



The Pavilion

BEHAVIORAL HEALTH

Permit Renewal Request
Project Number 11-113

RECEIVED

February 5, 2013

FEB 13 2013

Mr. Dale Galassie, Chairman
Illinois Health Facilities and Services Review Board
2nd Floor
525 West Jefferson Street
Springfield, Illinois 62761

HEALTH FACILITIES &
SERVICES REVIEW BOARD

RE: RENEWAL REQUEST
CON Permit #11-113

Dear Chairman Galassie:

The Pavilion Foundation is requesting a renewal of CON Permit for Project #11-113. This project was approved by the State Board on April 17, 2012 for the addition of 22 acute mental illness beds for a total of 69 acute mental illness beds in 23,676 GSF of new construction and 8,810 GSF of modernized space located at 809 West Church Street, Champaign, Illinois. The current Project Completion Date is April 1, 2013.

The following is the pertinent information as outlined in Section 1130.740 of the Board's rules.

Requested Completion Date:

We are requesting a new completion date of August 1, 2013.

Project Status to Date:

- Funds expended: \$3,997,160
- Scope of work: The project area is enclosed with roof completed and windows installed. Rough in work for mechanical, electrical and plumbing has been completed. Drywall is 90% complete. The remaining scope of work is finishing, millwork, flooring, outside paving and sidewalks and landscaping.

Explanation of the Delays:

- The reason for an extension of our completion date is due to the General Contractor having cost overruns with certain subcontractors and so part of the scope of work needed to be sent out for re-bids.

Project Scope and Costs:

- **The project's scope remains unchanged from that originally approved by the Board.**
- The project's costs remain within the Total Estimated Project Cost of \$8,215,403, and the Cash and Securities to fund the completion of the project are in place (see attachment 3).

Mr. Chairman, we are confident that our project will be completed by August 1, 2013 and that the scope and Project Costs will be consistent with the permit approved by the Board. We appreciate your consideration of this request.

Sincerely,



Joseph Sheehy
CC: Jeffrey Mark, Consultant



New Choice Alcohol and Drug Treatment • Child, Adolescent and Adult Psychiatric Services • Residential Treatment Center

809 West Church Street, PO Box 380, Champaign, IL 61824-0380 (217) 373-1700 (800) 373-1700 Fax (217) 373-1737

Attachment 1

Project Costs and Sources of Funds			
USE OF FUNDS	As Approved	Expended to Date	Estimated Final Cost
Preplanning Costs	\$117,259	\$113,157	\$113,157
Site Survey and Soil Investigation	\$29,700	\$26,290	\$26,290
Site Preparation	\$260,000	\$248,388	\$248,388
Off Site Work	\$0		
New Construction Contracts	\$5,775,000	\$2,457,613	\$5,775,000
Modernization Contracts	\$525,000	\$409,537	\$525,000
Contingencies	\$310,000	\$111,237	\$310,000
Architectural/Engineering Fees	\$493,500	\$455,495	\$493,500
Consulting and Other Fees	\$250,419	\$77,085	\$200,000
Movable or Other Equipment (not in construction contracts)	\$454,525	\$98,358	\$454,525
Bond Issuance Expense (project related)	\$0		
Net Interest Expense During Construction (project related)	\$0		
Fair Market Value of Leased Space or Equipment	\$0		
Other Costs To Be Capitalized	\$0		
Acquisition of Building or Other Property (excluding land)	\$0		
TOTAL USES OF FUNDS	\$8,215,403	\$3,997,160	\$8,145,860
SOURCE OF FUNDS	TOTAL	\$3,997,160	\$8,145,860
Cash and Securities	\$8,215,403		
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$8,215,403	\$3,997,160	\$8,145,860

Attachment 2

APPLICATION AND CERTIFICATE FOR PAYMENT

TO (OWNER): Universal Health Systems, Inc.
 Attn: Mr. Ron Pilgreen
 387 South Gulph Road
 King of Prussia, PA 19406

FROM (CONTRACTOR): The Weitz Company, LLC
 5901 Thornton Ave
 Lees Moines, IA 50321

CONTRACT FOR: GENERAL CONSTRUCTION

PROJECT: # X184501

ARCHITECT: Jensen and Halstead
 358 West Ontario Street
 Chicago, IL 60610

PROJFCT: The Pavilion UHS PO #088-1192564

APPLICATION NO: 11

PERIOD FROM: 1/1/2013

PERIOD TO: 1/31/2013

CONTRACT DATE: 10/31/2011

Distribution to:
 OWNER
 ARCHITECT (2)

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

- 1. ORIGINAL CONTRACT SUM 648,204
- 2. Net change by Change Order 5,466,593
- 3. CONTRACT SUM TO DATE (Line 1+2) 6,114,787
 (Column C on G703)
- 4. TOTAL COMPLETED & STORED TO DATE 3,997,160
 (Column G on G703)
- 5. RETAINAGE:
 - a. 10% of completed work 195,031
 (Column D + E on G703)
 - b. 10% of Stored Material
 (Column F on G703) Included in above number
- TOTAL RETAINAGE (Line 5a + 5b or Total in Column 1 of G703) 195,031
- 6. TOTAL EARNED LESS RETAINAGE 3,802,129
 (Line 4 less Line 5 Total)
- 7. LESS PREVIOUS CERTIFICATES FOR PAYMENTS 2,869,134
- 8. CURRENT PAYMENT NOW DUE 932,995
- 9. BALANCE TO FINISH, PLUS RETAINAGE 2,312,668
 (Line 3 less Line 6)

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by Owner			
TOTAL			
Approved this Month			
Number	Date Approved		
OCO-015	12/27/2012	1,074,460	
OCO-019	12/27/12	4,392,133	
TOTALS		5,466,593	
Net change by Change Order			5,466,593

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTORS: THE WEITZ COMPANY, INC.

By: *[Signature]*

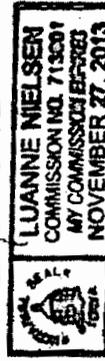
1/28/2013

State of: IOWA County of: POLK

subscribed and sworn to before me this January 28, 2013

NOTARY PUBLIC: *[Signature]*

My Commission Expires:



ARCHITECT'S CERTIFICATE FOR PAYMENT

AMOUNT CERTIFIED: 932,995
 (Attach explanation if certified differs from the amount applied for.)

ARCHITECT: Jensen and Halstead

By: *[Signature]* Date: 2/4/13

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.



The Pavilion

BEHAVIORAL HEALTH SYSTEM

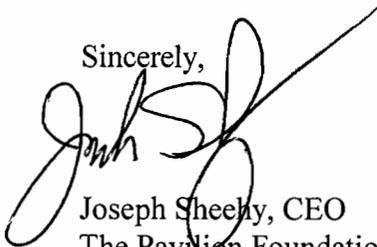
January 31, 2013

Mr. Dale Galassie, Chairman
Illinois Health Facilities and Services Review Board
2nd Floor
525 West Jefferson Street
Springfield, IL 62761

Dear Mr. Galassie ,

The project's scope remains unchanged from that originally approved by the Board. The project cost of \$8,215,403 will be funded entirely by cash and securities available for the project.

Sincerely,



Joseph Sheehy, CEO
The Pavilion Foundation

JS/jp



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The Pavilion Foundation

INVOICE NUMBER	INVOICE DATE	P.O. NUMBER	INVOICE AMOUNT	DISCOUNT	NET AMOUNT
CON App. Proc. F	02/08/13	4034	500.00	.00	500.00

VENDOR NO.	VENDOR NAME	CHECK NUMBER	CHECK DATE	TOTAL AMOUNT
050-339	IL DEPT OF PUBLIC HEALTH	050037336	2/11/2013	\$500.00

BORDER CONTAINS MICROPRINTING - PANTOGRAPH IS BLUE/GREEN/BLUE - REVERSE SIDE HAS FDIC ENDORSEMENT BACKER

The Pavilion Foundation *Hospital*
 809 West Church Road
 Champaign, IL 61820-3999

Bank Of America
 Commercial Disbursement Account
 Northbrook, IL
 70-2328/719

CHECK NO. **050037336**

GENERAL DISBURSEMENT ACCOUNT

DATE
2/11/2013

PAY EXACTLY
\$***500.00**

PAY Five Hundred And No/100 Dollars

To The Order Of
 IL DEPT OF PUBLIC HEALTH
 P O BOX 4263
 SPRINGFIELD, IL 62708-4263
 USA

[Handwritten Signature]

SIGNATURES REQUIRED FOR CHECKS OVER \$5,000.00
 NOT NEGOTIABLE FOR AMOUNT OVER \$100,000.00
 CHECK NOT NEGOTIABLE AFTER 180 DAYS

⑈050037336⑈ ⑆071923284⑆ ⑆8765216704⑆