

Constantino, Mike

From: Lori Wright [Lori.Wright@fmc-na.com]
Sent: Thursday, July 12, 2012 10:59 AM
To: Constantino, Mike
Subject: Fw: 12-055 lockport
Attachments: Page 15.pdf; Page 5_Project Costs.pdf

Mike,

Below are the corrected pages. I apologize for the inconvenience.

Thank you,



Lori Wright
Senior CON Specialist

Fresenius Medical Care - North Division - Midwest Group
One Westbrook Corporate Center
Tower One, Suite 1000
Westchester, IL 60154
Phone: (708)498-9121 Fax: (708)498-9334

Email: lori.wright@fmc-na.com

----- Forwarded by Lori Wright/FIN/SBU/US/FMC/Fresenius on 07/12/2012 10:58 AM -----

From: Jean Gibellin/FIN/CBU/US/FMC/Fresenius
To: Lori Wright/FIN/SBU/US/FMC/Fresenius@FreseniusNA
Date: 07/12/2012 10:53 AM
Subject: Re: Fw: 12-055 lockport

Lori,

Attached are the updated pages.



Jean Gibellin
CON Specialist
Fresenius Medical Care North America • North Division • Midwest Group
1 Westbrook Corporate Center
Tower One, Suite 1000
Westchester, IL 60154
Phone: (708)498-9140 Fax: (708)498-9334
jean.gibellin@fmc-na.com

From: Lori Wright/FIN/SBU/US/FMC/Fresenius
To: Jean Gibellin/FIN/CBU/US/FMC/Fresenius@FRESENIUSNA
Date: 07/12/2012 10:27 AM
Subject: Fw: 12-055 lockport

This came from Mike, can you see what is wrong in the application?



Lori Wright
Senior CON Specialist

Fresenius Medical Care - North Division - Midwest Group
One Westbrook Corporate Center
Tower One, Suite 1000
Westchester, IL 60154
Phone: (708)498-9121 Fax: (708)498-9334

Email: lori.wright@fmc-na.com

----- Forwarded by Lori Wright/FIN/SBU/US/FMC/Fresenius on 07/12/2012 10:26 AM -----

From: "Constantino, Mike" <Mike.Constantino@Illinois.gov>
To: 'Lori Wright' <Lori.Wright@fmc-na.com>
Date: 07/12/2012 10:24 AM
Subject: 12-055 lockport

TABLE TWO	
Project Uses and Sources of Funds	
Uses of Funds	Clinical
Modernization Contracts	\$1,140,000
Contingencies	\$115,000
A & E Fees	\$125,000
Moveable Equipment	\$296,000
Fair Market Value of Leased Space	\$1,712,525
Total Uses of Funds	\$3,388,525
Sources of Funds	Clinical
Cash and Securities	\$1,556,900
Leases (fair market value)	\$1,711,425
Total Sources of Funds	\$3,268,325

Lori I could not get this schedule to agree. Can you help me? thanks

Mike Constantino
Illinois Department of Public Health
525 West Jefferson
Springfield, Illinois 62761
Fax:(217) 785-4111
Phone:(217) 785-1557

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VIII. - 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: Indicate the dollar amount to be provided from the following sources:

<u>1,676,000</u>	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
<u>N/A</u>	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
<u>N/A</u>	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<u>1,712,525</u>	d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
<u>N/A</u>	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
<u>N/A</u>	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
<u>N/A</u>	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<u>3,388,525</u>	TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS ATTACHMENT-39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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		N/A	N/A	N/A
Site Survey and Soil Investigation		N/A	N/A	N/A
Site Preparation		N/A	N/A	N/A
Off Site Work		N/A	N/A	N/A
New Construction Contracts		N/A	N/A	N/A
Modernization Contracts		1,140,000	N/A	1,140,000
Contingencies		115,000	N/A	115,000
Architectural/Engineering Fees		125,000	N/A	125,000
Consulting and Other Fees		N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)		296,000	N/A	296,000
Bond Issuance Expense (project related)		N/A	N/A	N/A
Net Interest Expense During Construction (project related)		N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment	1,532,000 180,525	1,712,525	N/A	1,712,525
Other Costs To Be Capitalized		N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)		N/A	N/A	N/A
TOTAL USES OF FUNDS		3,388,525	N/A	3,388,525
SOURCE OF FUNDS		CLINICAL	NONCLINICAL	TOTAL
Cash and Securities		1,676,000	N/A	1,676,000
Pledges		N/A	N/A	N/A
Gifts and Bequests		N/A	N/A	N/A
Bond Issues (project related)		N/A	N/A	N/A
Mortgages		N/A	N/A	N/A
Leases (fair market value)		1,712,525	N/A	1,712,525
Governmental Appropriations		N/A	N/A	N/A
Grants		N/A	N/A	N/A
Other Funds and Sources		N/A	N/A	N/A
TOTAL SOURCES OF FUNDS		3,388,525	N/A	3,388,525
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.				