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AUG 05 2013

HEALTH FACILITIES &
SERVICES REVIEW BOARD

HAND DELIVERED

July 31, 2013

Mr. Michael Constantino
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Suite 200
Springfield, Illinois 62761

Re: Naperville Fertility Center, Inc.
Project No. **11-060**

Dear Mr. Constantino:

Pursuant to Section 1130.770, Project Completion, Final Realized Costs and Cost Overruns, we hereby submit the notification of project completion and final costs on the above referenced project.

b)1) Itemization of all projects costs;

Attached as **EXHIBIT I**, is the detailed itemization of the Uses and Sources of Funds by line item showing the amount approved under Project No. 11-060 as well as the amount expended and the percent expended by line item.

b)2) An itemization of those project costs that have been or will be submitted for reimbursement under Titles XVIII and XIX;

Attached as **EXHIBIT I**, is the detailed itemization of the Uses and Sources of Funds by line item showing the project's costs that will be submitted for reimbursement under Titles XVIII and XIX.

b)3) A 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;

Attached as **EXHIBIT II** is a certified letter attesting that the final realized costs as shown under Exhibit I is complete for submission for reimbursement under Titles XVIII and XIX and that there are no additional or associated costs related to this project that will be submitted for reimbursement under Title XVIII or XIX.

Mr. Michael Constantino
July 31, 2013
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- b)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 the Section must be in the form of a notarized statement signed by an authorized representative the permit holder; and

EXHIBIT III is a certified letter stating that the project as approved is in compliance with all terms of the permit including the project cost, square footage, and services.

- b)5) The final Application and certification for Payment for the construction contract, as per the American Institute of Architect form G702 or equivalent;

As the Applicant is leasing the newly constructed space and space that is part of a multi-tenant building, this item is not germane. It should be known that one of the main influences of the lease was and is the cost of the building as it relates to the Applicant's desired lease space. Moreover, the original lease amount has been reduced from a fair market value of \$6 million to \$3,355,444 as the building was completed under costs.

- b)6) For permits with a project cost equal to or greater than three times the capital expenditure minimum in place at the time of permit approval, an audited financial report of all project costs and sources of funds.

This item is not germane as the project costs approved is less than three times the capital expenditure minimum.

This correspondence is meant to satisfy the requirement for completeness. Should you or your staff have any questions or concerns, please do not hesitate to contact me. In addition, enclosed is a copy of the IDPH facility license. Thank you in advance for your consideration.

Sincerely,

John P. Kniery
Health Care Consultant

ENCLOSURES

C:

Project Costs and Sources of Funds

Complete the following table listing all costs 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	APPROVED	EXPENDED	%
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees	96,500	96,500	100%
Movable or Other Equipment (not in construction contracts)	838,750	881,218	105%
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	6,000,000	3,355,444	55.9%
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	6,935,250	4,333,162	62%
SOURCE OF FUNDS	APPROVED	EXPENDED	%
Cash and Securities	530,000	96,500	18.2%
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages	405,250	881,218	217.5%
Leases (fair market value)	6,000,000	3,355,444	55.9%
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	6,935,250	4,333,162	62%

EXHIBIT I

Naperville Fertility Center, Inc.
3 N. Washington Street
Naperville, IL 60540

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HEALTH FACILITIES &
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August 2, 2013

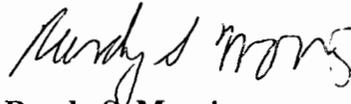
Dale Galassie, Chairman
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

**Re: HFSRB Project Number 11-160 Naperville
Fertility Center – Project Completion**

Dear Mr. Chairman:

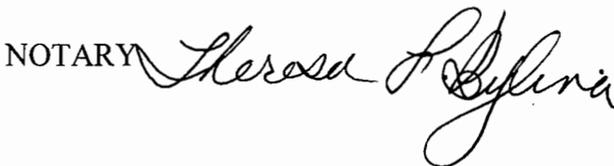
Please accept this correspondence as certification that the final realized costs are the total costs required to complete the project and that there are no additional or associated costs or capital expenditures related to the project that will be submitted for reimbursement under Title XVIII or XIX.

Sincerely,



Randy S. Morris

NOTARY



DATE

8/2/13

