

## Constantino, Mike

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**From:** So, Jeffrey [jeffrey.so@advocatehealth.com]  
**Sent:** Monday, July 18, 2011 1:41 PM  
**To:** Constantino, Mike  
**Subject:** APMC Ambulatory Pavilion Application follow up  
**Attachments:** APMC\_Ambulatory\_Pavilion\_CON\_Revised\_Page\_48\_July\_16\_2011.pdf

Mike

Attached is the revised page 48 from our Ambulatory Pavilion Application, project 11-019. In preparing for our presentation at the upcoming hearing, we noticed that the Project Status and Completion Schedules had been incorrectly checked preliminary. As shown within the appended page, the project's stage of architectural drawings should have been checked "schematics" not "preliminary."

In addition, we are in the process of collecting the additional financial information and the volume CAGR projections and this information will be sent to you shortly.

Please call me with any additional questions or concerns. Thank you.

Jeff

Jeff So

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**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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	
The project involves the establishment of a new facility or a new category of service		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, provide the dollar amount of all <b>non-capitalized</b> 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**

Indicate the stage of the project's architectural drawings:	
<input type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input checked="" type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>December 31, 2014</u>	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies	
<input checked="" type="checkbox"/> Project obligation will occur after permit issuance.	
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**State Agency Submittals**

Are the following submittals up to date as applicable:
<input checked="" type="checkbox"/> Cancer Registry
<input checked="" type="checkbox"/> APORS
<input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input checked="" type="checkbox"/> All reports regarding outstanding permits
<b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b>