



The Pavilion

BEHAVIORAL HEALTH SYSTEM

July 11, 2013

RECEIVED

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

JUL 12 2013

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Project Completion Report
CON Permit #11-113
The Pavilion Foundation
Champaign, Illinois
Bed Addition and Modernization

Dear Ms. Avery:

The Pavilion Foundation is pleased to submit this Project Completion Report for project #11-113. The report is being submitted in compliance with reporting requirements of rule Section 1130.770, d).

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 project is 100% complete. It has been approved for occupancy by IDPH and we have admitted our first patients on June 22, 2013, well ahead of our completion date of August 1, 2013. The total project cost has been \$7,676,055. This is below the permit amount of \$8,215,403.

We have addressed the following items in Section 1130.770,d):

- 1) Itemization of all project costs – see ATTACHMENT 1;
- 2) Itemization of those project costs that have been or will be submitted for reimbursement under Titles XVIII and XIX -- NOT APPLICABLE;
- 3) Certification that the final realized costs are the total costs required to complete the project and that there are no additional or associated costs or capital expenditures related to the project that will be submitted for reimbursement under Title XVIII or XIX -- NOT APPLICABLE;
- 4) Certification of compliance with all terms of the permit to date, including project cost, square footage, services, etc.; certification attesting to compliance with the requirements of this Section must be in the form of a notarized statement signed by an authorized representative the permit holder -- see ATTACHMENT 2; and



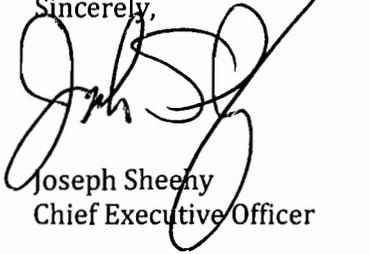
New Choice Alcohol and Drug Treatment • Child, Adolescent and Adult Psychiatric Services • Residential Treatment Center

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

- 5) The final Application and Certification for Payment for the construction contract, as per the American Institute of Architects form G702 or equivalent – see ATTACHMENT 3.

We wish to thank the Board and your staff for your facilitation of this project.

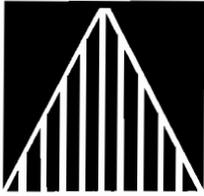
Sincerely,



Joseph Sheehy
Chief Executive Officer

CC: Jeffrey Mark, CON Consultant

PROJECT COSTS AND SOURCES OF FUNDS			
USE OF FUNDS	As Approved		Final Realized Cost
Preplanning Costs	\$117,259		\$113,157
Site Survey and Soil Investigation	\$29,700		\$26,290
Site Preparation	\$260,000		\$248,388
Off Site Work	\$0		\$0
New Construction Contracts	\$5,775,000		\$5,452,231
Modernization Contracts	\$525,000		\$450,000
Contingencies	\$310,000		\$111,237
Architectural/Engineering Fees	\$493,500		\$600,000
Consulting and Other Fees	\$250,419		\$122,231
Movable or Other Equipment (not in construction contracts)	\$454,525		\$551,521
Bond Issuance Expense (project related)	\$0		\$0
Net Interest Expense During Construction (project related)	\$0		\$0
Fair Market Value of Leased Space or Equipment	\$0		\$0
Other Costs To Be Capitalized	\$0		\$0
Acquisition of Building or Other Property (excluding land)	\$0		\$0
TOTAL USES OF FUNDS	\$8,215,403		\$7,675,055
SOURCE OF FUNDS			
Cash and Securities	\$8,215,403		\$7,675,055
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		\$7,675,055



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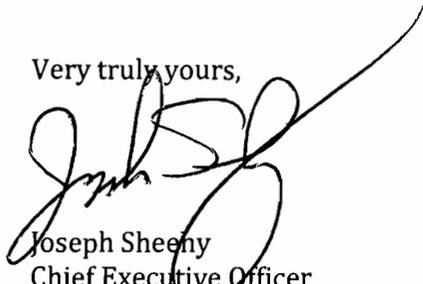
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CON Permit #11-113
The Pavilion Foundation
Champaign, Illinois
Bed Addition and Modernization

Dear Ms. Avery:

This hereby certifies that The Pavilion Foundation has complied with all provisions of CON Permit #11-113. These provisions include the:

- Project costs;
- Construction and modernization square footage; and
- Number of beds.

Very truly yours,



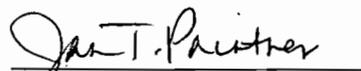
Joseph Sheeny
Chief Executive Officer

State of Illinois
County of Champaign

This instrument was acknowledged before me on 07/11/13



(Personalized Seal)



Notary Public's Signature



APPLICATION AND CERTIFICATE FOR PAYMENT

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

PROJECT: The Pavilion UHS PO #088-1192564

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

PROJECT: # X184501 APPLICATION NO 15

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

PERIOD FROM 5/1/2013

PERIOD TO: 5/30/2013

CONTRACT FOR: GENERAL CONSTRUCTION CONTRACT DATE: 10/3/2011

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 5,436,987
- 3. CONTRACT SUM TO DATE (Line 1+2) 6,087,191
 (Column C on G703)
- 4. TOTAL COMPLETED & STORED TO DATE 6,087,191
 (Column G on G703)
- 5. RETAINAGE: 231,861
 a. 10% of completed work
 (Column D + E on G703)

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by Owner		5,466,593.00	
TOTAL			
Approved this Month			
Number	Date Approved		
032	6/12/13		
062	6/12/13		(27,606.00)
025	6/12/13		
TOTALS		5,466,593	(27,606)
Net change by Change Order			5,438,987

- b. 10% of Stored Material 231,861
 (Column F on G703) included in above number
- TOTAL RETAINAGE (Line 5a + 5b or Total in Column 1 of G703) 5,855,330
- 6. TOTAL EARNED LESS RETAINAGE 5,735,835
 (Line 4 less Line 5 Total)
- 7. LESS PREVIOUS CERTIFICATES FOR PAYMENTS 119,395
- 8. CURRENT PAYMENT NOW DUE 231,861
 (Line 3 less Line 6)
- 9. BALANCE TO FINISH, PLUS RETAINAGE

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.

CONTRACTOR: THE WEITZ COMPANY, INC.

By: *Alan J. Bate* 6/12/2013

State of: ARIZONA County of: MARICOPA June 12, 2013

subscribed and sworn to before me this



NOTARY PUBLIC: My Commission Expires:

ARCHITECT'S CERTIFICATE FOR PAYMENT

AMOUNT CERTIFIED: 119,395
 (Attach explanation if certified differs from the amount applied for.)

ARCHITECT: Jensen and Halstead

By: *Frank J. Dask* Date: 6/18/13

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.