

HAND DELIVERED

December 29, 2014

RECEIVED

DEC 30 2014

Ms. Courtney Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Suite 200
Springfield, IL 62761

HEALTH FACILITIES &
SERVICES REVIEW BOARD

RE: Manor Court of Freeport, Project #12-014

Dear Ms. Avery:

Pursuant to Section 1130.770, Project Completion, Finalized 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 project 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. 12-014 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.

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 of 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.

Ms. Courtney Avery
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December 29, 2014

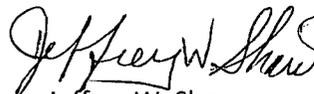
- b)5) The Final Application and Certification for Payment for the construction contract, as per the American Institute of Architect form G702 or equivalent;

The final Contractor's Application for Payment form G702 (revised) is shown as **EXHIBIT IV**.

Additionally, a copy of the facility's IDPH facility license is appended as **EXHIBIT V**.

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. Thank you in advance for your consideration.

Sincerely yours,


Jeffrey W. Shaw


Kenneth Pyszka

Enclosures

EXHIBIT I

Manor Court of Freeport
Project No. 12-014

	<i>Approved Amount</i>	<i>Expensed Amount</i>	<i>of Approved Amount</i>
Preplanning Costs	\$ 15,000.00	\$ 15,000.00	100.0%
Site Survey & Soil Investigation	\$ 10,000.00	\$ 10,000.00	100.0%
Site Preparation	\$ 50,000.00	\$ 50,000.00	100.0%
New Construction Contracts	\$ 1,389,950.00	\$ 1,389,950.00	100.0%
Contingencies	\$ 75,000.00	\$ 74,154.00	99.0%
Architectural/Engineering Fees	\$ 70,000.00	\$ 70,000.00	100.0%
Consulting and Other Fees	\$ 40,000.00	\$ 40,000.00	100.0%
Movable or Other Equipment	\$ 105,000.00	\$ 105,000.00	100.0%
Fair Market Value of Leased Space and Equipment	\$ 134,109.00	\$ 134,109.00	100.0%
	\$ 1,889,059.00	\$ 1,888,213.00	100.0%

EXHIBIT II

Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, IL 61401

HAND DELIVERED

December 29, 2014

Ms. Courtney Avery
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

RE: Project No. 12-014
Manor Court of Freeport – Project Completion

Dear Ms. Avery:

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 yours,


Jeffrey W. Shaw

State of Illinois
County of Knox

Sworn to before me this
29th day of December, 2014.

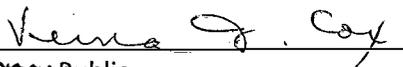
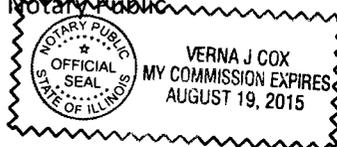

Notary Public


Exhibit III

**Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, IL 61401**

HAND DELIVERED

December 29, 2014

Ms. Courtney Avery
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

RE: Project No. 12-014
Manor Court of Freeport – Project Completion

Dear Ms. Avery:

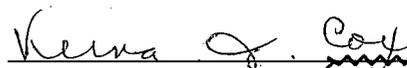
Please accept this correspondence as certification of compliance with all terms of the permit to date, including project cost, square footage, services, etc.; certification attesting to compliance with the requirements of this Section.

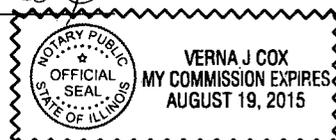
Sincerely yours,


Jeffrey W. Shaw

State of Illinois
County of Knox

Sworn to before me this
29th day of December, 2014.


Notary Public



APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702

PAGE ONE OF TWO

TO OWNER: Residential Alternatives of IL
285 S. Farnham Street
Galesburg, IL 61401

PROJECT: Wing Addition
2170 Navajo Drive
Freeport, IL

APPLICATION NO: Final

Distribution to:
 OWNER

PERIOD TO: 11/01/14

ARCHITECT

PROJECT NOS:

CONTRACTOR

FROM CONTRACTOR:
RFMS construction
285 S. Farnham Street
Galesburg, IL 61401

VIA ARCHITECT:

CONTRACT FOR: New Physical Therapy Addition

CONTRACT DATE: 02/01/12

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.

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.

1. ORIGINAL CONTRACT SUM \$ 1,888,213.00
2. Net change by Change Orders \$ 0.00
3. CONTRACT SUM TO DATE (Line 1 ± 2) \$ 1,888,213.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ 1,888,213.00
5. RETAINAGE:
 - a. % of Completed Work \$ 0.00
(Column D + E on G703)
 - b. % of Stored Material \$ 0.00
(Column F on G703)

Total Retainage (Lines 5a + 5b or Total in Column I of G703) \$ 0.00

6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total) \$ 1,888,213.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) \$ 1,416,599.00
8. CURRENT PAYMENT DUE \$ 471,614.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) \$ 0.00

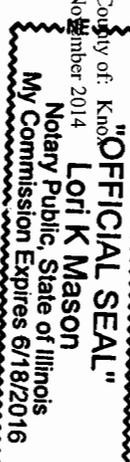
CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS	\$0.00	\$0.00
NET CHANGES by Change Order	\$0.00	

CONTRACTOR:

By: M. K. Phlips

Date: 11/1/14

State of: Illinois
Subscribed and sworn to before me this 1st day of November 2014
Notary Public: Eric Mason
My Commission expires: 6/18/2016



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ _____

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

By: _____ Date: _____

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.

CONTINUATION SHEET

AIA DOCUMENT G703

PAGE 2 OF 2 PAGES

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing

APPLICATION NO: Final

Contractor's signed certification is attached.

APPLICATION DATE: 11/01/14

In tabulations below, amounts are stated to the nearest dollar.

PERIOD TO: 11/01/14

Use Column I on Contracts where variable retainage for line items may apply.

ARCHITECT'S PROJECT NO:

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		E THIS PERIOD	F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL		H BALANCE TO FINISH (C - G)	I RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D + E)				COMPLETED AND STORED TO DATE (D+E+F)	% (G + C)		
1	Preplanning Costs	\$15,000.00	\$15,000.00				\$15,000.00	100.00%		
2	Site Survey & Soil Investigation	\$10,000.00	\$10,000.00				\$10,000.00	100.00%		
3	Site Preparation	\$50,000.00	\$50,000.00				\$50,000.00	100.00%		
4	Off Site Work	\$0.00					\$0.00			
5	New Construction Contracts	\$1,389,950.00	\$1,103,762.00		\$286,188.00		\$1,389,950.00	100.00%		
6	Modernization Contracts	\$0.00					\$0.00			
7	Contingencies	\$74,154.00			\$74,154.00		\$74,154.00	100.00%		
8	Architectural/Engineering Fees	\$70,000.00	\$63,728.00		\$6,272.00		\$70,000.00	100.00%		
9	Consulting & Other Fees	\$40,000.00	\$40,000.00				\$40,000.00	100.00%		
10	Movable or Other Equipment (not in construction contacts)	\$105,000.00			\$105,000.00		\$105,000.00	100.00%		
11	Bond Issuance Expense (project related)	\$0.00					\$0.00			
12	Net Interest Expense During Construction (project related)	\$0.00					\$0.00			
13	Fair Market Value of Leased Space or Equipment	\$134,109.00	\$134,109.00				\$134,109.00	100.00%		
14	Other Costs to Be Capitalized	\$0.00					\$0.00			
15	Acquisition of Building or Other Property (excluding land)	\$0.00					\$0.00			
GRAND TOTALS		\$1,888,213.00	\$1,416,599.00	\$471,614.00	\$0.00	\$1,888,213.00	100.00%	\$0.00		

Users may obtain validation of this document by requesting of the license a completed AIA Document D401 - Certification of Document's Authenticity



State of Illinois 2198419

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

LANAR HASBROUCK, MD, MPH
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
12/15/2015	8685	0046839
LONG TERM CARE LICENSE SKILLED 117		
UNRESTRICTED 117 TOTAL BEDS		

BUSINESS ADDRESS

LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

HANOR COURT OF FREEPORT
2170 WEST NAVAJO DRIVE
FREEPORT IL 61032

EFFECTIVE DATE: 12/15/15
The seal of the State of Illinois is a symbol of the State of Illinois • 1/17 •