

## Roate, George

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**From:** Lori Wright [Lori.Wright@fmc-na.com]  
**Sent:** Friday, August 26, 2011 12:11 PM  
**To:** Roate, George  
**Subject:** Re: Application # 11-058 FMC Plainfield

George,

Yes, it should be \$101,700. I apologize. Do you want me to send you a corrected page?

Lori Wright  
Senior CON Specialist

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**RECEIVED**

AUG 26 2011

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

"Roate, George" ---08/26/2011 11:55:12 AM---Lori: I am looking at the Project Costs and Sources of Funds page for the above noted project (appli

From: "Roate, George" <George.Roate@Illinois.gov>  
To: Lori Wright <Lori.Wright@fmc-na.com>  
Date: 08/26/2011 11:55 AM  
Subject: Application # 11-058 FMC Plainfield

Lori:  
I am looking at the Project Costs and Sources of Funds page for the above noted project (application, p. 5), and noticed cash and securities totaling \$103,700, while the "total" figures elsewhere, show \$101,700. Can I assume this is a typo, and go with the \$101,700?

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**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 equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	N/A	N/A	N/A
Site Survey and Soil Investigation	N/A	N/A	N/A
Site Preparation	N/A	N/A	N/A
Off Site Work	N/A	N/A	N/A
New Construction Contracts	N/A	N/A	N/A
Modernization Contracts	26,000	N/A	26,000
Contingencies	2,000	N/A	2,000
Architectural/Engineering Fees	N/A	N/A	N/A
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	73,700	N/A	73,700
Bond Issuance Expense (project related)	N/A	N/A	N/A
Net Interest Expense During Construction (project related)	N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment	N/A	N/A	N/A
Other Costs To Be Capitalized	N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A	N/A
<b>TOTAL USES OF FUNDS</b>	101,700	N/A	101,700
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	101,700	N/A	101,700
Pledges	N/A	N/A	N/A
Gifts and Bequests	N/A	N/A	N/A
Bond Issues (project related)	N/A	N/A	N/A
Mortgages	N/A	N/A	N/A
Leases (fair market value)	N/A	N/A	N/A
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources	N/A	N/A	N/A
<b>TOTAL SOURCES OF FUNDS</b>	101,700	N/A	101,700

**NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**