St.Mary'sGoodSamaritan
Incorporated

Cosponsored by Felician Services, Inc. and SSM Health Care

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HEALTH FACILITIES
PLANNING BOARD

December 8, 2008

Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark,

Please accept this letter as an official request to defer the projects listed below from the January 6, 2009 meeting to the January 27, 2009 meeting.

Project #08-050: Good Samaritan Physician & Ambulatory Services Building
Project # 08-051: Replacement Hospital

This will allow all three of our projects, including the Surgery Center, to be reviewed on the same day.

Attached to this letter are the replacement pages for Project #08-050, #08-051, and #08-070, reflecting a revised project completion date of December 31, 2012.

Thank you for your consideration. If you have any questions, please contact my office at (618) 241-2201.

Sincerely,

Michael Warren, FACHE
President
Good Samaritan Regional Health Center

605 North 12th Street
Mt. Vernon, IL 62864
618.242.4600

www.smgsi.com

1. 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:

☒ No land acquisition is related to project; Purchase Price $_____ ; Fair Market Value$_____

2. Does the project involve 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 $ _____.

P. Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

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

1. Provide the following dates (indicate N/A for any item that is not applicable):

25% of project costs expended 1/31/2010 50% of project costs expended 5/31/2010
75% of project costs expended 10/31/2010 95% of project costs expended 03/31/2011
100% of project costs expended 7/31/2011 Midpoint of construction date 03/31/2010
Anticipated project completion date (refer to Part 1130.140) 12/31/2012

3. Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):
   - ☐ Purchase orders, leases, or contracts pertaining to the project have been executed;
   - ☐ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON contingencies.
   - ☒ Project obligation will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT INFO-6 AFTER THE LAST PAGE OF THIS SECTION.

O. Cost/Space Requirements

Provide in the format of the following example the gross square footage (GSF) and the attributable portion of total project cost for each department/area. Identify each piece of major medical equipment. 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 measurement plus the department or area's portion of the surrounding circulation space. Indicate the proposed use of any vacated space.

		Gross Square Feet		Amount of Proposed Total GSF That Is:			
Department/Area	Cost	Existing	Proposed	New Const.	Remodeled	As is	Vacated Space
Dietary	$1,150,000	3,000	6,000	3,000	1,000	2,000	
Radiation Therapy	3,250,000*	4,000(1)	5,500	5,500			
Medical Records	300,000	2,500	6,500	4,000(1)	2,500		
TOTAL	4,700,000	9,500	18,000	8,500	5,000	4,500	

*Includes $1,500,000 for an 18 MEV linear accelerator
(1) Existing radiation therapy space will be vacated and remodeled and converted to medical records.

APPEND DOCUMENTATION AS ATTACHMENT INFO-7 AFTER THE LAST PAGE OF THIS SECTION.

R. Facility Bed Capacity and Utilization