAGO MEDICAL
CENTER

By: _____
Name: _____
Title: _____

CITY COLLEGES OF CHICAGO

By: _____
Name: _____
Title: _____

LAKE PARK ASSOCIATES, INC.

By: _____
Name: _____
Title: _____

LETTER OF INTENT**(Ground Lease and Sublease)**

This Letter of Intent ("Letter of Intent") is entered into as of _____, 2026 (the "Effective Date") by and among Lake Park Associates, Inc. or its affiliate ("LPA"), the University of Chicago ("UChicago"), and the University of Chicago Medical Center ("UCMC"). LPA and UCMC anticipate that they will enter into a letter of intent with City Colleges of Chicago in the form attached hereto as Exhibit B, subject to any modifications agreed upon by LPA and UCMC, with respect to a Collaborative Program and Development Agreement (the "CPDA LOI"). Capitalized terms used herein and not otherwise defined shall have the meanings ascribed thereto under the CPDA LOI.

LPA, UChicago, and UCMC are considering entering into a transaction with each other generally in accordance with the following terms:

GROUND LEASE:	To be entered into between Ground Lessor and Ground Lessee with respect to the Premises.
GROUND LESSOR:	LPA The Parties acknowledge and agree that LPA may transfer the Premises and assign and otherwise transfer its rights and obligations hereunder to a newly formed limited liability company wholly owned by UChicago, as Ground Lessor.
GROUND LESSEE:	A to-be-determined lessor pursuant to a synthetic lease transaction (the "Synthetic Lease Lessor")
SUBLEASE:	To be entered into between Ground Lessee and Sublessee with respect to the Premises.
SUBLESSEE:	UCMC or any affiliate thereof (the "Synthetic Lease Lessee").
PREMISES:	The real property owned by Ground Lessor and depicted on Exhibit A attached hereto, including LPA's rights under an easement to be granted by the City of Chicago permitting the construction, existence, and maintenance of the Skybridge over the portion of S. Calumet Avenue to be crossed by the Skybridge.
IMPROVEMENTS:	Under the Ground Lease, Ground Lessee would be responsible for constructing the improvements described below. Synthetic Lease Lessor would engage Synthetic Lease Lessee as its construction agent to manage and administer such construction. Synthetic Lease Lessor (or Synthetic Lease Lessee, as construction agent for Synthetic Lease Lessor) would engage all contractors required to perform such construction. 1) A building containing approximately [140,000-175,000] SF for use by UCMC, consisting of clinical lab testing, research and

	laboratory facilities, potential ambulatory facilities, related office use, and other uses that customarily are ancillary to the foregoing uses, and ground floor food service space (the "Clinical Lab"); and 2) A skybridge extending between the Clinical Lab and the Garage to be developed by Ground Lessor (the "Skybridge"), which can also serve the Learning Center and any other portions of the Project as may be approved by UCMC. In connection with the synthetic lease transaction described herein, UCMC and/or Synthetic Lease Lessee (whether in its individual capacity or as construction agent for Synthetic Lease Lessor) may assign to Synthetic Lease Lessor certain rights and obligations under the Collaborative Program and Development Agreement (the "CPDA") and any other agreements with respect to the Project. Upon or after the execution of the CPDA by LPA, UCMC, and City Colleges, the Ground Lessee may execute a joinder to, or be a beneficiary of, the CPDA, as appropriate, in furtherance of the synthetic lease transaction. As more particularly set forth in the CPDA LOI, the Master Declaration will include certain cost-sharing and reimbursement arrangements in respect of the construction, maintenance, and operation of the Skybridge.
PERMITTED USES:	Clinical Lab: Clinical testing, medical research, provision of healthcare, and other uses that customarily are ancillary to the foregoing uses. Ambulatory Care: Offices of physicians and other health care professionals, hospital outpatient departments, Ambulatory Surgical Centers (ASCs), Specialty clinics or centers, e.g., dialysis or infusion, or urgent/immediate care facilities, with food service uses on the ground floor fronting Garfield Blvd. and other uses that customarily are ancillary to the foregoing uses. Skybridge: Employees, contractors, sub-contractors, patients and all other parties with permission to access the Clinical Lab, the Learning Center, and any other property that is served by the Skybridge. The "use restrictions" described in the description of the Master Declaration in the CPDA LOI shall not prohibit the Clinical Lab from being used for any of the above uses. The Master Declaration will provide that, so long as UCMC is the primary occupant of the Clinical Lab, the remaining portions of the property covered by the Master Declaration shall not be leased, used, or occupied by any Restricted Party (defined below); provided, however, that this restriction shall not apply to any joint academic research project between UChicago or its affiliate and a Restricted Party so long as there is no prominent signage on the exterior of any building that references the Restricted Party.

	A "Restricted Party" shall mean any of the listed organizations on Exhibit C or any successor to any such organization to the extent that such successor operates a medical facility or medical research facility in the applicable property.
REZONING AND PD ESTABLISHMENT:	LPA, Sublessee, and City Colleges of Chicago will enter into a Zoning Rights Agreement (which may be accompanied by a Declaration, if the parties so elect) setting forth, among other things, the matters below. Upon or after the execution of the Zoning Rights Agreement by LPA, Sublessee, and City Colleges of Chicago, the Ground Lessee may join in the execution of, and may be a beneficiary of, such Zoning Rights Agreement, as appropriate, in furtherance of the synthetic lease transaction. The Project will require rezoning and the establishment of a new planned development (the "PD") that will include multiple sub-areas, each of which will be controlled by the applicable owner, subject in each case to the terms of the PD and Master Declaration. Rezoning and establishment of the PD will include the Clinical Lab Site, the Learning Center Site, the Garage Site, the Plaza Site, and approximately 126,407 SF of other LPA-controlled property, substantially as depicted on Exhibit B of the CPDA LOI. LPA shall be responsible for leading the PD process. Clinical laboratory or ambulatory use, and other uses that customarily are ancillary to the foregoing uses, shall be an allowable use for up to 350,000 square feet in the PD.
DESIGN:	Subject to UChicago's Institutional Capacity Committee approval, such approval not to be unreasonably withheld, conditioned, or delayed, of the Schematic Design (SDs) plans, which will be consistent with the requirements of the PD, and the construction materials. Once approved, Synthetic Lease Lessor (acting by and through Synthetic Lease Lessee, as its construction agent), would proceed with the development of the Premises in substantial and material accordance with the approved schematic documents and consistent with the quality of other recent UCMC developments. Synthetic Lease Lessor (acting by and through Synthetic Lease Lessee, as its construction agent) would provide all other drawings after the schematic design documents to Ground Lessor for review for consistency with the schematic design documents.
COMMENCEMENT DATE:	The date of the execution of the Ground Lease.
CONDITIONS PRECEDENT TO	See CPDA LOI.

GROUND LEASE EXECUTION:	
EXPIRATION OF GROUND LEASE TERM:	75 years after the Commencement Date.
GROUND RENT:	Ground Rent in an amount equal to the sum of the fair market value of the Clinical Lab Site land (recent appraisal can be provided estimating land at \$30 per square foot), the fair market value of the Skybridge air rights, and all other third-party costs incurred by LPA for the rezoning, demolition, and site preparation work performed by LPA, to be paid by Ground Lessee to Ground Lessor in one lump-sum upon the Commencement Date. There would be no rent charged for any Common Improvements (as defined in the CPDA LOI).
CONSTRUCTION:	The parties will establish project milestones including milestones for: the completion of schematic design, design development, and construction documents, land use/development entitlements and permitting, financing, closing, construction commencement, construction completion, and opening the Project. Such milestones would be subject to customary relief for delays caused by Ground Lessor or force majeure. The parties will collaborate regarding any connections between the buildings within the Project and other urban design matters. Ground Lessor obtained a Phase I Environmental Site Assessment, which identified certain Recognized Environmental Conditions with respect to the underground storage tanks ("USTs") on the Premises. Ground Lessor shall remove the USTs on the Premises in conformance with all applicable regulations and requirements, including the requirements of the Illinois Office of State Fire Marshal and the Illinois Environmental Protection Agency (the "IEPA"), and shall obtain a No Further Remediation ("NFR") Letter from the IEPA for any release incidents associated with the USTs under 35 IAC 740. Said NFR Letter will not require the installation of a Building Control Technology (such as a sub-slab depressurization system or a vapor barrier/membrane system), to address indoor air inhalation concerns. Once obtained, the Premises will be delivered and accepted AS IS/WHERE IS by Sublessee. Ground Lessor's site preparation costs will be added to the ground rent.
INSTRUMENTS OF SERVICE:	Each of Ground Lessee and Sublessee, respectively, for itself and on behalf its direct and indirect sublessees and its and their respective architects, planners, engineers, and contractors, shall grant or assign (to the extent of their respective rights therein), or cause to be granted or assigned (to the extent of the applicable party's respective rights therein), to Ground

	Lessor an irrevocable, transferable, perpetual, royalty-free, paid-up, non-exclusive license to use plans, specifications, drawings, elevations, studies, reports, data, findings, and information in any form prepared, assembled, produced, or provided by or to Ground Lessee, Sublessee, or any affiliate respectively thereof in connection with the Project.
LEASE TYPE:	Absolute net without interruption or abatement. Ground Lessee is responsible for all costs associated with the Premises, including, without limitation, real estate taxes, insurance, and maintenance.
DEFAULT AND REMEDIES:	Subject to customary notice and cure periods and subject to certain qualifications and limitations as shall be set forth in the Ground Lease, in the event of the failure to timely meet a construction milestone or any other default by Ground Lessee under the Ground Lease, Ground Lessor shall be permitted to pursue customary rights and remedies as shall be set forth in the Ground Lease, including, without limitation, the right to terminate the Ground Lease.
PROPERTY TAX EXEMPTION (Leasehold Tax PIN):	Each of Ground Lessee and Sublessee will have the right to create a Leasehold Tax PIN to exempt Ground Lessee and/or Sublessee from property taxes. Ground Lessor agrees to reasonably support (at Ground Lessee's or Sublessee's cost and expense) Ground Lessee and/or Sublessee if either or both of them endeavor to exempt the ground leasehold interest, building and/or Premises from property taxes based on their respective tax-exempt status, as applicable.
TOTAL ESTIMATED PROJECT COSTS OF THE PREMISES:	[\$xxx million].
RETAIL LEASES	Sublessee intends, and would have the right without Ground Lessor's consent, to provide, as an ancillary use to the permitted uses, food service operation for UCMC employees, CCC students and employees via a "food hall" on the southeast corner of the building, which food hall may be open to the public during normal business hours. In connection therewith, UCMC will make outreach efforts to invite local small businesses to participate in the food hall.
RIGHT OF FIRST OFFER AGREEMENT:	To be entered into between LPA and Sublessee. Pursuant to this agreement, Sublessee will grant a right of first offer in favor of LPA with respect to Sublessee's interest in the Premises (which right of first offer would be subject to a follow-on right of first refusal "collar" in the event

	that Sublessee desired to sell its interest in the Premises in a transaction materially more favorable to the buyer than the transaction first offered to (and declined by) LPA). A transaction shall be "materially more favorable to the buyer" if the purchase price and other payments and closing costs to be borne by the buyer are less than 95% of the purchase price and other payments and closing costs to be borne by the buyer under the transaction first offered to LPA. Such right of first offer would not apply to any transfers between Ground Lessee and Sublessee or any of their respective affiliates or to any transfer in connection with a foreclosure or so-called "deed in lieu" transaction under the synthetic lease transaction.
OWNERSHIP OF IMPROVEMENTS:	Ground Lessee and/or Sublessee shall own all improvements during the term of the Ground Lease. Fee title to the improvements (other than trade fixtures, inventory, machinery and equipment, and other business personal property) shall revert to Ground Lessor upon the expiration or sooner termination of the Ground Lease.
PERFORMANCE AGREEMENT:	UCMC would covenant to the Ground Lessor to (i) perform the construction of the Clinical Lab and the Skybridge to the extent of available proceeds from the synthetic lease transaction and (with respect to the Skybridge) additional reimbursements and/or contributions from other parties that are granted accesses or usage of the Skybridge; and (ii) otherwise satisfy the obligations of Ground Lessee (other than the obligation to pay base rent) under the Ground Lease. In addition, Synthetic Lease Lessee would cause LPA to be named a beneficiary to any contractor guarantees in respect of the construction of the Clinical Lab and the Skybridge.

This Letter of Intent does not create any binding obligation on the part of any party to agree to any of the terms contained herein or consummate the transactions contemplated hereby. The execution and delivery by UChicago and its affiliates of the transaction agreements shall be subject to the prior review and approval of UChicago's Board of Trustees including but not limited to its Subcommittee on Real Estate, Institutional Capacity Committee, and Executive Committee. The execution and delivery by UCMC and its affiliates of the transaction agreements shall be subject to the prior review and approval of UCMC's Board of Trustees including but not limited to its Executive Committee. Unless and until definitive transaction agreements are fully negotiated, signed and delivered, any party may terminate further negotiations or activity concerning the Project, without any liability or obligation to any other party.

This Letter of Intent may be executed by pdf or facsimile and in multiple counterparts.

[Signature page follows]

[Signature Page to Letter of Intent]

LAKE PARK ASSOCIATES, INC.

By: _____
Name: _____
Title: _____

THE UNIVERSITY OF CHICAGO

By: _____
Name: _____
Title: _____

THE UNIVERSITY OF CHICAGO MEDICAL
CENTER

By: _____
Name: _____
Title: _____

ALTA COMMITMENT FOR TITLE INSURANCE

issued by:



CHICAGO TITLE
INSURANCE COMPANY

Commitment Number:

CCHI2306000LD

NOTICE

IMPORTANT - READ CAREFULLY: THIS COMMITMENT IS AN OFFER TO ISSUE ONE OR MORE TITLE INSURANCE POLICIES. ALL CLAIMS OR REMEDIES SOUGHT AGAINST THE COMPANY INVOLVING THE CONTENT OF THIS COMMITMENT OR THE POLICY MUST BE BASED SOLELY IN CONTRACT.

THIS COMMITMENT IS NOT AN ABSTRACT OF TITLE, REPORT OF THE CONDITION OF TITLE, LEGAL OPINION, OPINION OF TITLE, OR OTHER REPRESENTATION OF THE STATUS OF TITLE. THE PROCEDURES USED BY THE COMPANY TO DETERMINE INSURABILITY OF THE TITLE, INCLUDING ANY SEARCH AND EXAMINATION, ARE PROPRIETARY TO THE COMPANY, WERE PERFORMED SOLELY FOR THE BENEFIT OF THE COMPANY, AND CREATE NO EXTRACTIONAL LIABILITY TO ANY PERSON, INCLUDING A PROPOSED INSURED.

THE COMPANY'S OBLIGATION UNDER THIS COMMITMENT IS TO ISSUE A POLICY TO A PROPOSED INSURED IDENTIFIED IN SCHEDULE A IN ACCORDANCE WITH THE TERMS AND PROVISIONS OF THIS COMMITMENT. THE COMPANY HAS NO LIABILITY OR OBLIGATION INVOLVING THE CONTENT OF THIS COMMITMENT TO ANY OTHER PERSON.

COMMITMENT TO ISSUE POLICY

Subject to the Notice, Schedule B, Part I-Requirements; Schedule B, Part II-Exceptions; and the Commitment Conditions, Chicago Title Insurance Company, a Florida corporation (the "Company"), commits to issue the Policy according to the terms and provisions of this Commitment. This Commitment is effective as of the Commitment Date shown in Schedule A for each Policy described in Schedule A, only when the Company has entered in Schedule A both the specified dollar amount as the Proposed Amount of Insurance and the name of the Proposed Insured.

If all of the Schedule B, Part I-Requirements have not been met within one hundred eighty (180) days after the Commitment Date, this Commitment terminates and the Company's liability and obligation end.

Chicago Title Insurance Company

By:

Michael J. Nolan, President

Countersigned By:

Michael J. Nolan
Authorized Officer or Agent

Attest:

Marjorie Nemzura, Secretary

This page is only a part of a 2021 ALTA® Commitment for Title Insurance issued by Chicago Title Insurance Company. This Commitment is not valid without the Notice, the Commitment to Issue Policy, the Commitment Conditions, Schedule A, Schedule B, Part I-Requirements, Schedule B, Part II-Exceptions, and a counter-signature by the Company or its issuing agent that may be in electronic form.

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ALTA Commitment for Title Insurance (07/01/2021)

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ATTACHMENT 2

CHICAGO TITLE INSURANCE COMPANY

COMMITMENT NO. CCHI2306000LD

Transaction Identification Data, for which the Company assumes no liability as set forth in Commitment Condition 5.e.:

ORIGINATING OFFICE:	FOR SETTLEMENT INQUIRIES, CONTACT:
Chicago Title Insurance Company 10 South LaSalle Street, Suite 3100 Chicago, IL 60603 Main Phone: (312)223-4627 Email: chicagocommercial@cti.com	

Order Number: CCHI2306000LD

Property Ref.: 356 E Garfield Blvd, Chicago, IL 60615

SCHEDULE A

1. Commitment Date: May 28, 2026
2. Policy to be issued:
 - (a) ALTA Owner's Policy 2021

Proposed Insured:	Purchaser with contractual rights under a purchase agreement with the vested owner identified at Item 4 below
Proposed Amount of Insurance:	\$10,000.00
The estate or interest to be insured:	Fee Simple
3. The estate or interest in the Land at the Commitment Date is:
Fee Simple
4. The Title is, at the Commitment Date, vested in:
[Lake Park Associates, Inc., an Illinois corporation](#)
5. The Land is described as follows:
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

END OF SCHEDULE A

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EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): 20-10-317-002-0000, 20-10-317-003-0000 and 20-10-317-004-0000

PARCEL 1:

LOT 'A' (EXCEPT THE SOUTH 100 OF THE EAST 125 FEET THEREOF) IN LOCKWOOD'S SUBDIVISION OF THE SOUTH 1/2 OF BLOCK 7 (EXCEPT THE SOUTH 33 FEET FOR STREET) IN JENNINGS AND MOFFETT'S SUBDIVISION OF THE SOUTH 60 ACRES OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 10, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

THE SOUTH 100 FEET OF THE EAST 125 FEET OF LOT A, IN LOCKWOOD'S SUBDIVISION OF THE SOUTH 1/2 OF BLOCK 7 (EXCEPT THE SOUTH 33 FEET TAKEN FOR STREET) IN JENNINGS AND MOFFETT'S SUBDIVISION OF THE SOUTH 60 ACRES OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 10, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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CHICAGO TITLE INSURANCE COMPANY**COMMITMENT NO. CCHI2306000LD**

Name and Address of Title Insurance Company: Chicago Title Insurance Company
10 South LaSalle Street, Suite 3100
Chicago, IL 60603

SCHEDULE B, PART I - Requirements

All of the following Requirements must be met:

1. The Proposed Insured must notify the Company in writing of the name of any party not referred to in this Commitment who will obtain an interest in the Land or who will make a loan on the Land. The Company may then make additional Requirements or Exceptions.
2. Pay the agreed amount for the estate or interest to be insured.
3. Pay the premiums, fees, and charges for the Policy to the Company.
4. Documents satisfactory to the Company that convey the Title or create the Mortgage to be insured, or both, must be properly authorized, executed, delivered, and recorded in the Public Records.
5. Notice: Please be aware that due to the conflict between federal and state laws concerning the cultivation, distribution, manufacture or sale of marijuana, the Company is not able to close or insure any transaction involving Land that is associated with these activities.
6. Be advised that the "good funds" of the title insurance act (215 ILCS 155/26) became effective 1-1-2010. This act places limitations upon the settlement agent's ability to accept certain types of deposits into escrow. Please contact your local Chicago Title office regarding the application of this new law to your transaction.
7. Effective June 1, 2009, pursuant to Public Act 95-988, satisfactory evidence of identification must be presented for the notarization of any and all documents notarized by an Illinois notary public. Satisfactory identification documents are documents that are valid at the time of the notarial act; are issued by a state or federal government agency; bear the photographic image of the individual's face; and bear the individual's signature.
8. The Proposed Policy Amount(s) must be increased to the full value of the estate or interest being insured, and any additional premium must be paid at that time. An Owner's Policy should reflect the purchase price or full value of the Land. A Loan Policy should reflect the loan amount or value of the property as collateral. Proposed Policy Amount(s) will be revised and premiums charged consistent therewith when the final amounts are approved.

END OF SCHEDULE B, PART I

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**ATTACHMENT 2**

Name and Address of Title Insurance Company: Chicago Title Insurance Company
10 South LaSalle Street, Suite 3100
Chicago, IL 60603

SCHEDULE B, PART II - Exceptions

Some historical land records contain Discriminatory Covenants that are illegal and unenforceable by law. This Commitment and the Policy treat any Discriminatory Covenant in a document referenced in Schedule B as if each Discriminatory Covenant is redacted, repudiated, removed, and not republished or recirculated. Only the remaining provisions of the document will be excepted from coverage.

The Policy will not insure against loss or damage resulting from the terms and conditions of any lease or easement identified in Schedule A, and will include the following Exceptions unless cleared to the satisfaction of the Company:

General Exceptions

1. Rights or claims of parties in possession not shown by Public Records.
 2. Any encroachment, encumbrance, violation, variation, or adverse circumstance affecting the title that would be disclosed by an accurate and complete land survey of the Land.
 3. Easements, or claims of easements, not shown by the Public Records.
 4. Any lien, or right to a lien, for services, labor or material heretofore or hereafter furnished, imposed by law and not shown by the Public Records.
 5. Taxes or special assessments which are not shown as existing liens by the Public Records.
 6. We should be furnished a properly executed ALTA statement and, unless the land insured is a condominium unit, a survey if available. Matters disclosed by the above documentation will be shown specifically
 7. Any defect, lien, encumbrance, adverse claim, or other matter that appears for the first time in the Public Records or is created, attaches, or is disclosed between the Commitment Date and the date on which all of the Schedule B, Part I—Requirements are met.
- C 8. Note for additional information: the County Recorder requires that any documents presented for recording contain the following information:
- A. The name and address of the party who prepared the document.
 - B. The name and address of the party to whom the document should be mailed after recording;
 - C. All permanent real estate tax index numbers of any property legally described in the document;
 - D. The address of any property legally described in the document.
 - E. All deeds should contain the address of the grantee and should also note the name and address of the party to whom the tax bills should be sent.
 - F. Any deeds conveying unsubdivided land, or, portions of subdivided and, may need to be accompanied by a properly executed "plat act affidavit."

In addition, please note that the certain municipalities located in the County have enacted transfer tax

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SCHEDULE B, PART II - Exceptions
(continued)

ordinances. To record a conveyance of land located in these municipalities, the requirements of the transfer tax ordinances must be met. A conveyance of property in these cities may need to have the appropriate transfer tax stamps affixed before it can be recorded.

This exception will not appear on the policy when issued.

R 9.

1. Taxes for the year(s) 2025 and 2026
2026 taxes are not yet due or payable.

1A. Note: 2025 first installment were due April 1, 2026

Perm tax#	Pcl	Year	1st Inst	Stat
20-10-317-002-0000	1 of 3	2025	\$10,176.13	Paid

This tax number affects part of PIQ and no other property.				
20-10-317-003-0000	2 of 3	2025	\$1,848.02	Paid

This tax number affects part of PIQ and no other property.				
20-10-317-004-0000	3 of 3	2025	\$14,556.19	Paid

This tax number affects part of PIQ and no other property.

D 10. Note: The land lies within a county which is subject to the Predatory Lending Database Act (765 ILCS 77/70 et seq. as amended). A Certificate of Compliance with the act or a Certificate of Exemption therefrom must be obtained at time of closing in order for the Company to record any insured mortgage. If the closing is not conducted by the company, a certificate of compliance or a certificate of exemption must be attached to any mortgage to be recorded.

Note: for Cook, Kane, Will and Peoria counties, the act applies to mortgages recorded on or after July 1, 2010.

I 11. Please be advised that our search did not disclose any open mortgages of record. If you should have knowledge of any outstanding obligation, please contact the Title Department immediately for further review prior to closing.

B 12. Existing unrecorded leases and all rights thereunder of the lessees and of any person or party claiming by, through or under the lessees.

A 13. The Company should be furnished a statement that there is no property manager employed to manage the Land, or, in the alternative, a final lien waiver from any such property manager.

H 14. Municipal Real Estate Transfer Tax Stamps (or proof of exemption) must accompany any conveyance and certain other transfers or property located in Chicago. Please contact said municipality prior to closing for its specific requirements, which may include the payment of fees, an inspection or other approvals.

K 15. For each policy to be issued as identified in Schedule A, Item 2; the Company shall not be liable under this

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SCHEDULE B, PART II - Exceptions

(continued)

commitment until it receives a designation for a Proposed Insured, acceptable to the Company. As provided in Commitment Condition 4, the Company may amend this commitment to add, among other things, additional exceptions or requirements after the designation of the Proposed Insured.

- L 16. The Company will require the following documents for review prior to the issuance of any title insurance predicated upon a conveyance or encumbrance by the corporation named below:

Name of Corporation: Lake Park Associates, Inc., an Illinois corporation

(a) A Copy of the corporation By-laws and Articles of Incorporation

(b) An original or certified copy of a resolution authorizing the transaction contemplated herein

(c) If the Articles and/or By-laws require approval by a 'parent' organization, a copy of the Articles and By-laws of the parent

(d) A current dated certificate of good standing from the proper governmental authority of the state in which the entity was created

The Company reserves the right to add additional items or make further requirements after review of the requested documentation.

- J 17. Encroachment of the fence located mainly on the land onto the public right of way west and adjoining by approximately 0.33 feet, shown on Plat of Survey Number 2014-19276-001 prepared by Chicago Guarantee Survey Company dated May 22, 2014.

(Affects Parcel 1)

- M 18. Covenants and restrictions contained in Trustee's Deed dated December 1, 1989 and filed December 26, 1989 as Document No. [LR3849647](#) made by Devon Bank as Trustee under Trust Number 3168 to Martin Eiserman and Roberta Eiserman, his wife that no building or other structure shall be erected on the land other than a single story structure; no multi-story structure may be constructed on the premises without express written consent at owner of the shopping center adjacent to the premises on the north and west. Said covenants and restrictions shall run with the land and be binding on grantee its successors and assigns.

Note: said instrument contains no provision for a forfeiture of or reversion of title in case of breach of condition.

(Affects Parcel 2)

- N 19. Terms, covenants, conditions and restrictions contained in the Ordinance authorizing expansion of Enterprise Zone 6 for Development and Rehabilitation of Depressed areas, a copy of which was recorded October 9, 2013 as Document No. [1328213019](#).

(Affects the land and other property)

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SCHEDULE B, PART II - Exceptions
(continued)

- O 20. Rights, if any, of public and quasi-public utilities in the land as disclosed by public phones, overhead wires, and monitoring well shown on survey prepared by Geopool Civil Engineers Land Surveyors' Number 06-117/11-055 dated May 24, 2011.

(Affects Parcel 2)
- E 21. Effective June 1, 2009, if any document of conveyance for Cook County Residential Real Property is to be notarized by an Illinois notary public, Public Act 95-988 requires the completion of a Notarial Record for each grantor whose signature is notarized. The Notarial Record will include the thumbprint or fingerprint of the grantor. The grantor must present identification documents that are valid; are issued by a state or federal government agency, or consulate; bear the photographic image of the individual's face; and bear the individual's signature. The Company will charge a fee of \$25.00 per Notarial Record.
- P 22. Note for information (Endorsement Requests):

All endorsement requests should be made prior to closing to allow ample time for the company to examine required Documentation.

Note: before any endorsements can be approved, we should be informed as to the land use and as to what type of structure is on the land.

(This note will be waived for the policy.)
- Q 23. Informational Note:

To schedule any closings in the Chicago Commercial Center, please call (312)223-2707.

END OF SCHEDULE B, PART II

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ALTA Commitment for Title Insurance (07/01/2021)



COMMITMENT CONDITIONS

1. DEFINITIONS

- a. "Discriminatory Covenant": Any covenant, condition, restriction, or limitation that is unenforceable under applicable law because it illegally discriminates against a class of individuals based on personal characteristics such as race, color, religion, sex, sexual orientation, gender identity, familial status, disability, national origin, or other legally protected class.
 - b. "Knowledge" or "Known": Actual knowledge or actual notice, but not constructive notice imparted by the Public Records.
 - c. "Land": The land described in Item 5 of Schedule A and improvements located on that land that by State law constitute real property. The term "Land" does not include any property beyond that described in Schedule A, nor any right, title, interest, estate, or easement in any abutting street, road, avenue, alley, lane, right-of-way, body of water, or waterway, but does not modify or limit the extent that a right of access to and from the Land is to be insured by the Policy.
 - d. "Mortgage": A mortgage, deed of trust, trust deed, security deed, or other real property security instrument, including one evidenced by electronic means authorized by law.
 - e. "Policy": Each contract of title insurance, in a form adopted by the American Land Title Association, issued or to be issued by the Company pursuant to this Commitment.
 - f. "Proposed Amount of Insurance": Each dollar amount specified in Schedule A as the Proposed Amount of Insurance of each Policy to be issued pursuant to this Commitment.
 - g. "Proposed Insured": Each person identified in Schedule A as the Proposed Insured of each Policy to be issued pursuant to this Commitment.
 - h. "Public Records": The recording or filing system established under State statutes in effect at the Commitment Date under which a document must be recorded or filed to impart constructive notice of matters relating to the Title to a purchaser for value without Knowledge. The term "Public Records" does not include any other recording or filing system, including any pertaining to environmental remediation or protection, planning, permitting, zoning, licensing, building, health, public safety, or national security matters.
 - i. "State": The state or commonwealth of the United States within whose exterior boundaries the Land is located. The term "State" also includes the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, and Guam.
 - j. "Title": The estate or interest in the Land identified in Item 3 of Schedule A.
2. If all of the Schedule B, Part I-Requirements have not been met within the time period specified in the Commitment to Issue Policy, this Commitment terminates and the Company's liability and obligation end.
3. The Company's liability and obligation is limited by and this Commitment is not valid without:
- a. the Notice;
 - b. the Commitment to Issue Policy;
 - c. the Commitment Conditions;
 - d. Schedule A;
 - e. Schedule B, Part I-Requirements;
 - f. Schedule B, Part II-Exceptions; and
 - g. a counter-signature by the Company or its issuing agent that may be in electronic form.

4. COMPANY'S RIGHT TO AMEND

The Company may amend this Commitment at any time. If the Company amends this Commitment to add a defect, lien, encumbrance, adverse claim, or other matter recorded in the Public Records prior to the Commitment Date, any liability of the Company is limited by Commitment Condition 5. The Company is not liable for any other amendment to this Commitment.

5. LIMITATIONS OF LIABILITY

- a. The Company's liability under Commitment Condition 4 is limited to the Proposed Insured's actual expense incurred in the interval between the Company's delivery to the Proposed Insured of the Commitment and the delivery of the amended Commitment, resulting from the Proposed Insured's good faith reliance to:
 - i. comply with the Schedule B, Part I-Requirements;
 - ii. eliminate, with the Company's written consent, any Schedule B, Part II-Exceptions; or
 - iii. acquire the Title or create the Mortgage covered by this Commitment.
- b. The Company is not liable under Commitment Condition 5.a. if the Proposed Insured requested the amendment or had Knowledge of the matter and did not notify the Company about it in writing.
- c. The Company is only liable under Commitment Condition 4 if the Proposed Insured would not have incurred the expense had the Commitment included the added matter when the Commitment was first delivered to the Proposed Insured.
- d. The Company's liability does not exceed the lesser of the Proposed Insured's actual expense incurred in good faith and described in Commitment Condition 5.a. or the Proposed Amount of Insurance.
- e. The Company is not liable for the content of the Transaction Identification Data, if any.

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ATTACHMENT 2

(continued)

- f. The Company is not obligated to issue the Policy referred to in this Commitment unless all of the Schedule B, Part I-Requirements have been met to the satisfaction of the Company.
- g. The Company's liability is further limited by the terms and provisions of the Policy to be issued to the Proposed Insured.
- 6. LIABILITY OF THE COMPANY MUST BE BASED ON THIS COMMITMENT; CHOICE OF LAW AND CHOICE OF FORUM**
- a. Only a Proposed Insured identified in Schedule A, and no other person, may make a claim under this Commitment.
- b. Any claim must be based on contract under the State law of the State where the Land is located and is restricted to the terms and provisions of this Commitment. Any litigation or other proceeding brought by the Proposed Insured against the Company must be filed only in a State or federal court having jurisdiction.
- c. This Commitment, as last revised, is the exclusive and entire agreement between the parties with respect to the subject matter of this Commitment and supersedes all prior commitment negotiations, representations, and proposals of any kind, whether written or oral, express or implied, relating to the subject matter of this Commitment.
- d. The deletion or modification of any Schedule B, Part II-Exception does not constitute an agreement or obligation to provide coverage beyond the terms and provisions of this Commitment or the Policy.
- e. Any amendment or endorsement to this Commitment must be in writing and authenticated by a person authorized by the Company.
- f. When the Policy is issued, all liability and obligation under this Commitment will end and the Company's only liability will be under the Policy.
- 7. IF THIS COMMITMENT IS ISSUED BY AN ISSUING AGENT**
- The issuing agent is the Company's agent only for the limited purpose of issuing title insurance commitments and policies. The issuing agent is not the Company's agent for closing, settlement, escrow, or any other purpose.
- 8. PRO-FORMA POLICY**
- The Company may provide, at the request of a Proposed Insured, a pro-forma policy illustrating the coverage that the Company may provide. A pro-forma policy neither reflects the status of Title at the time that the pro-forma policy is delivered to a Proposed Insured, nor is it a commitment to insure.
- 9. CLAIMS PROCEDURES**
- This Commitment incorporates by reference all Conditions for making a claim in the Policy to be issued to the Proposed Insured. Commitment Condition 9 does not modify the limitations of liability in Commitment Conditions 5 and 6.
- 10. CLASS ACTION**
- ALL CLAIMS AND DISPUTES ARISING OUT OF OR RELATING TO THIS COMMITMENT, INCLUDING ANY SERVICE OR OTHER MATTER IN CONNECTION WITH ISSUING THIS COMMITMENT, ANY BREACH OF A COMMITMENT PROVISION, OR ANY OTHER CLAIM OR DISPUTE ARISING OUT OF OR RELATING TO THE TRANSACTION GIVING RISE TO THIS COMMITMENT, MUST BE BROUGHT IN AN INDIVIDUAL CAPACITY. NO PARTY MAY SERVE AS PLAINTIFF, CLASS MEMBER, OR PARTICIPANT IN ANY CLASS OR REPRESENTATIVE PROCEEDING. ANY POLICY ISSUED PURSUANT TO THIS COMMITMENT WILL CONTAIN A CLASS ACTION CONDITION.
- 11. ARBITRATION**
- The Policy contains an arbitration clause. All arbitrable matters when the Proposed Amount of Insurance is Two Million And No/100 Dollars (\$2,000,000.00) or less may be arbitrated at the election of either the Company or the Proposed Insured as the exclusive remedy of the parties. A Proposed Insured may review a copy of the arbitration rules at <http://www.alta.org/arbitration>.

END OF CONDITIONS

1031 EXCHANGE SERVICES

If your transaction involves a tax deferred exchange, we offer this service through our 1031 division, IPX1031. As the nation's largest 1031 company, IPX1031 offers guidance and expertise. Security for Exchange funds includes segregated bank accounts and a 100 million dollar Fidelity Bond. Fidelity National Title Group also provides a 50 million dollar Performance Guaranty for each Exchange. For additional information, or to set-up an Exchange, please call Scott Nathanson at (312)223-2178 or Anna Barsky at (312)223-2169.

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Section I. Operating Identity/Licensee

Attachment 3

The University of Chicago Medical Center (“UCMC”) is an Illinois not-for-profit corporation, incorporated on October 1, 1986. A copy of UCMC’s Good Standing Certificate is attached.

File Number

5439-757-7



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

THE UNIVERSITY OF CHICAGO MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 01, 1986, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2022500406 verifiable until 08/13/2027

Authenticate at: <https://www.ilsos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of AUGUST A.D. 2026 .

Alexi Giannoulis
SECRETARY OF STATE

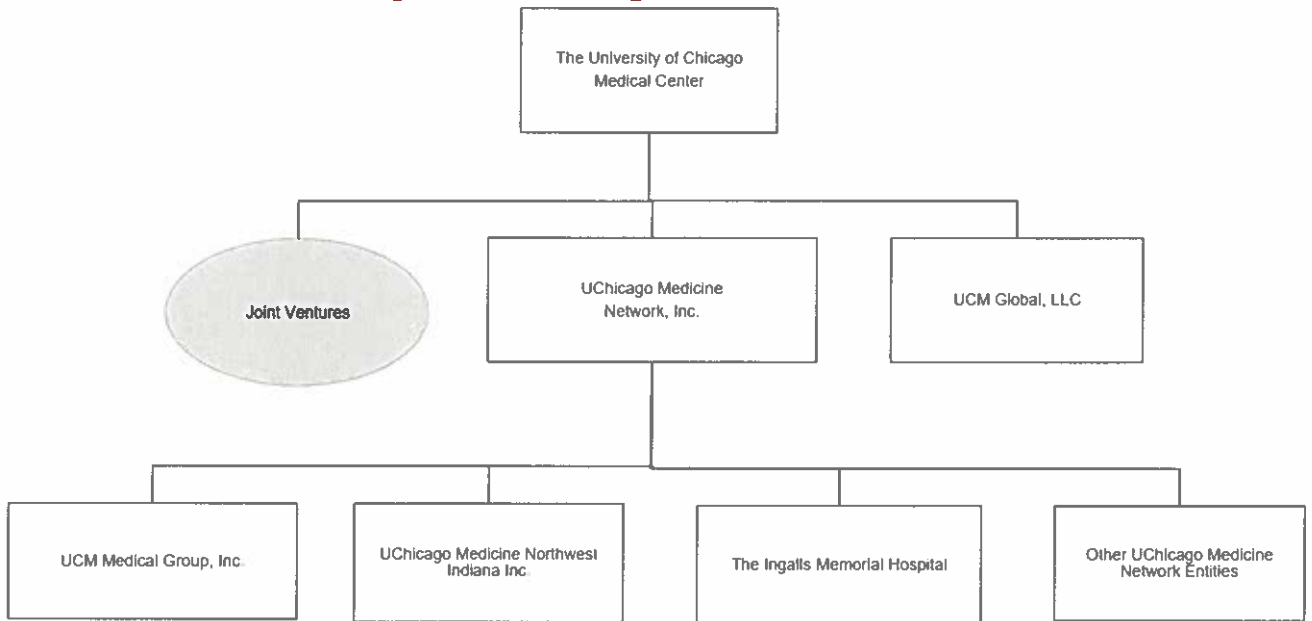
ATTACHMENT 3

Section I. Organizational Relationships

Attachment 4

UCMC's organizational chart is attached.

UChicago Medicine Organizational Structure



Section I. Flood Plain Requirements

Attachment 5

Evidence that the site of the Project is not located in a flood plain and that the Project complies with the Flood Plain Rules under Illinois Executive Order #2005-5 is attached.

National Flood Hazard Layer FIRMette



87°37'16"W 41°47'55"N



Basemap Imagery Source: USGS National Map 2023

Legend

SEE THIS REPORT FOR DETAILED LEGEND AND MODEL MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS

- Minimum Base Flood Elevation (BFE)
 - Zone AE, A1, A9, AH, VE, AP
- With BFE or Depth
 - Zone AE, A1, A9, AH, VE, AP
- Regulatory Floodway

OTHER AREAS OF FLOOD HAZARD

- 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile *Zone X*
- Future Conditions 1% Annual Chance Flood Hazard *Zone 1*
- Area with Reduced Flood Risk due to Levee. See Notes. *Zone 2*
- Area with Flood Risk due to Levee *Zone D*

OTHER AREAS

- Area of Minimal Flood Hazard *Zone X*
- Effective LOMRs
- Area of Undetermined Flood Hazard *Zone D*

GENERAL STRUCTURES

- Channel, Culvert, or Storm Sewer
- Levee, Dike, or Floodwall

OTHER FEATURES

- Cross Sections with 1% Annual Chance
- Water Surface Elevation
- Coastal Transect
- Base Flood Elevation Line (BFE)
- Limit of Study
- Jurisdiction Boundary
- Coastal Transect Baseline
- Profile Baseline
- Hydrographic Feature

MAP PANELS

- Digital Data Available
- No Digital Data Available
- Unmapped

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 used 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 **6/18/2026 at 2:27 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 unmodernized areas cannot be used for regulatory purposes.

Section I. Historic Resources Preservation Act Requirements

Attachment 6

Attached is a letter to the Illinois Department of Natural Resources requesting confirmation that no historic, architectural or archaeological sites exist within the Project area.

SAUL EWING

Anna Pawlik

Phone: (312) 876-6958

anna.pawlik@saul.com

www.saul.com

September 17, 2026

VIA EMAIL

Carey L. Mayer, AIA
Deputy State Historic Preservation Officer
Illinois Department of Natural Resources
One Natural Resources Way
Springfield, Illinois 62701-1271
E-mail: SHPO.Review@Illinois.gov

RE: Review to Determine Impact Upon Historic Resources
356 East Garfield Boulevard, Chicago, Illinois 60615
Certificate of Need Application - University of Chicago Medical Center

Dear Ms. Mayer:

This letter requests your comments as to whether a proposed project has historical, architectural or archeological impact. This request is made in connection with a Certificate of Need application to be filed soon with the Illinois Health Facilities and Services Review Board for the University of Chicago Medical Center ("UCMC")

The project would be to construct a new clinical laboratory facility west of Washington Park along Garfield Boulevard. The project will be to build an approximately 144,368 ~~BSSE~~ four-story building to house the clinical laboratories, offices and support functions for UCMC Laboratory Services (the "Project"). The address for the Project is 356 E. Garfield Boulevard, Chicago, Illinois 60615.

Enclosed please find a map showing the property together with a street view and satellite photos.

We would appreciate a letter in response that we can include as part of the CON application. If you have questions or comments, or need additional information, please contact me at (312) 876-6958.

We appreciate your assistance.

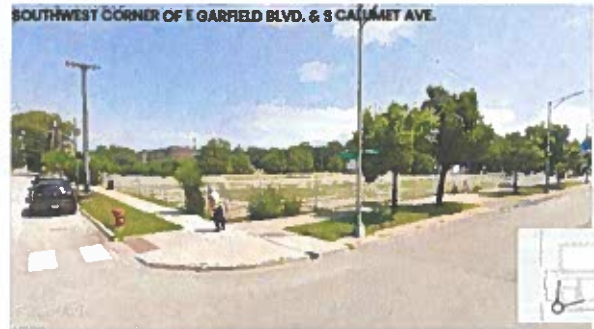
Very truly yours,



Anna Pawlik

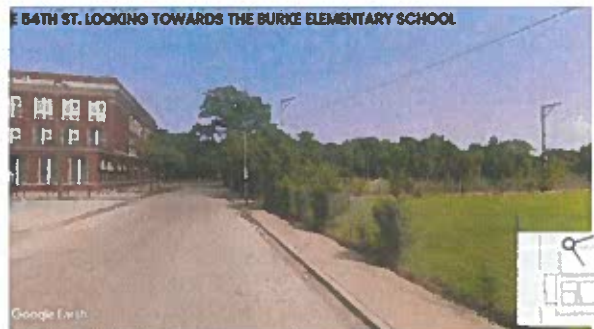
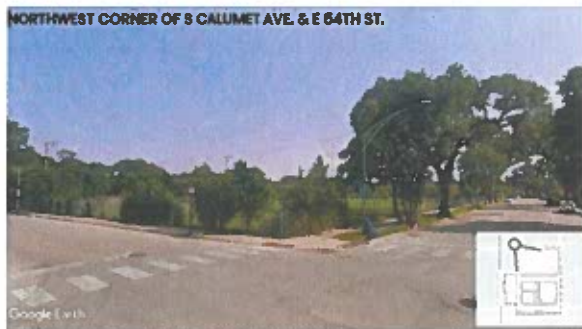
cc: Joe Ourth

ATTACHMENT 6



EXISTING SITE PHOTOGRAPHS

WASHINGTON PARK PROJECT



EXISTING SITE PHOTOGRAPHS

WASHINGTON PARK PROJECT





RENDERING - SOUTHWEST VIEW

WASHINGTON PARK PROJECT



RENDERING - SOUTH VIEW

WASHINGTON PARK PROJECT





RENDERING – GARFIELD BLVD. & MLK JR. DRIVE
WASHINGTON PARK PROJECT



RENDERING – EAST ELEVATION
WASHINGTON PARK PROJECT





RENDERING – NORTHWEST VIEW
WASHINGTON PARK PROJECT



Section I. Project Costs and Source of Funds

Attachment 7

Section 1120.110, Project Costs and Sources of Funds

Project Costs and Sources of Funds

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$479,918	\$236,378	\$716,296
Site Survey and Soil Investigation	\$185,255	\$91,245	\$276,500
Site Preparation	\$2,432,100	\$1,197,900	\$3,630,000
Off Site Work	\$167,500	\$82,500	\$250,000
New Construction Contracts	\$115,712,102	\$53,078,513	\$168,790,615
Modernization Contracts			0
Contingencies	\$20,275,004	\$10,444,699	\$30,719,703
Architectural/Engineering Fees	\$6,303,943	\$3,104,928	\$9,408,871
Consulting and Other Fees	\$11,328,702	\$5,835,999	\$17,164,701
Movable or Other Equipment (not in construction contracts)	\$35,225,000	\$12,203,761	\$47,428,761
Bond Issuance Expense (project related)	\$5,346,000	\$2,754,000	\$8,100,000
Net Interest Expense During Construction (project related)	\$24,288,000	\$12,512,000	\$36,800,000
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized	\$3,018,563	\$1,555,017	\$4,573,580
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$224,762,087	\$103,096,940	\$327,859,027
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$44,941,544	\$23,151,704	\$68,093,248
Pledges			0
Gifts and Bequests			0
Bond Issues (project related)			0
Mortgages			0
Leases (fair market value)			0
Governmental Appropriations			0
Grants			0
Other Funds and Sources- (Synthetic Lease)	\$171,445,414	\$88,320,365	\$259,765,779
TOTAL SOURCES OF FUNDS	\$224,762,087	\$103,096,940	\$327,859,027
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

			Total	Clinical	Non-Clinical
Pre-planning Costs					
	Lab Planning consultant	\$337,956			
	MEQ Concept Planner	\$198,340			
	Real Estate Oversight	\$180,000			
			\$716,296	\$479,918	\$236,378
Site Survey and Soil Investigation					
	GeoTech Consultant	\$174,000			
	Traffic Consultant	\$50,000			
	Vibration Consultant	\$52,500			
			\$276,500	\$185,255	\$91,245
Site Preparation					
	Earthwork	2,290,575			
	Site concrete	225,000			
	Sewer and Water	454,425			
	Landscaping	620,000			
	Construction Layout	40,000			
			\$3,630,000	\$2,432,100	\$1,197,900
Off site Work- Enabling (Campus equipment transition)			\$250,000	\$167,500	\$82,500
New Construction					
	Construction – Preconstruction	800,000			
	Construction- Lab Building- TI	162,750,000			
	Construction- Bridge.	2,000,000			
	Construction-Food and Beverage TI allowance	1,000,000			
	Construction- Payment & Performance	1,840,615			
	CX Implementation allowance	250,000			
	Exterior signage	150,000			
			\$168,790,615	\$115,712,102	\$53,078,513
Contingencies			\$30,719,703	\$20,275,004	\$10,444,699
Architectural/Engineering Fees			\$9,408,871	\$6,303,943	\$3,104,928
Consulting and Other Fees					
	Builders Risk	450,000			
	Legal council	1,000,000			
	Activation/ Certification/Misc Testing	375,000			
	Equipment Planner/ Move consultancy	200,000			
	CON/ IDPH	150,000			
	UCM capitalized salaries	3,300,000			

ATTACHMENT 7

	Project Management	1,840,543			
	City Permit Fees/ Planned development fee	1,925,000			
	Transition and Activation	2,300,000			
	Locks, Terminal clean, Generator fuel top off, lab certifications	1,788,379			
	Specialty acoustics, lab, lighting consultant, signage, misc. consultants	3,835,779			
			\$17,164,701	\$11,328,702	\$5,835,999

Movable and Other Equipment					
	Anatomic Pathology lab equipment	7,200,000			
	Clinical Genomics	6,400,000			
	Core Lab+Dev Lab	4,100,000			
	Lab logistics & support	600,000			
	Microbiology	300,000			
	Office & Other support	225,000			
	Special Chemistry and Immunology	2,500,000			
	Procurement, Warehousing	650,000			
	IT Infrastructure, Licensing and Servies	11,586,607			
	Furniture	3,867,154			
	Art and Misc. Furnishing	80,000			
	Security during activation; Wifi-Commissioning	920,000			
			\$47,428,761	\$35,225,000	\$12,203,761
Other Costs to be Capitalized					
	Pad Demo/ Site Improvements	843,600			
	Common Improvements to District	3,729,980			
			\$4,573,580	\$3,018,563	\$1,555,017
Total Costs			\$327,859,027	\$224,762,087	\$103,096,940

Section I. Cost Space Requirements

Attachment 9

Cost Space Requirements

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing (BGSF)	Proposed (BGSF)	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
High Containment Lab	\$6,742,863		2,155	2,155	0		
Clinical Labs	\$218,019,224		84,198	84,198	0		
Total Clinical	\$224,762,087		86,353	86,353	0		
					0		
NON-REVIEWABLE					0		
Public	\$15,234,280		8,339	8,339	0		
Office/ Administrative	\$44,750,697		25,694	25,694	0		
Building Support	\$43,111,963		23,982	23,982	0		
					0		
Total Non-clinical	\$103,096,940		144,368	144,368	0		
TOTAL	\$327,859,027						

Section III. Background of Applicant

Attachment 11

Section 1110.230, Background, Purpose of the Project and Alternatives

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

UCMC's full general hospital license #2132869, effective July 1, 2026, issued by the Illinois Department of Public Health, is attached. UCMC's most recent accreditation letter from the Joint Commission, dated June 17, 2025, is attached.

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

There have been no adverse actions taken against UCMC within the prior three years. A letter attesting to this fact is attached.

3. **Authorization permitting HFSRB and DPH access to 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.**

By its signature of this application, UCMC grants the Review Board and the Illinois Department of Public Health access to information to verify information in the application is attached.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH **HF136644**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
6/30/2027		0003897
General Hospital		
Effective: 07/01/2026		

The University of Chicago Medical Center
 5841 S Maryland Ave MC 1000
 Chicago, IL 60637

The face of this license has a colored background • Printed by Authority of the State of Illinois • P.O. 44025001 2M 4/25

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

Exp. Date 6/30/2027
 Lic Number 0003897
 Date Printed 6/30/2026

The University of Chicago Medical Cen
 5841 S Maryland Ave MC 1000
 Chicago, IL 60637

FEE RECEIPT NO.



June 17, 2025

Krista Curell, JD, RN
Associate Vice President, Integrity
University of Chicago Medical Center
5841 South Maryland Avenue
Chicago, IL 60637

Re: # 7315
CCN: # 140088
Deemed Program: Hospital
Accreditation Expiration Date: March 22, 2028

Dear Ms. Curell:

This letter confirms that your March 17, 2025 - March 21, 2025 unannounced full resurvey event was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on June 17, 2025 and the successful unannounced Medicare Deficiency follow-up event conducted on May 2, 2025, the areas of deficiency listed below have been removed. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of March 22, 2025. We congratulate you on your effective resolution of these deficiencies.

§482.23 Nursing Services
§482.25 Pharmaceutical Services
§482.41 Physical Environment
§482.51 Surgical Services

The Joint Commission is also recommending your organization for continued Medicare certification effective March 22, 2025. Please note that the Centers for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

University of Chicago Hospitals and Health Systems
5841 South Maryland Avenue, Chicago, IL, 60637

Outpatient Senior Health Center at South Shore
7101 S. Exchange Avenue, Chicago, IL, 60637

Joliet Cancer Center - Physician Office
1850 Silver Cross Blvd., New Lenox, IL, 60451

www.jointcommission.org

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice

ATTACHMENT 11



UCMC Orland Park Center for Advanced Care
14290 South La Grange Road, Orland Park, IL, 60462

UCMC South Loop
1101 South Canal Street Suit 201 & 202 Chicago, IL, Chicago, IL, 60607

UChicago Medicine Crown Point Cancer Center
10855 Virginia Street, Crown Point, IN, 46307

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Ken Grubbs, DNP, MBA, RN
Executive Vice President and Chief Nursing Officer
Division of Accreditation and Certification Operations

cc: CMS/Baltimore Office/Quality, Safety & Oversight Group/Division of Continuing and Acute Care Providers
CMS/SOG Location 5 /Survey and Certification Staff

www.jointcommission.org

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice

ATTACHMENT 11



June 17, 2025

Krista Curell, JD, RN
Associate Vice President, Integrity
University of Chicago Medical Center
5841 South Maryland Avenue,
Chicago, IL 60637

Joint Commission ID #: 7315
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 6/17/2025

Dear Ms. Curell:

I am pleased to share The Joint Commission's accreditation decision of Accredited for all services surveyed following your recent survey. For all services surveyed under the applicable manuals below, you have been ACCREDITED.

- Comprehensive Accreditation Manual for Hospitals

This accreditation award represents your commitment to upholding the highest standards of healthcare quality and safety for your patients, workforce and community. We share that commitment and value the collaboration between our organizations so that all people experience the safest, highest quality, best value healthcare across all settings.

This accreditation cycle is effective beginning March 22, 2025 and is customarily valid for up to 36 months, although, The Joint Commission may, in certain situations, shorten the duration of the cycle.

Knowing the power of the Gold Seal in inspiring confidence and trust in your community, we provide resources so that you can promote your accreditation decision. You can find information and tips in the "Publicity Kit" link located on your secure extranet site, The Joint Commission Connect.

To recognize your commitment and achievement to quality, The Joint Commission will update your accreditation decision on the Find Accredited Organizations page of our [website](#). Congratulations on your accomplishment.

Sincerely,

Ken Grubbs, DNP, MBA, RN
Executive Vice President and Chief Nursing Officer
Division of Accreditation and Certification Operations

ATTACHMENT 11

Section III. Purpose of Project

Attachment 12

Overview of Purpose

Description of how the project will provide health services that improve health care or well-being of the market area population to be served.



UChicago Medicine's Washington Park Clinical Lab and Education Initiative

University of Chicago Medicine proposes to construct a four-story, 144,368 SF specialized clinical laboratory facility along East Garfield Boulevard in Chicago's Washington Park neighborhood (the "Project"). The Project will consolidate and modernize clinical laboratory operations, expand diagnostic capacity, support current and projected patient-care needs, and create healthcare employment and educational pathways for South Side residents.

Service Area and Community Impact

The primary focus is UChicago Medicine's South Side service area, which includes approximately 613,792 residents across 28 neighborhoods within 12 Chicago ZIP codes: 60609, 60615, 60617, 60619, 60620, 60621, 60628, 60636, 60637, 60643, 60649, and 60653. This area covers communities such as Washington Park, Hyde Park, Woodlawn, Englewood, Greater Grand Crossing, South Shore, Roseland, and Auburn Gresham. As an academic referral center, UChicago Medicine's clinical laboratory will also serve patients from the South Suburbs, Northwest Indiana, and other Illinois regions receiving specialized care.

ATTACHMENT 12

Clinical Laboratory Facility: Enhancing Diagnostic Capacity

The proposed Washington Park Pathology Laboratory will modernize and expand diagnostic infrastructure critical to patient care. Laboratory testing informs approximately 70% of clinical decisions, supporting prevention, diagnosis, treatment, and monitoring of diseases such as cancer, heart disease, diabetes, and infectious conditions. Timely, accurate lab results enable earlier diagnosis, appropriate treatment selection, and effective patient monitoring.

The existing lab spaces, spread across multiple different locations on the Hyde Park campus, suffers under aging infrastructure, the ongoing maintenance of which causes frequent disruptions in lab services. This Project will consolidate existing labs currently housed in these older, inefficient spaces into a purpose-built facility with modern infrastructure, optimized workflows, greater automation, and specialized cores. Critical to the ongoing advancement and research central to laboratory sciences, this centralized lab will consolidate teams of great minds into a single building, breaking down communication and collaboration barriers of physically separated labs. It will provide integrated spaces to think, innovate, and develop the next generation, state-of-the-art laboratory tests. The new lab will accommodate projected testing volume growth through at least 2040 and provide additional capacity to support UChicago Medicine's new AbbVie Foundation Cancer Pavilion, set to open in 2027. This expansion is vital as cancer diagnoses on Chicago's South Side are projected to increase by about 19% over five years.

The National Cancer Institute (NCI) recently awarded a six-year, \$5 million grant to the soon-to-open University of Chicago Medicine Comprehensive Cancer Center (UCCCC), maintaining its status as a leading cancer clinical research facility (<https://www.uchicagomedicine.org/forefront/cancer-articles/national-cancer-institute-clinical-trials>). The new lab will support national cancer research by enabling rapid adoption of innovative diagnostic tests.

The new lab will improve test efficiency and capacity, supporting the expanded diagnostic needs of the state's first standalone cancer pavilion dedicated to care and research.



UChicago Medicine plans to build a new facility that consolidates its existing clinical labs, modernizes their operations, and maximizes lab test efficiency. Photo by Jordan Porter-Woodruff, courtesy of the University of Chicago Medicine

In an earlier statement announcing plans for the Project, Daniel Arber, MD, Chair of Pathology at UChicago Medicine, emphasized, “Our plans for a new lab facility will help ensure that patients at UChicago Medicine continue to receive the very best care. By building this space in Washington Park, we can better support our clinical needs and allow our physicians to work even more efficiently and effectively.”

Supporting Clinical Collaboration and Improving Access to Care to the Underserved

UChicago Medicine maintains relationships with other academic institutions such as Northwestern Medicine and Mayo Clinic to provide a robust network to support advanced diagnostic and research services across the upper Midwest. This collaborative state of the art diagnostic platform supports the rapid diagnosis of high prevalence conditions including autoimmune diseases and cancers. This partnership increases access to underserved populations across the region and in our local southside communities.

Partnership with City Colleges of Chicago: Workforce Development

In collaboration with City Colleges of Chicago, UChicago Medicine and the University of Chicago are creating new healthcare career pathways for South Side residents. A key component is the construction of a new clinical lab facility on underutilized land along East Garfield Boulevard, supporting approximately 550 jobs, including approximately 350 relocated positions and 200 new positions.

In the March 5 announcement of the Project, Tom Jackiewicz, President of the University of Chicago Health System, stated, “We are excited to continue investing in the health and economic vitality of our community through this planned project in Washington Park. The facility will bring much-needed jobs to Chicago’s South Side and strengthen the pipeline for local residents to pursue careers in healthcare, including at UChicago Medicine.”

Malcolm X College Learning Center: Education and Training Hub



ATTACHMENT 12

Officials from the University of Chicago, UChicago Medicine, the City Colleges of Chicago and the city of Chicago held a March 5 event announcing the new joint project in the Washington Park neighborhood. Photo by Jordan Porter-Woodruff

Adjacent to the clinical lab, City Colleges of Chicago will build a new learning center for Malcolm X College on land owned by the Chicago Transit Authority. This \$40 million facility will serve up to 800 students annually and house Chicago's first dedicated Clinical Lab Technician (CLT) program, featuring classrooms, dry labs, and street-level retail space.

This initiative addresses the growing demand for clinical lab technicians, a critical role in patient diagnosis and treatment. South Side hospitals, including UChicago Medicine, face shortages of qualified lab techs. Annually, Chicago has about 500 medical laboratory job openings, with 1,000 across Illinois.

The proximity of the learning center to UChicago Medicine's labs will provide students with clinical rotations and experiential learning, accelerating their readiness for in-demand, well-paying jobs. Graduates with an associate degree in clinical lab technology can earn between \$42,000 and \$80,000 annually—more than double the median income of residents near the Washington Park site—with salaries rising to \$85,000 or more with a bachelor's degree.

Emily Chase, PhD, RN, Chief Nursing Officer and Senior Vice President for Patient Care Services at UChicago Medicine, noted, "We are excited that City Colleges will expand training opportunities for nurses as part of our larger plan for healthcare programs and facilities on Chicago's South Side. Nurses are essential to the healthcare system, and we are proud to support an initiative that will attract more compassionate people into the nursing profession."

Strengthening Existing Partnerships and Career Pathways

This Project builds on a strong partnership between UChicago Medicine and Malcolm X College, which has developed several career pathway programs over the past seven years. UChicago Medicine annually hosts about 65 Malcolm X students for internships and apprenticeships, engages over 100 students through career events, and hires approximately 120 graduates.

Mayor Brandon Johnson praised the initiative: "This healthcare pipeline expansion builds on a successful and strong relationship between City Colleges, the University of Chicago, and UChicago Medicine that is already placing our students into upwardly mobile careers. I applaud the partnership and the investment on our great South Side that this project represents."

The Project also supports Cristo Rey Chicago Work Study Program (CWSP), further enhancing educational opportunities for local youth.

Site and Construction Details

The proposed projects would be built along Garfield Boulevard, in the historic Washington Park neighborhood west of the University of Chicago.

The facilities will be built on two adjacent plots north of Garfield Boulevard, between the Green Line track and land east of Calumet Avenue. The clinical lab will occupy the southeast corner of the parcel, while the Malcolm X Learning Center will be on the southwest corner of the parcel nearer to the CTA Green line station.

UChicago Medicine's Washington Park facility will meet construction diversity goals: 35% minority-owned contractors, 6% women-owned contractors, 30% of labor hours from minority journey workers and apprentices, and 40% from minority laborers. The City Colleges project will meet similar goals, including 35% minority-owned and 7% women-owned contractors.

Integrated Health Care and Education Hub: A Model for Innovation and Economic Growth

The Washington Park Dual-Facility Project represents a unique co-location of healthcare and education, bridging UChicago Medicine's advanced clinical diagnostic needs with Malcolm X College's workforce pipeline.

Facilities Overview:

- UChicago Medicine Clinical Labs: Consolidates existing labs to improve efficiency and expand capacity, supporting the new cancer pavilion opening in 2027.
- Malcolm X College Learning Center: A \$40 million facility serving 800 students annually, featuring Chicago's first Clinical Lab Technician program with classrooms, labs, and retail space.
- Academic and Career Integration:
 - Clinical rotations within UChicago Medicine labs provide hands-on experience.
 - The lab site supports approximately 550 jobs, including 350 relocated positions and 200 new positions.
 - Graduates earn competitive salaries, enabling economic mobility for South Side residents.

Community Engagement and Revitalization

The Project is guided by extensive community input and aligns with long-term plans such as the 2009 Washington Park Quality of Life Plan and the 2014 Green Healthy Neighborhoods plan. Priorities include workforce development, job creation, retail revitalization, and transit-oriented development.

The Washington Park neighborhood faces significant challenges: in 2021, unemployment was 21% and poverty 47%, compared to citywide rates of 10% and 17%. Approximately 40% of land in Washington Park is vacant.

UChicago's prior investments in the area include the Arts Incubator, Green Line Performing Arts Center, renovated Green Line station retail space, and the Arts Lawn green space. The new facilities will add daytime population, support local businesses, and contribute to neighborhood vitality.

The Project emphasizes diversity in construction and workforce participation, with clear goals for involvement from minority- and women-owned businesses.

The planned development envisions an integrated ecosystem promoting education, innovation, and economic growth. It will feature:

- A vibrant economic center synergistic with the urban and academic community.

- Integrated facilities for education, research, healthcare, and commercial investment fostering cross-disciplinary collaboration.
- A public plaza with access to mass transit and pedestrian pathways linking schools, arts, culture, and recreation with views of Washington Park.

The design embraces an open-source, collaborative environment inspired by trends in biotechnology and technology industries, encouraging knowledge sharing and innovation.

Sustainability and wellness are core principles, with design features that enhance natural light, ventilation, organic materials, and views of natural elements to foster productivity and well-being for occupants and neighbors.

UChicago Medicine's Washington Park clinical lab and Malcolm X College learning center represent a transformative investment in healthcare infrastructure, workforce development, and community revitalization on Chicago's South Side. By consolidating clinical labs, expanding diagnostic capacity, and creating a dedicated education pipeline, the project addresses critical healthcare needs while fostering economic opportunity and neighborhood growth. This initiative exemplifies a model for integrated health care and education development, with strong community engagement and a commitment to diversity, sustainability, and wellness.

References

University of Chicago Medicine Comprehensive Cancer Center NCI Grant:

<https://www.uchicagomedicine.org/forefront/cancer-articles/national-cancer-institute-clinical-trials>

City Colleges of Chicago announcements and partnership details:

<https://news.uchicago.edu/story/uchicago-uchicago-medicine-and-city-colleges-chicago-announce-health-care-education>

[UChicago, UChicago Medicine, and City Colleges of Chicago announce healthcare development | Urbanize Chicago](#)

Statements from University of Chicago, UChicago Medicine, City Colleges of Chicago, and City of Chicago officials: [University of Chicago, UChicago Medicine | UChicago Civic Engagement The Citizen Newspaper Group](#)

Washington Park community plans: 2009 Washington Park Quality of Life Plan, 2014 Green Healthy Neighborhoods Plan: https://www.lisc.org/media/filer_public/07/a7/07a7d57e-e3a8-437b-aa66-2045d5397a69/washington_park_qlp_2009.pdf

Goals

UCMC's prevailing objectives are two-fold: enhanced access to multi-specialty ambulatory medical care for more patients and sustainability as the nation's healthcare system continues to shift to an outpatient delivery model. Specifically, the goals of the Project are:

Goal	Quantified and measurable objective	Timeframe
Complete the project	Complete construction, licensing, testing, staff training and phased occupancy within the approved project budget and schedule.	By the approved project completion date
Maintain continuity of patient care	Complete the transition without an unplanned interruption of essential clinical laboratory services.	During transition and activation
Maintain timely specimen transportation	Establish and maintain a maximum routine specimen-transport time of 30 minutes between the medical campus and the Washington Park laboratory.	At opening and monitored monthly thereafter
Improve transportation reliability	Measure transport time, temperature control where applicable, chain of custody and specimen integrity; investigate all failures to meet established standards.	Beginning at opening; reported monthly during the first year and quarterly thereafter
Accommodate projected demand	Provide laboratory capacity sufficient to meet projected UChicago Medicine testing volumes through at least 2030, including demand associated with the Cancer Pavilion.	At opening and reviewed annually through 2030
Improve laboratory turnaround performance	Establish baseline turnaround times before relocation and meet or improve the baseline for priority laboratory tests following stabilization of operations.	Baseline before opening; performance evaluated at 3, 6 and 12 months
Support Cancer Pavilion operations	Provide the laboratory testing capacity necessary to support the Cancer Pavilion's planned clinical services and patient volumes.	At Cancer Pavilion activation and annually thereafter
Support employment	Establish a facility capable of supporting approximately 550 positions, including approximately 200 new positions as operations and testing volumes grow.	Staffing phased through opening and subsequent operational ramp-up
Develop the laboratory workforce	Collaborate with Malcolm X College to provide clinical rotations and experiential learning placements for students in the clinical laboratory technician program.	Beginning with the first eligible student cohort
Expand allied-health education	Support the adjacent Malcolm X College Learning Center's planned capacity of up to 800 students and Chicago's first dedicated clinical laboratory technician program.	Upon opening and phased enrollment of the learning center

Connect education with employment	Track the number of Malcolm X College students completing clinical rotations, graduating, applying for laboratory positions and obtaining employment at UChicago Medicine or other healthcare employers.	Reported annually beginning with the first graduating cohort
Promote inclusive construction	Pursue construction participation goals of 35% minority-owned contractors and 6% women-owned contractors.	Measured throughout construction and reported at completion
Expand workforce participation	Pursue goals of 30% of applicable hours performed by minority journey workers and apprentices and 40% of applicable laborer hours performed by minority laborers.	Measured throughout construction and reported at completion
Strengthen community engagement	Provide regular project updates and opportunities for input from Washington Park residents, community organizations and elected officials.	During design and construction, with continuing engagement after opening
Support neighborhood vitality	Track facility employment, local hiring, student enrollment, retail occupancy and other indicators of economic activity associated with the development.	Baseline before opening; reviewed annually for three years after opening

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

UCMC is an academic medical center nationally and internationally renowned for its specialized care in cancer, digestive diseases, diabetes and endocrinology, gynecology, neonatology, cardiology, orthopedics, neurology, and urology. UCMC was ranked among the nation's top hospitals by *U.S. News & World Report* in its 2013-14 "Best Hospitals" survey. In addition, UCMC plays an integral role in the regional delivery of healthcare within Illinois and, as an example, is one of ten Perinatal Centers in the State of Illinois. As such, UCMC is a referral center for women with high risk pregnancies and for critically ill infants. In this capacity, UCMC and its providers serve as a resource for hospitals as far south as Kankakee, and in communities including Harvey, Clifton and Hazel Crest Illinois.

UCMC's primary service area closely approximates Planning Area A-03, the Chicago South Planning Area. Planning Area A-03 is roughly bounded by Roosevelt Road (12th Street) to the north, Cicero Avenue to the west, 127th Street to the south, and Lake Michigan/Indiana state line to the east.

While UCMC is an anchor for patients originating from within its own community, it also serves a wide geographic area comprising as many as 588 zip codes in ten states. Of these areas, approximately 112,000 outpatient visits to UCMC providers were attributed to patients from Planning Area A-04 in FY2013.

UCMC is committed to serving not only its immediate community, but also as a resource to a larger geographic area. UCMC seeks to provide greater access to its patients who come from surrounding areas, including suburbs south of UCMC's main campus in Hyde Park, by bringing these services closer to the patient.

2. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the Project.

A. Existing laboratory space is constrained and operationally inefficient.

UChicago Medicine's existing laboratories are distributed among older facilities that were not designed to accommodate current testing volumes, contemporary automation, specialized laboratory cores or projected future growth. Fragmentation creates inefficient movement of specimens, supplies, employees and information.

B. Additional capacity is required to meet growing clinical demand.

Laboratory testing demand is increasing because of growth in UChicago Medicine's clinical programs, changes in diagnostic medicine and the opening of the AbbVie Foundation Cancer Pavilion. The existing laboratory platform does not provide sufficient long-term capacity or flexibility to support this growth efficiently

C. Timely specimen transportation must be maintained.

Clinical specimens must reach the laboratory reliably and within an acceptable timeframe. Excessive transportation time could adversely affect laboratory turnaround time and, ultimately, clinical decision-making.

ATTACHMENT 12

D. No feasible on-campus site is available.

An on-campus building was initially evaluated and had the lowest conceptual cost. However, the alternative depended upon acquiring or making available a sufficiently large development site in an already constrained medical campus. The required property was not realistically available without affecting other essential clinical and institutional needs.

E. Leased alternatives are costly or operationally unsuitable.

The Harper Court alternative would require operations across five relatively small floors and would produce an estimated 30-year cost of approximately \$364.3 million (January 2023 est.). The warehouse alternative would not reliably meet the 30-minute specimen-transport requirement and would require extensive conversion of a structure not designed for clinical laboratory use.

F. A shortage of qualified laboratory professionals threatens future capacity.

Hospitals throughout Chicago, particularly South Side safety-net hospitals, struggle to recruit qualified clinical laboratory technicians. Approximately 500 medical laboratory positions become available annually in Chicago and approximately 1,000 across Illinois.

G. The surrounding community needs sustained economic investment.

Washington Park has experienced long-term population loss, vacant land, poverty and unemployment. Community planning efforts have consistently identified stable employment, workforce development, neighborhood retail and transit-oriented development as priorities.

3. Cite the sources of the information provided as documentation.

UCMC undertakes ongoing internal utilization studies and the source of this information includes those reports and other information reported to EMS, IDFPR and IDPH, as well as information available in Truven Health Analytics' MarketDiscovery Planning tools.

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

The Project will address the previously referenced issues, as well as the population's health status and well-being as follows:

A. Existing laboratory space is constrained and operationally inefficient.

The new facility will consolidate major laboratory functions into purpose-built space with larger, more efficient floor plates. The design will improve specimen flow, create shared specialized cores, support modern automation and provide infrastructure designed specifically for clinical laboratory operations.

B. Additional capacity is required to meet growing clinical demand.

The facility will be sized and configured to accommodate projected laboratory volumes through at least 2040. It will provide additional diagnostic capacity for existing clinical programs and the Cancer Pavilion while allowing laboratory operations to respond to changing technology, testing methods and patient-care requirements.

C. Timely specimen transportation must be maintained.

The Washington Park site is close to the medical campus and was selected to maintain specimen-transport times within the established 30-minute requirement. A dedicated and monitored specimen-transport system will provide scheduled and priority transportation, appropriate chain-of-custody procedures and performance monitoring.

D. No feasible on-campus site is available.

The Washington Park location provides sufficient land for a purpose-built facility, required infrastructure and parking while remaining close enough to the medical campus to support effective laboratory operations.

E. Leased alternatives are costly or operationally unsuitable.

The selected alternative provides a purpose-built and institutionally controlled facility at an estimated 30-year cost of approximately \$206.1 million (January 2023 est.). It is approximately \$158.1 million less costly than the Harper Court alternative and approximately \$7.3 million less costly than the warehouse alternative, while providing superior proximity and operational performance.

F. A shortage of qualified laboratory professionals threatens future capacity.

The adjacent Malcolm X College Learning Center will establish a dedicated clinical laboratory technician program serving up to 800 students. Its proximity to the new laboratory will facilitate clinical rotations, internships, practicums and experiential learning and create a direct pathway to employment at UChicago Medicine and other Illinois hospitals.

G. The surrounding community needs sustained economic investment.

The project will return underutilized property to productive use, support approximately 550 jobs - including approximately 200 new positions - and bring employees and students to the Garfield Boulevard corridor. Construction participation goals will also direct opportunities to minority and women-owned businesses and minority workers and apprentices.

Section III. Alternatives

Attachment 13

Alternatives

UCMC has long known that its existing clinical laboratory services would need replacement and engaged in extensive planning for the best options. UCMC evaluated four alternatives as part of a comprehensive Clinical Laboratory Master Plan prepared with the assistance of an experienced laboratory planning consultant. That Master Plan identified four alternatives for the lab replacement as discussed below. Construction costs listed were based upon the 2023 plan and do not reflect soft costs such as financing. Each alternative was evaluated against the same fundamental requirements: the ability to support projected laboratory volumes, improve specimen and operational flow, accommodate specialized laboratory functions, maintain acceptable specimen-transport times, provide long-term flexibility, and represent a financially responsible investment.

After considering these factors, UChicago Medicine selected Alternative 4 - a new, purpose-built clinical laboratory facility near the medical campus and west of Washington Park - as the most appropriate and responsible alternative.

Alternative 1. Construct a new lab building on campus. Construction of a new laboratory building on the medical campus had the lowest construction cost and estimated 30-year cost at approximately \$164.2 million (January 2023 est.) and would have allowed specimens to be transported through the existing pneumatic-tube system. However, this alternative depended upon the acquisition and availability of a sufficiently large on-campus site. There were actually no available spaces on the medical campus. The only options would have had the additional costs of relocating existing services and building a new building. The added enabling work would have easily doubled the cost of the project and involved a 5-year delay. Consequently, Alternative 1 was not considered a realistically implementable solution, despite its lower conceptual cost. Its cost estimate also did not include parking, whereas Alternative 4 provides approximately 88,000 square feet of structured parking. The apparent cost advantage of Alternative 1, therefore, does not represent an equivalent facility comparison.

Alternative 2. Developing of leased laboratory space at nearby Harper Court in Hyde Park offered proximity to the medical campus but presented significant operational and financial disadvantages. The available building configuration would require the laboratory to operate across five relatively small floors, creating inefficient and expensive vertical movement of specimens, personnel, supplies, and waste. In addition, the alternative would require substantial construction and equipment investment in property that UCMC would lease rather than own. While construction costs were lower at \$96 million, annual rent and added equipment-service expenses, its estimated 30-year cost was approximately \$364.3 million (January 2023 est.), more than \$158 million greater than Alternative 4. This alternative was therefore neither operationally optimal nor financially responsible.

Alternative 3. Convert an existing warehouse into lab space. UCMC considered converting an existing warehouse, had an estimated 30-year cost of approximately \$213.5 million (January 2023 est.). Although a single-floor configuration offered certain operational benefits, the evaluated warehouse location could not reliably meet the established 30-minute specimen-transport requirement. That limitation was significant because predictable and timely specimen transportation is essential to laboratory turnaround times and the delivery of safe, effective patient care. The warehouse alternative would also require a long-term lease and the extensive conversion of a structure that was not originally designed for the specialized infrastructure, utility capacity, environmental controls, resiliency, and workflow requirements of a modern clinical laboratory. Despite these compromises, its estimated 30-year cost was approximately \$7.3 million (January 2023 est.) greater than Alternative 4, construction costs were lower at \$125 million but had a 30-year cost of \$206 million.

Alternative 4. Construct proposed new lab building in Washington Park. The proposed Project provides the best balance of operational performance, proximity (meets the 30 minute turnaround time), feasibility, long-term value, and strategic flexibility. Its location is sufficiently close to the medical campus to support reliable specimen transportation within the established service requirement while avoiding the land constraints that made on-campus construction impracticable. A purpose-built facility will allow laboratory departments, infrastructure, utilities, and workflows to be designed specifically for high-volume clinical laboratory operations rather than adapted to the limitations of leased commercial or warehouse space.

The larger and more efficient floor plates will promote consolidated workflows, reduce unnecessary vertical movement, and provide flexibility to accommodate projected testing volumes, automation, specialized laboratory cores, and future changes in laboratory technology. The facility will also be located near public transportation and within an area planned for future science and research development, creating opportunities for workforce development and educational collaboration with City Colleges of Chicago.

Although Alternative 4 has an estimated initial project cost of approximately \$178.0 million (January 2023 est.) and a 30-year cost of approximately \$206.1 million (January 2023 est.), it is substantially less costly than the leased-building alternative and modestly less costly than the warehouse alternative while providing materially better operational performance. The floor plate size has changed since the Master Plan. It also results in a purpose-built, institutionally controlled asset rather than a major investment in leased space. Compared with the only lower-cost alternative, Alternative 4 is the option that can actually be implemented without relying on unavailable on-campus land.

For these reasons, Alternative 4 represents the most practical, clinically appropriate, and economically responsible means of meeting UChicago Medicine's long-term clinical laboratory needs.

2. Comparison of Alternatives

Alternatives to the Proposed Project Cost/Benefit Analysis

Alternative	2023 Cost Estimate	Benefits/Limitations
#1 New Clinical Lab on Campus	\$164 Million Construction \$164 Million 30-year	Pros: Specimens connected by P-Tube, all lab activities centralized on campus, parking not included Cons: Difficult land acquisition
#2 Clinical Lab in Leased Building	\$96 Million Construction \$364 Million 30-year	Pros: Near campus, University-owned building Cons: Small floor plates, expensive rent, vertical design (5 floors)
#3 New Clinical Lab in a Local Warehouse Building	\$125 Million Construction \$213 Million 30-year	Pros: Clinical Lab all on one floor, existing structure already in place Cons: Location was not within 30-minute specimen transport requirement
#4 New Clinical Lab on Greenfield Site Near Campus - Proposed Project	\$178 Million Construction 206 Million 30-year	Pros: Near campus and public transportation, site of future university science & research facilities, educational collaboration with City Colleges Cons: Brownfield site

Community and Workforce Benefits of the Selected Alternative

In addition to being the most practical and operationally appropriate alternative, the Washington Park location provides significant benefits that would not be achieved by the other alternatives evaluated.

The proposed clinical laboratory facility is part of a broader partnership among UChicago Medicine, the University of Chicago, and City Colleges of Chicago. City Colleges plans to construct a Malcolm X College Learning Center on the adjacent property. The learning center will serve up to 800 students and establish Chicago's first dedicated clinical laboratory technician program, creating a direct educational pathway into an occupation for which qualified employees are currently in short supply.

The proximity of the two facilities is an essential feature of the partnership. Students will have access to clinical rotations, experiential learning, internships, and career-development opportunities within UChicago Medicine's clinical laboratory. This will allow students to connect classroom instruction with experience in a highly specialized, modern clinical laboratory environment. Graduates will be prepared for employment at UChicago Medicine and other hospitals throughout Chicago, including South Side safety-net institutions that face similar workforce shortages.

The initiative builds upon an established relationship between UChicago Medicine and Malcolm X College. Each year, UChicago Medicine hosts an average of approximately 65 Malcolm X College students through internships, practicums, and apprenticeships; engages more than 100 students through career-development activities; and hires an average of approximately 120 Malcolm X College graduates. The proposed co-located facilities will expand an existing, successful workforce pipeline rather than create an untested program.

The need for this workforce investment is substantial. Approximately 500 medical laboratory positions become available annually in Chicago and approximately 1,000 across Illinois. The new educational program will make these careers more accessible through a one- to two-year degree pathway. Clinical laboratory positions generally offer salaries ranging from approximately \$42,000 to \$80,000 for associate-degree graduates, with additional earning potential for those who obtain a bachelor's degree. The partnership will therefore help address a critical healthcare workforce shortage while creating pathways to stable, well-paying careers for residents of the surrounding community.

The clinical laboratory facility itself is expected to support approximately 550 jobs, including approximately 200 newly created positions. Its location near the Garfield Green Line station will make those employment and educational opportunities more accessible by public transportation. The project will also bring a substantial daytime population of employees and students to the Garfield Boulevard corridor, supporting existing businesses, attracting new retail activity, and returning underutilized property to productive use.

The Project also responds directly to priorities identified through community engagement and previous Washington Park planning efforts, including the creation of jobs, workforce-development

opportunities, investment near the Green Line, additional neighborhood retail, and stronger partnerships with healthcare and educational institutions. Construction will further support inclusive economic development through established minority and women-owned contractor participation goals and minority workforce participation goals.

Section IV. Project Scope and Utilization

Attachment 14

Project Scope and Utilization

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Reviewable:				
High Containment Lab	2,072	NA	NA	NA
Clinical Labs	81,480	NA	NA	NA
Total Reviewable:	83,552			
Non-Reviewable:				
Public	8,256	NA	NA	NA
Office / Administration	25,439	NA	NA	NA
Building Support	23,744	NA	NA	NA
Total Non-Reviewable	57,439			
Project Totals:	140,991			

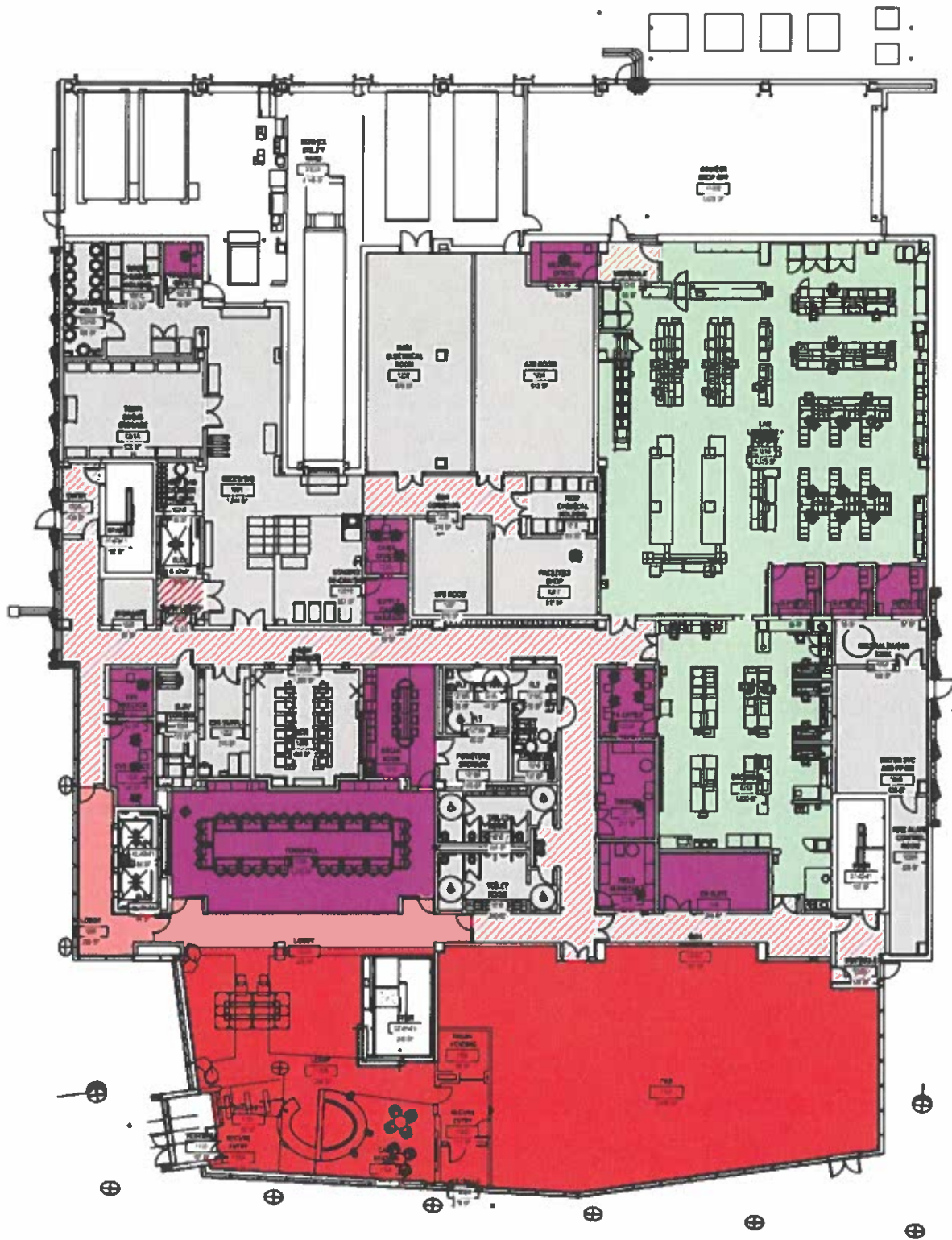
1. Overview.

UChicago Medicine is experiencing substantial growth in key services lines that drive demand for Clinical Lab Services. At the Hyde Park medical campus, the laboratories are currently space constrained with no opportunity for expansion that would meet the forecasted growth. The existing laboratories comprise approximately 35,000 DGSF across multiple different campus buildings. The service is currently fragmented, causing inefficiencies and inaccurate reporting. The clinical laboratories provide service to all on-campus inpatient and outpatient departments and some satellite Ingalls Memorial Hospital locations, off-site clinics and group practices. Samples are transported using a combination of systems, including a pneumatic tube system, a small trolley-package carrying system, and hand delivery by couriers. The existing Core Labs in the basement of Mitchell Hospital are divided by fire barriers that cannot maximize modern laboratory automation utilization.

In 2022, UChicago Medicine embarked on a comprehensive Master Planning effort for a new Clinical Lab facility. The multiple scenarios developed were based on the aim to consolidate the maximum amount of clinical lab space into a single modern, open, and flexible lab environment. Of the four studies, the selected scenario was to build the new facility west of Washington Park along Garfield Boulevard. The proposed project consists of a 144,368 BGSF four-story building to house the clinical laboratories, offices, support functions, enclosed penthouse, and space for of retail food service on the first floor.

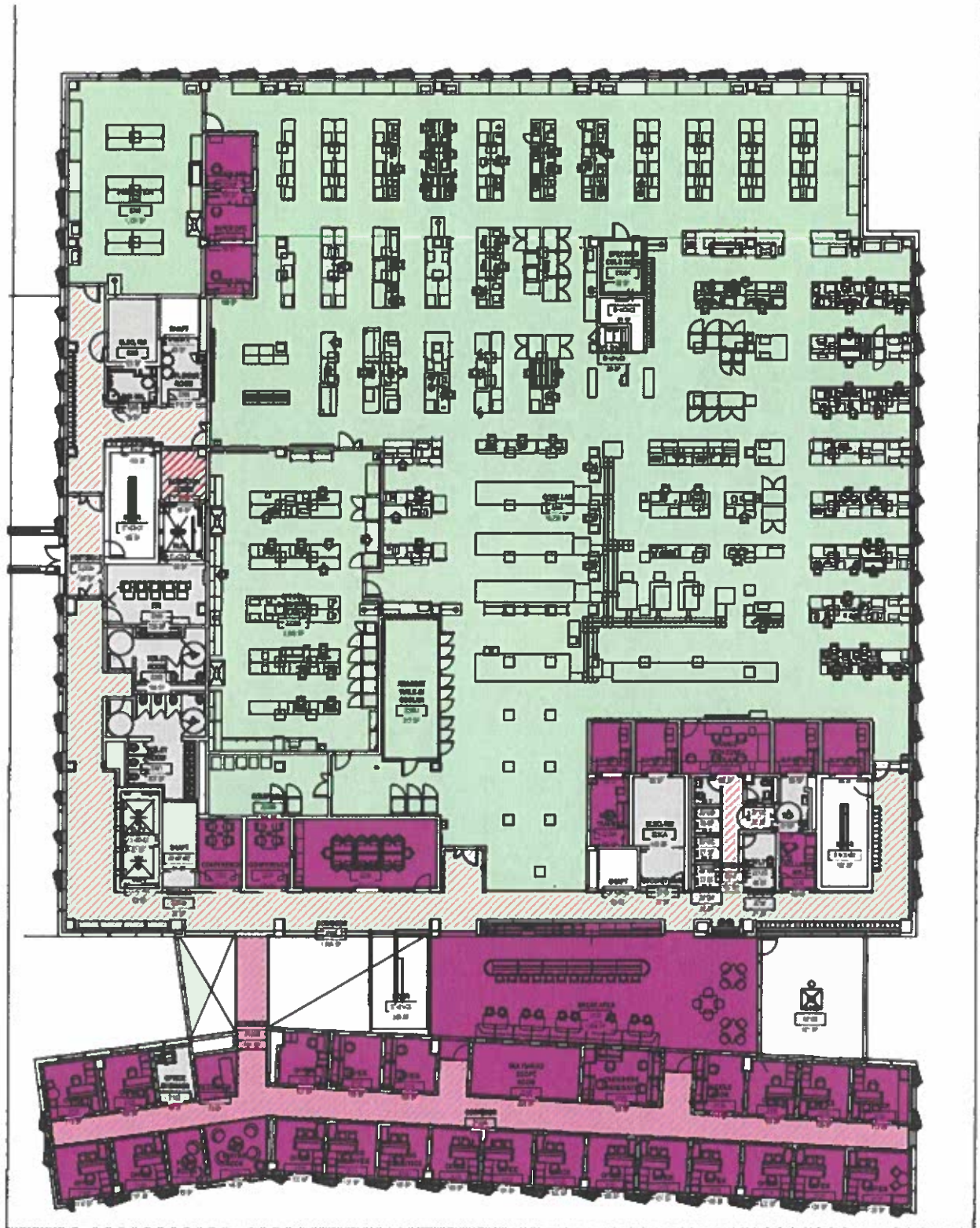
The proposed building concept contains three distinct areas; a large square flexible space for the clinical laboratories, a linear office block along Garfield Boulevard, and a central collaboration space that connects the two and carries up through the building. The office component will face the greenery of Garfield Boulevard while the clinical labs will enjoy views of Washington Park. The main entry contains the public lobby, large conference space and the food & beverage commercial space at the south end of the site. The reviewable program consists of a High Containment Laboratory of 2,072 DGSF – with elevated biosafety levels for high-risk pathogens, together with 81,480 DGSF of clinical laboratory sections: Laboratory Logistics and Support, a Core Lab, an Innovation Lab, Special Chemistry-Immunology, Anatomic Pathology, digital pathology, block and slide storage, Epidemiology, Microbiology and Molecular Microbiology, Transplant Immunology and Infection Lab (TIIL), and Clinical Genomics. There is an adjacent office block for faculty and staff that house offices, hoteling space and conference rooms at 25,439 DGSF. The building support areas include all mechanical, electrical, security/BAS rooms, storage, janitorial and toilet rooms at 23,744 DGSF.

PROGRAM DEPARTMENTAL GROSS SQUARE FEET Name	Area
HIGH CONTAINMENT LAB	
MICROBIOLOGY & MOLECULAR MICRO CONTAINMENT	2,072 SF
	2,072 SF
CLINICAL LABS	
LABORATORY LOGISTICS & SUPPORT	5,809 SF
CORE LAB	15,808 SF
INNOVATION LAB	1,396 SF
SPEC CHEMISTRY-IMMUNOLOGY	8,809 SF
ANATOMIC PATHOLOGY	14,498 SF
AP SHARED_TEM LAB	301 SF
EPI	1,138 SF
MICROBIOLOGY & MOLECULAR MICRO	12,027 SF
CLINICAL GENOMICS	21,693 SF
	81,480 SF
PUBLIC	
F&B	4,602 SF
LOBBY	3,654 SF
	8,256 SF
OFFICE / ADMINISTRATIVE	
BREAK	5,515 SF
CONFERENCE	3,627 SF
OFFICE	16,296 SF
	25,438 SF
BUILDING SUPPORT	
BUILDING SERVICES	6,996 SF
BLOCKS & SLIDES	1,503 SF
LOADING DOCK	2,366 SF
MEP ROOMS	12,880 SF
	23,745 SF
Grand total	140,991 DGsf



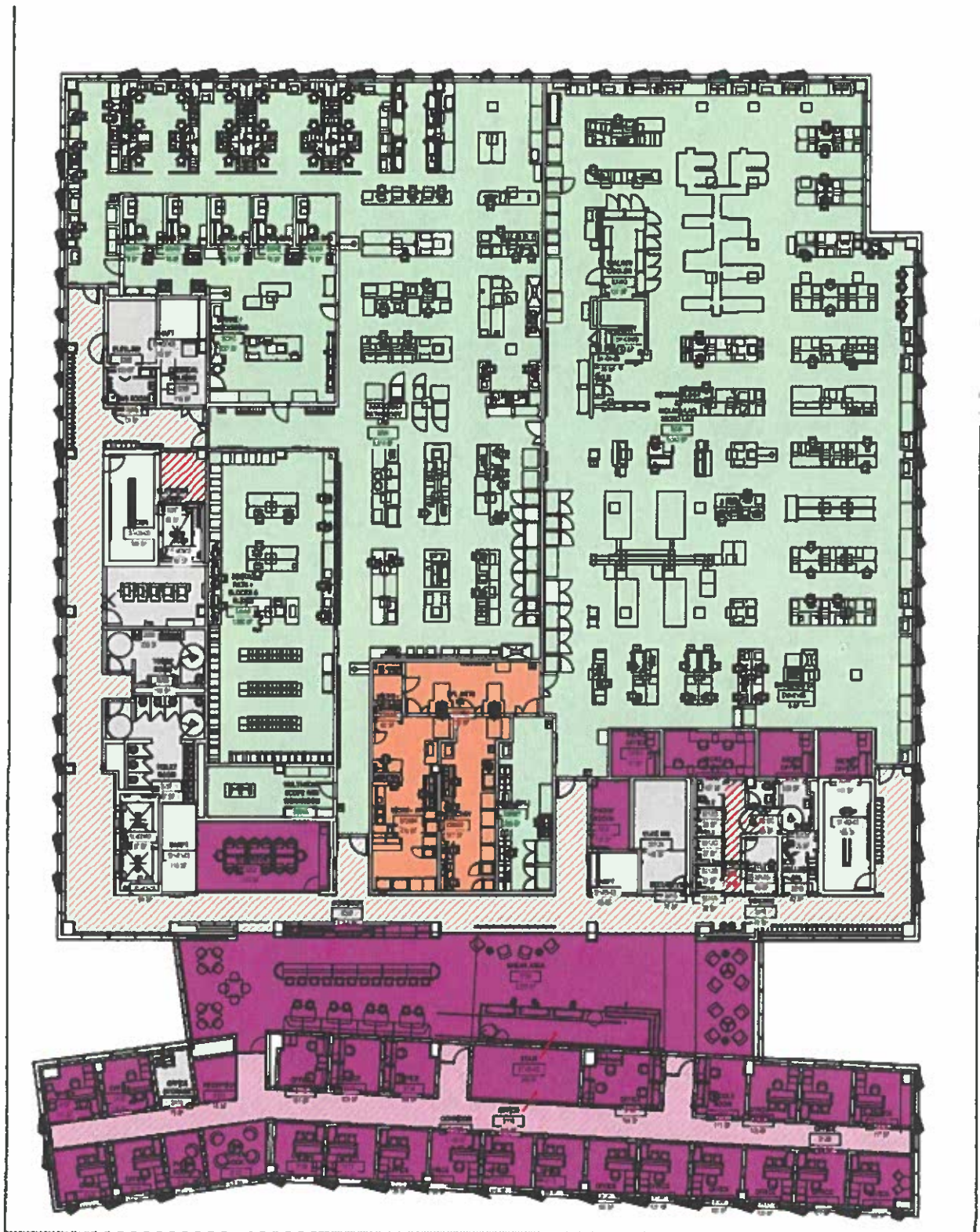
WPCL Level 1

ATTACHMENT 14



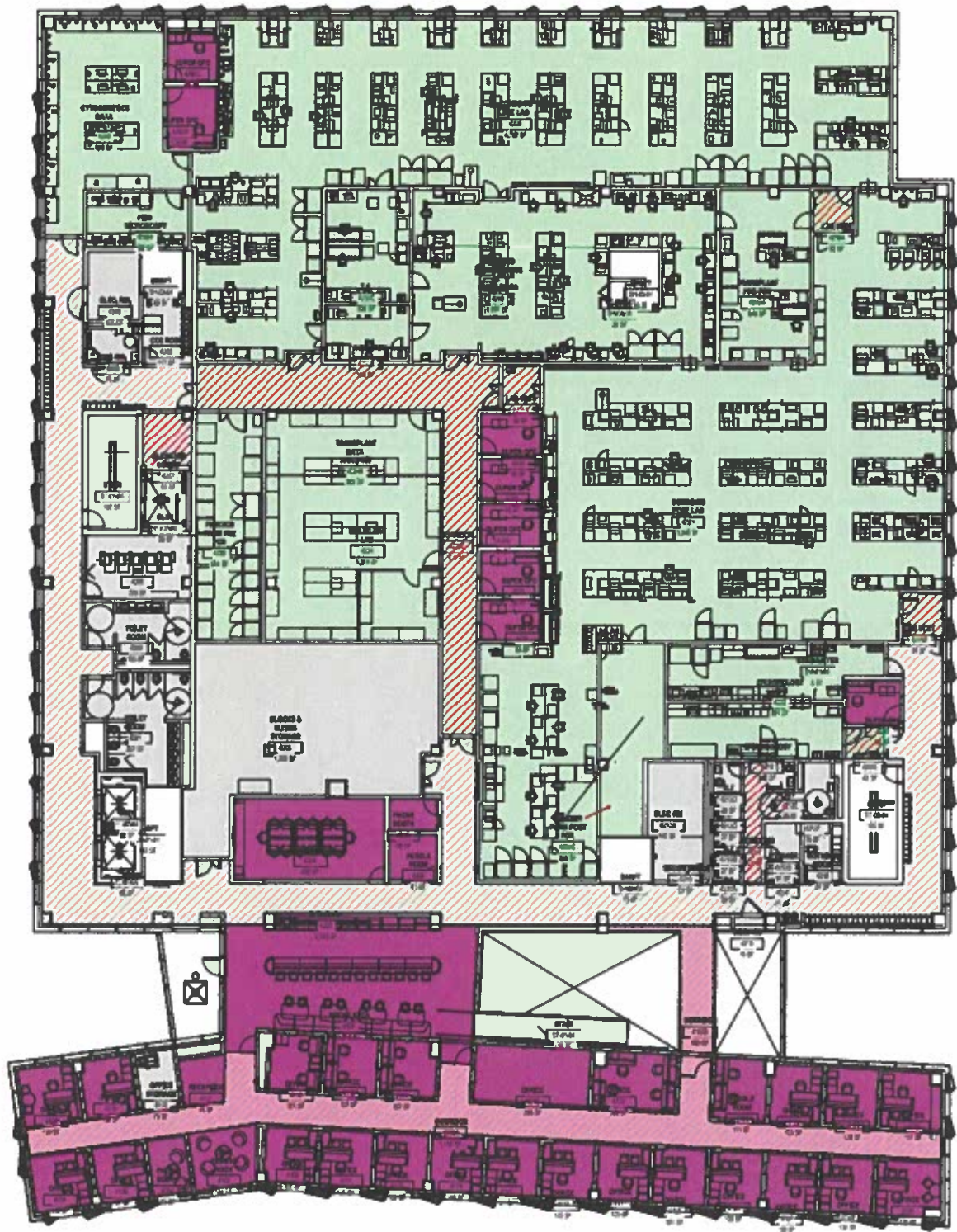
WPC Level 2

ATTACHMENT 14



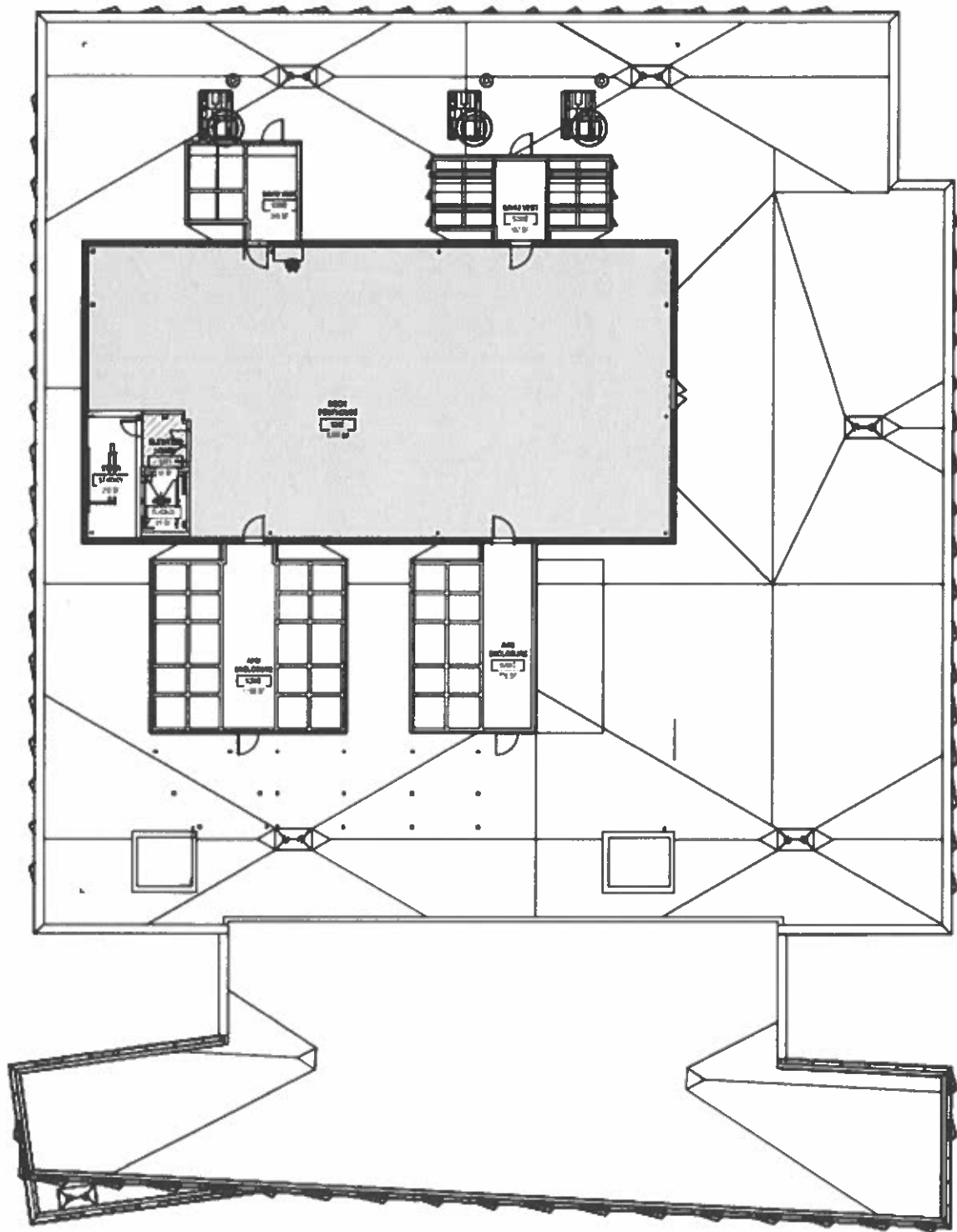
WPCL Level 3

ATTACHMENT 14



WPCL Level 4

ATTACHMENT 14



WPCL Penthouse

ATTACHMENT 14

Section IV. Project Services Utilization

Attachment 15

Appendix B, Project Services Utilization

1110.120 c) Project Size Utilization

1. Project Services Utilization.

The Project is a consolidated clinical laboratory processing facility. It contains no patient-facing service areas, no treatment or examination rooms, and no categories of service as defined at 77 Ill. Adm. Code 1100. This section addresses the reviewable clinical laboratory program only, consisting of the High Containment Laboratory and the clinical laboratory sections.

Neither 77 Ill. Adm. Code 1110, Appendix B nor 77 Ill. Adm. Code 1100 establishes a utilization standard for clinical laboratory service areas. Section 1110.120(c) expressly identifies laboratory as a clinical service area for which norms are not listed in Appendix B. There is accordingly no State standard against which the annual utilization of the service areas included in this Project can be measured, consistent with the "NA" State Standard entries at Attachment 14 and the Assurances at Attachment 17.

Utilization (services without utilization standards)

Utilization	Dept./Service	Historical Utilization	Projected Utilization**	State Standard	Meet Standard?	Units
FY19	Laboratory (aggregated)	4,424,763	-	No Specific Standard	n/a	n/a
FY20		4,451,746	-	No Specific Standard	n/a	n/a
FY21		4,985,228	-	No Specific Standard	n/a	n/a
FY22		5,198,632	-	No Specific Standard	n/a	n/a
FY23		5,306,166	-	No Specific Standard	n/a	n/a
FY24		5,736,725	-	No Specific Standard	n/a	n/a
FY25		6,069,866	-	No Specific Standard	n/a	n/a
FY26*		6,386,710	-	No Specific Standard	n/a	n/a
FY27		-	6,644,881	No Specific Standard	n/a	n/a
FY28		-	6,915,204	No Specific Standard	n/a	n/a

ATTACHMENT 15

FY29		-	7,198,317	No Specific Standard	n/a	n/a
FY30		-	8,441,312	No Specific Standard	n/a	n/a
FY31		-	8,809,810	No Specific Standard	n/a	n/a

UCMC's clinical laboratories completed 6,386,710 tests in FY26, and testing volumes have grown at an average of approximately 5% annually since FY19. Volumes are projected to continue growing at approximately 4% annually prior to the opening of the new facility. The Project provides the capacity to absorb that organic growth, to insource specialized testing currently sent to out-of-state reference laboratories, and to establish reference laboratory services for community hospitals and health systems across the region. Each of these shortens turnaround time and supports faster clinical decision-making. No State utilization standard applies to clinical laboratory services, and utilization for this Project is therefore presented as historical and projected testing volumes.

Detailed Breakout of Laboratory Volumes by Clinical Section Actual vs Projection (FY19-FY34)

The Project is expected to open in FY30, making FY30 and FY31 the first and second years of operation. Aggregate laboratory testing volumes are projected to reach 8,441,312 in FY30 and 8,809,810 in FY31. The approximately 17% increase in FY30 reflects the point at which UCMC begins performing specialized testing currently sent to out-of-state reference laboratories and begins accepting referred testing from community hospitals and health systems in the region. Volumes are projected to grow at approximately 4% annually thereafter as UCMC's clinical programs continue to expand.

Volume	Actual										Projection					
	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30	FY31	FY32	FY33	FY34
Lab Service Center	308,552	288,174	246,639	166,229	200,777	199,261	213,731	207,282	215,661	224,434	233,623	199,775	200,478	197,084	202,070	208,726
Offsite Lab Service Center - Orland Park	51,235	55,494	51,210	88,301	140,332	133,856	149,185	155,869	162,170	168,767	175,676	184,007	191,621	199,600	207,964	216,734
Offsite Lab Service Center - Silver Cross							38,477	48,892	50,868	52,938	55,105	57,718	60,106	62,609	65,233	67,984
Lab Alt Site Testing	521,513	530,463	597,660	639,853	625,478	774,547	779,367	814,401	847,322	881,792	917,893	949,337	982,015	1,015,986	1,060,751	1,097,748
Lab Anatomical Pathology	114,505	124,291	143,350	145,547	154,863	157,698	179,045	196,262	204,196	212,502	221,202	283,993	296,633	309,872	324,399	338,858
Lab Clinical Hematology	577,460	526,088	573,735	599,174	598,586	672,549	681,563	688,357	716,183	745,318	775,832	851,194	889,601	929,126	974,737	1,015,172
Lab Coagulation	224,048	217,533	251,920	258,911	254,270	270,911	278,434	293,271	305,126	317,539	330,539	349,709	363,016	376,643	393,816	407,699
Lab Clinical Chemistry	1,789,459	1,799,024	2,079,868	2,210,016	2,297,842	2,563,296	2,693,596	2,903,906	3,021,291	3,144,201	3,272,927	4,119,399	4,311,270	4,513,601	4,728,959	4,913,802
Lab Endocrinology	3,886	2,918	3,334	3,466	2,469	2,905	3,227	1,665	1,732	1,803	1,877	1,966	2,047	2,132	2,221	2,315
Lab Clinical Microbiology	554,014	612,102	703,256	729,934	659,970	593,970	648,967	644,954	671,025	698,323	726,913	922,014	967,386	1,012,309	1,061,981	1,107,399
Lab Transplant	8,049	8,876	10,932	12,352	14,117	21,527	25,734	28,097	29,233	30,422	31,667	35,025	37,110	39,242	41,513	43,603
Lab Molecular Diagnostic	6,378	6,025	7,427	25,649	13,197	21,619	27,308	31,655	32,935	34,274	35,678	46,712	49,446	51,436	60,525	63,064
Lab Dermatology	4,615	4,374	5,407	5,822	5,974	5,898	6,346	6,529	6,793	7,069	7,359	7,708	8,027	8,361	8,711	9,078
Lab Cytogenetics	2,779	13,750	16,149	20,577	50,544	23,664	24,742	29,709	30,910	32,167	33,484	36,264	38,156	40,149	42,329	44,530
UC MedLabs	6,247	4,925	8,463	9,903	6,158	2,205	157	8	8	9	9	9	10	10	11	11
Lab Blood Bank	199,176	205,630	228,230	227,040	227,622	244,000	260,738	274,410	285,503	297,117	309,281	323,947	337,352	351,400	366,125	381,564
Blood Product	52,847	52,079	57,648	55,858	53,967	48,869	59,249	61,443	63,927	66,527	69,251	72,535	75,536	78,682	81,979	85,436
Total Hyde Park Lab Tests	4,424,763	4,451,746	4,985,228	5,198,632	5,306,166	5,736,725	6,069,866	6,386,710	6,644,881	6,915,204	7,198,317	8,441,312	8,809,810	9,188,242	9,623,325	10,003,723
% Change		0.6%	12.0%	4.3%	2.1%	8.1%	5.8%	5.2%	4.0%	4.1%	4.1%	17.3%	4.4%	4.3%	4.7%	4.0%

Notes

FY21 volume increase tied to COVID testing
Assumes opening in FY30 with increase in testing for reference labs services and insourcing send outs
Growth rates from pro forma applied to current volume forecasts

Section IV, Unfinished or Shell Space

Attachment 16

There is no unfinished shell space in this Project.

Section IV, Assurances

Attachment 17

This Project will consist of clinical lab space only. There are no utilization standards for clinical lab services.

Attachment 31

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

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

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

Service	# Existing Key Rooms	# Proposed Key Rooms
☐		
☐		
☐		

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

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

Criterion 1110.270(c)(2) - Clinical Service Areas Other than Categories of Service**Attachment 31****Clinical Services Other Than Categories of Service**

Services	# of Existing Key Rooms	# of Net New Key Rooms	# of Proposed Key Rooms
Clinic Exam Rooms	<i>None proposed</i>		
Net New	--	--	--
Existing	--	--	--
Imaging	<i>None proposed</i>		
Laboratory	--	2	2
High-Containment Lab	--	1	1
Clinical Lab (<i>incl. Core Lab, Special Chemistry – Immunology, Anatomic Pathology, Microbiology and Molecular Microbiology, Clinical Genomics</i>)	--	1	1

This Project is essentially a replacement and expansion of UCMC's existing clinical laboratory services. Because this replacement and expansion is on a new site, however, Review Board regulations, 1110.270(a)(4), specify that requirements for a new site or service must be followed.

1. Indicate Changes by Service.

This proposed Project is intended to construct a purpose-built clinical laboratory facility along East Garfield Boulevard in Chicago's Washington Park neighborhood and to consolidate into it clinical laboratory services currently performed across numerous buildings on UCMC's Hyde Park medical campus.

Specifically, UCMC proposes to construct a 144,368 BGSF four-story building containing 83,552 DGSF of reviewable clinical laboratory space. The reviewable program consists of a High Containment Laboratory of 2,072 DGSF – with elevated biosafety levels for high-risk pathogens, together with 81,480 DGSF of clinical laboratory sections: Laboratory Logistics and Support, a Core Lab, an Innovation Lab, Special Chemistry-Immunology, Anatomic Pathology, digital pathology, block and slide storage, Epidemiology, Microbiology and Molecular Microbiology, Transplant Immunology and Infection Lab (TIIL), and Clinical Genomics. Non-reviewable public, office and administrative, and building support space is itemized at Attachment 14.

ATTACHMENT 31

The Project will include dumbwaiters, vertical specimen transport within the labs and courier drop off/receiving station to maintain turnaround within UCMC's established 30-minute requirement. In addition to accommodating projected testing volume growth, it will also enable automation and streamlined operational queues that the current configuration cannot accommodate due to the fragmented placement of laboratory sections across different locations on campus.

2. **Establishment of New Facility.**

A. **Service Demand.**

The primary purpose of the Project is to consolidate and modernize UCMC's clinical laboratory services and to expand diagnostic capacity for current and projected patient demand. Laboratory testing informs approximately 70% of clinical decisions, and the laboratories serve all on-campus inpatient and outpatient departments as well as Ingalls Memorial Hospital satellite locations, off-site clinics and group practices. Laboratory capacity therefore constrains the pace at which UCMC's clinical programs can grow.

The existing platform cannot support that growth. UCMC's laboratories occupy approximately 35,000 DGSF distributed across disparate locations on the Hyde Park medical campus, none designed for current testing volumes, contemporary automation or specialized laboratory cores, and there is no opportunity for on-campus expansion that would meet forecasted growth. Fragmentation across multiple locations produces inefficient movement of specimens, supplies, staff and information along with duplicated support space at each site, and the existing Core Labs are divided by fire barriers that prevent modern laboratory automation from being deployed at scale.

The condition of the existing space compounds these constraints. UCMC's main laboratories sit in the basement of Mitchell Hospital and depend on decades-old building infrastructure. During periods of heavy rain or severe weather, these areas experience inflows of water that damage laboratory equipment, threaten the integrity of patient specimens, and cause substantive delays in testing and reporting. These are conditions of the building itself and cannot be resolved through renovation within the existing footprint.

Demand for laboratory testing is increasing. UCMC is experiencing substantial growth in the clinical service lines that feed the clinical laboratories, and diagnostic medicine continues to shift toward molecular and genomic methods that require purpose-built cores and containment the current platform does not provide. The UChicago Medicine AbbVie Foundation Cancer Pavilion, the state's first standalone facility dedicated to cancer care and research, opens in 2027, and cancer diagnoses on Chicago's South Side are projected to increase by approximately 19% over five years. The existing laboratories can accommodate neither the testing volumes the Cancer Pavilion will generate nor the newer and more specialized categories of cancer testing that oncology care increasingly requires.

The Project also delivers direct benefits to patient care. Consolidating testing into a single purpose-built facility shortens turnaround time for clinical decision-making, reduces the number of tests sent to outside laboratories and the multi-day waits that accompany them, and eliminates specimen handoffs between separate locations.

B. Project Impact on Area Providers.

The Project also positions UCMC to serve as a local reference laboratory for Greater Chicagoland and Northwest Indiana, and in doing so it adds regional testing capacity rather than redistributing existing volume. The facility will house newer and more advanced instrumentation capable of handling substantially greater test volumes and of performing specialized and sub-specialized testing that is presently sent out of state. Community hospitals and safety-net providers across the region face growing testing needs alongside limited ability to perform highly specialized testing themselves. Performing that work locally shortens turnaround times for those providers relative to out-of-state reference laboratories and offers a regional alternative that can reduce laboratory costs across the healthcare ecosystem. The Project will therefore not adversely affect other area providers, and addresses capability needs that peer institutions would otherwise have to invest in independently.

C. Major Medical Equipment.

The Project does not include major medical equipment that exceed the capital expenditure minimum defined by the Illinois Health Facilities Planning Act.

D. Service to the Planning Area Residents.

The Primary Purpose of the proposed project is to continue to provide care to residents of the planning area and other patients who receive their care from UChicago Medicine. The proposed laboratory will be less than one mile from the UCMC campus and will continue to serve the same existing patient base.

E. Utilization (services with utilization standards).

The Project is a consolidated clinical laboratory processing facility. It contains no patient-facing service areas, no treatment or examination rooms, and no categories of service as defined at 77 Ill. Adm. Code 1100. This section addresses the reviewable clinical laboratory program only, consisting of the High Containment Laboratory and the clinical laboratory sections.

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FY25		6,069,866	-	No Specific Standard	n/a	n/a
FY26*		6,386,710	-	No Specific Standard	n/a	n/a
FY27		-	6,644,881	No Specific Standard	n/a	n/a
FY28		-	6,915,204	No Specific Standard	n/a	n/a
FY29		-	7,198,317	No Specific Standard	n/a	n/a
FY30		-	8,441,312	No Specific Standard	n/a	n/a
FY31		-	8,809,810	No Specific Standard	n/a	n/a

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The Project is expected to open in FY30, making FY30 and FY31 the first and second years of operation. Aggregate laboratory testing volumes are projected to reach 8,441,312 in FY30 and 8,809,810 in FY31. The approximately 17% increase in FY30 reflects the point at which UCMC begins performing specialized testing currently sent to out-of-state reference laboratories and begins accepting referred testing from community hospitals and health systems in the region. Volumes are projected to grow at approximately 4% annually thereafter as UCMC's clinical programs continue to expand.

Volume	Actual										Projection						
	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30	FY31	FY32	FY33	FY34	
Lab Service Center	308,552	288,174	246,639	166,229	200,777	199,261	213,731	207,282	215,661	224,434	233,623	199,775	200,478	197,084	202,070	208,726	
Offsite Lab Service Center - Orland Park	51,235	55,494	51,210	88,301	140,332	133,856	149,185	155,869	162,170	168,767	175,676	184,007	191,621	199,600	207,964	216,734	
Offsite Lab Service Center - Silver Cross	-	-	-	-	-	-	38,477	48,892	50,868	52,938	55,105	57,718	60,106	62,609	65,233	67,984	
Lab All Site Testing	521,513	530,463	597,660	639,853	625,478	774,547	779,367	814,401	847,322	881,792	917,893	949,337	982,015	1,015,986	1,060,751	1,097,748	
Lab Anatomic Pathology	114,505	124,291	143,350	145,547	154,863	157,698	179,045	196,262	204,196	212,502	221,202	283,993	296,633	309,872	324,399	338,858	
Lab Clinical Hematology	577,460	526,088	573,735	599,174	598,586	672,549	681,563	688,357	716,183	745,318	775,832	851,194	889,601	929,126	974,737	1,015,172	
Lab Coagulation	224,048	217,533	251,920	258,911	254,270	270,911	278,434	293,271	305,126	317,539	330,539	349,709	363,016	376,643	393,816	407,899	
Lab Clinical Chemistry	1,789,459	1,799,024	2,079,868	2,210,016	2,297,842	2,563,296	2,693,596	2,903,906	3,021,291	3,144,201	3,272,927	4,119,399	4,311,270	4,513,601	4,728,959	4,913,802	
Lab Endocrinology	3,886	2,918	3,334	3,466	2,469	2,905	3,227	1,665	1,732	1,803	1,877	1,966	2,047	2,132	2,221	2,315	
Lab Clinical Microbiology	554,014	612,102	703,256	729,934	659,970	593,920	648,967	644,954	671,025	698,323	726,913	922,014	967,386	1,012,309	1,061,981	1,107,399	
Lab Transplant	8,049	8,876	10,932	12,352	14,117	21,527	25,734	28,097	29,233	30,422	31,667	35,025	37,110	39,242	41,513	43,603	
Lab Molecular Diagnostic	6,378	6,025	7,427	25,649	13,197	21,619	27,308	31,655	32,935	34,274	35,678	46,712	49,446	51,436	60,525	63,064	
Lab Dermatology	4,615	4,374	5,407	5,822	5,974	5,898	6,346	6,529	6,793	7,069	7,359	7,708	8,027	8,361	8,711	9,078	
Lab Cytogenetics	2,779	13,750	16,149	20,577	50,544	23,664	24,742	29,709	30,910	32,167	33,484	36,264	38,156	40,149	42,329	44,530	
UC MedLabs	6,247	4,925	8,463	9,903	6,158	2,205	157	8	8	9	9	9	10	11	11	11	
Lab Blood Bank	199,176	205,630	228,230	227,040	227,622	244,000	260,738	274,410	285,503	297,117	309,281	323,947	337,352	351,400	366,125	381,564	
Blood Product	52,847	52,079	57,648	55,858	53,967	48,869	59,249	61,443	63,927	66,527	69,251	72,535	75,536	78,682	81,979	85,436	
Total Hyde Park Lab Tests	4,424,763	4,451,746	4,985,228	5,198,632	5,306,166	5,736,725	6,069,866	6,386,710	6,644,881	6,915,204	7,198,317	8,441,312	8,809,810	9,188,242	9,621,325	10,003,723	
% Change		0.6%	12.0%	4.3%	2.1%	8.1%	5.8%	5.2%	4.0%	4.1%	4.1%	17.3%	4.4%	4.3%	4.7%	4.0%	

Notes
FY21 volume increase tied to COVID testing
Assumes opening in FY30 with increase in testing for reference labs services and insourcing send outs
Growth rates from pro forma applied to current volume forecasts

Section VII. 1120.120 Availability of Funds

Attachment 34

Audited Financial Statements for years 2022, 2023, 2024 and 2025 were provided in a separate filing for Project No. 26-040 and show the availability of funds for the portion of the Project cost to be paid for with cash.

Section VIII, Availability of Funds

Attachment 35

Evidence of UCMC's most recent bond ratings from Standard & Poor (AA-) and Moody's (Aa3) is attached and shows that UCMC meets the requirements for the financial viability waiver.

The Univ. of Chicago Med. Ctr.

Following options

SUMMARY

REPORTS

RATINGS & ASSESSMENTS

METHODOLOGIES & FRAMEWORKS

ESG DATA

TICKER

CRATE

REFERENCE

SECTOR

ACFRS

RATINGS DEFINITIONS

Latest Reports

CREDIT OPINION

The Univ. of Chicago Med. Ctr.

13 NOV 2023 | MOODY'S INVESTORS SERVICE

The University of Chicago Medical Center's (UCMC; A1 stable) credit profile is supported by its strong brand and sp

INDUSTRY OUTLOOK

Not-for-Profit and Public Healthcare – US

12 NOV 2023 | MOODY'S INVESTORS SERVICE

Operating cash flow margins are

RATINGS

VIEW ALL

LONG TERM ISSUER RATING

A1

ISSUER RATING

26 MAY 2024

NY On Watch

SENIOR MOST REVENUE BACKED RATING

A1

LT SR REV UNDERLYING
26 MAY 2024

OUTLOOK

Stable

26 MAY 2024

Source: Moody's Investors Service

ESG Scores

from Moody's Investors Service

ESG CREDIT IMPACT SCORE (CIS)

CIS-3

17 JUL 2024

ESG ISSUER PROFILE SCORES (IPS)

17 JUL 2024

ENVIRONMENTAL

E-2

SOCIAL

S-3

GOVERNANCE

G-2

ESGView

Methodology

ESG Peer Comparison

Source: Moody's Investors Service

LEI

54930001HNJ390UUAJ74

Moody's Org Id

620769972

Market Segment

U.S. Public Finance

Sector

Hospitals & Health Service Providers

State

Illinois

Current Ratings

Role: Issuer Origin

Section/Subsection & Securities	Rating Type	Rating	Rating Date	Last Review Date	Action	CreditWatch / Outlook	CreditWatch / Outlook Date	Last Article Date / Time
Healthcare U.S. Not-for-Profit Acute Healthcare Systems University of Chicago Med Ctr U Hospital System Revenue	Local Currency LT	A+	06/29/2025	06/29/2028	Downgrade CreditWatch/Outlook	Stable	06/29/2025	10/19/2024 6:20 PM

Time Zone (GMT-05): Eastern Standard Time

*The names appearing below the Section, Subsection & Securities represent an aggregation of debt issues (ASO) associated with related maturities listed on the following screen. 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 ASO depending on whether or not additional legal pledges support the specific maturity's payment obligation, such as credit enhancement, as a result of delinquency, or other factors.

*Last Review Date indicates the date on which an Issuer/Issuer Credit Rating was last formally reviewed within a twelve-month period or when a Credit Rating Action was last published. For certain dependent instruments, the Last Review Date will only be updated in the event of a Credit Rating change of the listed organization.

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Section IX. Economic Feasibility

Attachment 37

A. Reasonableness of Financing Arrangements.

A letter attesting to the financial viability of the Project and the debt financing is attached.

B. Conditions of Debt Financing.

A letter attesting to the financial viability of the Project and the debt financing is attached.



Michelle Salomon
Vice President and
Chief Treasury Officer

September 22, 2026

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

Re: The University of Chicago Medical Center ("UCMC") Washington Park Lab,
Reasonableness of Financing Arrangements 1120.140(a)(1)

Dear Mr. Kniery:

UCMC anticipates that the total estimated project costs and related costs will be funded in part by borrowing because:

- A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 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.

UCMC further attests that the conditions of debt financing are reasonable in that the selected form of debt financing for the Project will be at the lowest net cost available.

The University of Chicago Medical Center



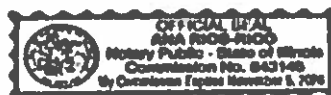
Michelle Salomon
Vice President, Chief Treasury Officer

Notarization:

Subscribed and sworn before me this
22nd day of September, 2026



Signature of Notary Public



5841 South Maryland Avenue • MC 1160 • Chicago, Illinois 60637
Telephone: 773-702-1998 (Hyde Park) or 773-753-0108 (Burr Ridge) • E-mail: michelle.salomon@uchicagomedicine.org

ATTACHMENT 37

C. Reasonableness of Project and Related Costs.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Reviewable	Cost/SF		Gross SF (BGSF)		Gross SF (BGSF)		Construct. Cost \$		Total Costs
	A	B	C	D	E	F	G	H	
	New	Modernized	New	Circulation	Modernization	Circulation	(A x C)	(B x E)	(G+H)
High Containment Lab	\$1,574	\$0	2,155	0%			\$3,391,970	\$0	\$3,391,970
Clinical labs	\$1,334	\$0	84,198	14%			\$112,320,132	\$0	\$112,320,132
Total Reviewable			86,353				\$115,712,102	\$0	\$115,712,102
Contingencies	\$235						\$20,275,004		\$20,275,004
Grand Total Reviewable	\$1,575						\$135,987,106		\$135,987,106
Non-Reviewable									
Public	\$1,030	\$0	8,339	50%			\$8,589,170	\$0	\$8,589,170
Office / Administrative	\$976	\$0	25,694	32%			\$25,064,497	\$0	\$25,064,497
Building Support	\$810	\$0	23,982	17%			\$19,424,846	\$0	\$19,424,846
Total Non-Reviewable			58,015				\$53,078,513	\$0	\$53,078,513
Contingencies	\$180						\$10,444,699	\$0	\$10,444,699
Grand Total Non-Reviewable	\$1,095						\$63,523,212	\$0	\$63,523,212

D. Project Operating Costs.

	Lab Services
Salaries	\$24,365,703
Benefits	\$5,901,737
Supplies & Drugs	\$23,120,072
Outside Lab Tests	\$7,293,294
IT Maintenance	\$165,491
Other Services	\$27,706,384
Rent & Utilities	\$433,814
Repairs and Maintenance	\$880,834
BSD purchased Services	\$7,159,259
Total Operating Expenses	\$97,026,588
Lab Testing Units	8,809,810
Annual Operating Cost Per Unit	\$11.01

E. Total Effect of Project on Capital Costs.

	<u>Year 2031</u>
Annual Depreciation	\$12,871,766
Equivalent Lab Testing Units	8,809,810
Capital Cost Per Testing Unit	\$1.46

UCMC acknowledges that the construction cost is higher than the RS Means calculation, which was expected giving the demanding requirements for an advanced clinical laboratory. As part of this Project, UCMC engaged Cummings Group to prepare a detailed cost estimate that would allow UCMC to enter into a Guaranteed Maximum Price ("GMP") construction contract. This 112-page cost estimate thoroughly analyzed all costs, and the cost estimate was shared with Review Board staff. Cummings Group, alongside the Construction Manager- Bowa/Leopardo Joint Venture, also prepared the attached letter outlining factors contributing to the construction cost.

CUMMING GROUP

1 North LaSalle Street
Suite 1910
Chicago, IL 60602
T 708 967 3571
cumming-group.com

September 21, 2026

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

Re: The University of Chicago Medical Center
Washington Park Lab

Dear Chairperson Savage,

The University of Chicago Medicine appointed Cumming Management Group Ltd. as 3rd Party Estimators on the above mentioned project. As part of the appointment, we have undertaken numerous estimates to verify as an independent 3rd Party, the value of the design at the Schematic Design and Design Development stages from February 2026 to August 2026.

To that end, the attached "Appendix A" captures a sample of the cost premiums discussed between Bowa/Leopardo (Joint Venture), the University of Chicago Medicine and Cumming Group during the Schematic and Design Development stages, with indicative values associated with those premiums. The list is not exhaustive; however, we can verify that it represents and captures premium components present in the current design.

Being appointed as a 3rd Party Estimator is widely used in the industry to undertake estimates on certain design stages independently of the Construction Manager and then facilitate a reconciliation with them to compare findings if the Construction Manager is appointed.

Since February of 2026, we have been involved with the Washington Park Lab by providing:

- Independent Schematic Design estimate.
- Independent Design Development estimate.
- Detailed analysis of the cost breakdown by trade at each stage of design based on actual drawings, material takeoff, and related documentation.
- Detailed cost analysis to facilitate a GMP agreement for the University of Chicago Medicine.

The overall project rate/ft² is on the higher side of the range for projects of this scale and nature, however there are several items to consider:

- Certain items or systems included in this construction package will skew the cost higher than a typical project of this type. Geotechnical challenges require 40' caissons to reach bedrock, and the site will require soil mediation.
- The facility has a dedicated high containment which must meet higher biosafety levels to deal with highly contagious specimens. This requires specialized exhaust systems, perimeter sealing, negative

 BUILDING VALUE THROUGH EXPERTISE

ATTACHMENT 37

pressurization of rooms, special pass-throughs to prevent cross-contamination, epoxy finishes, and restrictive infection control measures.

- Other cost drivers included medium pressure gas line, enhanced security including bullet resistance and badge readers at every door, elevated air handling/filtration/ventilation rates, train system, redundant utility feeds, and multiple generators.
- This lab facility will have multi-level vertical train system that delivers specimens for higher efficiency work flows throughout the lab building. This ensures that turnaround times and throughput is met.
- The unique scope and program of Washington Park Lab make it difficult to benchmark on a cost per sf basis. The current open lab design utilizes gases and systems comparable to hospital grade finishes; while offering flexibility in design for evolving instruments, equipment and diagnostic testing menus.
- Cost estimation resources online may not fully capture project specific factors that can significantly raise costs. This includes med gas systems, high containment areas, and other items as listed above. While online resources are useful in establishing an expectation, a detailed estimate is essential to understanding why the cost per square foot for this project exceeds that expectation.
- Certain cost elements still carry the burden of supply chain constraints (like generators and MEP equipment) which will hopefully normalize in the next couple of years.
- IT and IT infrastructure is rapidly evolving and changing the dynamic of what is included in new buildings, future proofing a building against a rapidly changing technological environment is a challenge to any budget.
- Our estimate reflects escalation costs calculated as a percentage applied to the midpoint of construction, using historical data shown in the table below. Escalation has been a significant factor over the last couple of years, so the table includes both historic escalation as well as the projected future values to indicate the volatility the market has experienced. The data indicates that escalation is projected to normalize, provided no new events, such as future wars, trade wars, or tariffs, give rise to further uncertainty. Even as escalation normalizes, supply chain challenges continue to affect certain products, which makes supply chain management critical to managing project risk

Escalation values 2020 to 2032:

Escalation Yr	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032
Escalation %	3.94%	13.75%	9.14%	6.85%	5.57%	5.11%	4.59%	4.57%	3.99%	4.28%	4.71%	4.86%	4.88%

We trust the above information is of value. Should you have any queries or questions, please feel free to contact me anytime.

Very truly yours



Etienne Nel
Managing Director Cumming

 BUILDING VALUE THROUGH EXPERTISE

ATTACHMENT 37

Appendix A		
Description of Premiums for UCM Washington Park		
9/22/2026		
S.No	Description	Value
1	Ballistic Film	\$ 200,000.00
2	Contaminated Soils (Chicago Fill/ Class D); Imported Backfill	\$ 1,680,000.00
3	UCM Standard Faculty/ Staff Offices	\$ 250,000.00
4	Interior wall Paneling / protection	\$ 750,000.00
5	Premium for Buildout at High Containment Labs	\$ 350,000.00
6	Fixed Laboratory Equipment	\$ 6,685,000.00
7	Vertical Conveyor System	\$ 1,500,000.00
8	Dumbwaiter	\$ 50,000.00
9	Structural Steel increased sizing and bracing for vibration mitigation and seismic code requirements	\$ 2,000,000.00
10	Demountable partitions	\$ 700,000.00
11	Lab ceilings	\$ 750,000.00
12	Custom millwork	\$ 500,000.00
13	Premium lighting	\$ 250,000.00
14	Centralized RO treatment system for lab equipment	\$ 1,000,000.00
15	Air valves in lieu of VAV's	\$ 500,000.00
16	Design assist trade contractors	\$ 800,000.00
17	Security Turnstiles	\$ 100,000.00
18	Metal Column Covers W/Fire rated Core	\$ 320,000.00
19	Mechanical and Electrical system redundancies	\$ 2,000,000.00
20	Lightning Protection System	\$ 190,000.00
21	Central Building UPS system	\$ 800,000.00
22	Bird Frit pattern glass types	\$ 236,530.00
23	Sustainability, Enhanced Commissioning, LEED Gold	\$ 1,000,000.00
24	University requirements for low voltage and security	\$ 1,000,000.00
25	Mechanical Screen wall height at 24 feet	\$ 350,000.00
26	Barrier One Moisture Mitigation	\$ 725,000.00
27	BIM Coordination	\$ 500,000.00
28	Winter Conditions	\$ 600,000.00
29	Closed Transition ATS	\$ 220,000.00
30	Exterior Ceiling Systems	\$ 800,000.00
31	Insulation in the precast Panels	\$ 250,000.00
32	Electrical Attic Stock Requirements	\$ 440,000.00
33	Fiber reinforced plastic gratings at Chemical rooms	\$ 30,000.00
34	Motorized window shades	\$ 160,000.00
35	Elevated walkway to connect lab building to parking garage	\$ 2,000,000.00
36	Increased floor to floor heights due to required MEP systems	\$ 1,500,000.00
Total		\$ 31,186,530.00

Section X. Safety Net Impact Statement

Attachment 38

The proposed Project is classified as “non-substantive” under the Review Board’s rules. Consequently, Safety Net Impact statements are not applicable.

Section X. Charity Care

Attachment 39

Shown below is the amount of charity care provided by The University of Chicago Medical Center ("UCMC").

CHARITY CARE			
	FY23	FY24	FY25
Net Patient Revenue	\$2,748,479,479	\$2,971,786,796	\$3,319,693,970
Amount of Charity Care (charges)	\$76,251,908	\$50,919,143	\$81,060,616
Cost of Charity Care	\$24,062,998	\$20,980,220	\$23,457,861
Ratio of Charity Care Cost to Net Patient Revenue	0.9%	0.7%	0.7%