



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

June 13, 2013

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Cherliyn G. Murer  
 President & CEO  
 Murer Consultants, Inc.  
 58 North Chicago Street 7thFloor  
 Joliet, Illinois 60432

**REQUEST FOR INFORMATION**  
 Illinois Health Facilities Planning Act  
 Permit #11-095 – Palos Hills Surgery Center

Dear Ms. Murer:

We are in receipt of the second alteration request for Permit #11-095. For us to proceed with this request we need a project costs and sources of funds schedule that includes the original project costs, the altered project costs in the format below. We also need to know how the additional costs are to be funded. Please **note** the Fair Market Value of Leased Space and Equipment was approved for \$631,207.50 and not \$481,408.40 as provided in the alteration request.

Approved Amounts				Altered Amounts		
Use of Funds	Clinical	Non – Clinical	Total	Clinical	Non – Clinical	Total
Modernization Contracts	\$693,000	\$207,000	\$900,000			
Contingencies	\$48,510	\$14,490	\$63,000			
Architectural/Engineering Fees	\$69,300	\$20,700	\$90,000			
Consulting & Other Fees	\$51,590	\$15,410	\$67,000			
Moveable & Other Equipment	\$481,408.40	\$0	\$481,408.40			
Fair Market Value of Leased Space	\$631,207.50	\$188,542.50	\$819,750			
<b>Totals</b>	<b>\$1,975,015.90</b>	<b>\$446,142.50</b>	<b>\$2,421,158.40</b>			
Source of Funds						
Cash & Securities	\$1,343,808.40	\$257,600	\$1,601,408.40			
Leases (FMV)	\$631,207.50	\$188,542.50	\$819,750			
<b>Total</b>	<b>\$1,975,015.90</b>	<b>\$446,142.50</b>	<b>\$2,421,158.40</b>			

Should you have any questions, please call Mike Constantino or George Roate at (217) 782-3516 (TDD # 800-547-0466 for hearing impaired only).

Sincerely,

A handwritten signature in cursive script that reads "Courtney R. Avery".

Courtney R. Avery  
Administrator Illinois Health Facilities and  
Services Review Board

cc: Dale Galassie

**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			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$693,000	\$207,000	900,000
Contingencies	\$48,510	\$14,490	63,000
Architectural/Engineering Fees	\$69,300	\$20,700	90,000
Consulting and Other Fees	\$51,590	\$15,410	67,000
Movable or Other Equipment (not in construction contracts)	\$481,408.40		481,408.40
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$631,207.50	\$188,542.50	819750
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$1,975,015.90</b>	<b>\$446,142.50</b>	<b>\$2,421,158.40</b>
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,343,808.40	\$257,600	\$1,601,408.40
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$631,207.50	\$188,542.50	\$819,750
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$1,975,015.90</b>	<b>\$446,142.50</b>	<b>\$2,421,158.40</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			