



**FRESENIUS
MEDICAL CARE**

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SEP. 08 2014

HEALTH FACILITIES &
SERVICES REVIEW BOARD

September 5, 2014

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

Re: Request For Permit Renewal Section 1130.750
Project # 12-067, Fresenius Medical Care Normal
Permit Holder: Fresenius Medical Care Normal, LLC, and Fresenius Medical
Care Holdings, Inc.
Permit Amount: \$2,606,675

Dear Ms. Avery:

Fresenius Medical Care Normal, LLC is seeking to renew the permit for Fresenius Medical Care Normal. Enclosed is a \$500.00 permit renewal fee. There has been no change to the size and scope of this project. The permit amount is for \$2,606,675. This report summarizes the current status of the project.

Sincerely,

Lori Wright
Fresenius Medical Care
Senior CON Specialist

cc: Clare Ranalli

August 20, 2014

Request For Permit Renewal Section 1130.750

Request For Permit Renewal Section 1130.750

Project # 12-067, Fresenius Medical Care Normal

Permit Holder: Fresenius Medical Care Normal, LLC, and Fresenius Medical Care Holdings, Inc.

Permit Amount: \$2,606,675

1. **The requested completion date** *The requested completion date is 3/01/2015.*
2. **a status report on the project detailing what percent has been completed and a summary of project components yet to be finished and the amount of funds expended on the project date**

This is a project for the establishment of a 12-station ESRD facility to be located at 1531 E College Avenue, Normal. The project was obligated through the execution for the leased premises on February 20, 2013. The facility treated its first patient on July 2, 2014. The facility had its certification inspection on July 31 and is now waiting for receipt of the certification letter to complete the project.

The project is approximately 99% complete and is expected to be complete by March 1, 2015.

3. **a statement as to the reasons why the project has not been completed**

This project experienced a few minor delays and is mostly on schedule pending the receipt of the certification letter. There were a few equipment delivery delays due to the exceptionally harsh winter weather and additional work had to be done on the HVAC system after installation that was not anticipated. Another minor delay occurred when the identified patient that was to begin hemodialysis at the facility upon opening decided to opt for home dialysis therapies. The facility had to wait for another patient to begin treatment.

4. evidence of financial commitment to fund the project

Sources and Uses of Funds

All Project financing to date has been funded from available cash and its equivalents as reported on the company's financial statements. The right to occupy the premises has been secured through a leasing arrangement. This leasing arrangement was utilized to obligate the project. The project costs have exceeded the approved permit amount.

Total committed for Project		
PROJECT COST AND SOURCES OF FUNDS		
	Committed	Spent
Preplanning Costs	N/A	N/A
Site Survey and Soil Investigation	N/A	N/A
Site Preparation	N/A	N/A
Off Site Work	N/A	N/A
New Construction Contracts	N/A	N/A
Modernization Contracts	994,000	963,384
Contingencies	109,270	0
Architectural/Engineering Fees	108,130	95,591
Consulting and Other Fees	N/A	N/A
Movable or Other Equipment (not in construction contracts)	296,000	315,219
Bond Issuance Expense (project related)	N/A	N/A
Net Interest Expense During Construction (project related)	N/A	N/A
Fair Market Value of Leased Space or Equipment	1,099,275	1,099,275
Other Costs To Be Capitalized	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A
Total Committed For Project	\$2,606,675	
	Spent	\$2,473,469

5. anticipated final cost of the project *Final cost will be within the original permit amount of \$2,606,675.*

Fresenius Medical Care Normal, LLC

In accordance with Section 1130.740 part c, of the Illinois Health Facilities & Services Review Board rules for renewal of a permit;

I do hereby certify that the project was initiated on 02/20/2013 with the lease execution and; that the financial resources to fund the project are available or otherwise committed; and that the project's cost, scope, design, square footage, number of stations are in compliance with that which the State Board has approved.

By:  _____

ITS: Mark Fawcett
Vice President & Treasurer

Notarization: C Wynelle Scenna
Subscribed and sworn to before me
This 20 day of August, 2014



Fresenius Medical Care Holdings, Inc.

In accordance with Section 1130.740 part c, of the Illinois Health Facilities & Services Review Board rules for renewal of a permit;

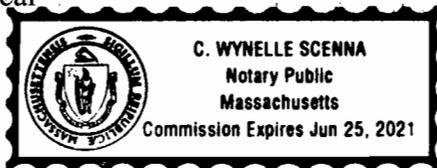
I do hereby certify that the project was initiated on 02/20/2013 with the lease execution and; that the financial resources to fund the project are available or otherwise committed; and that the project's cost, scope, design, square footage, number of stations are in compliance with that which the State Board has approved.

By:  _____

ITS: Mark Fawcett
Vice President & Treasurer

Notarization: C Wynelle Scenna
Subscribed and sworn to before me
This 20 day of August, 2014

Seal



APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

(Instructions on reverse side)

PAGE 1 OF 1

TO (OWNER):	Presenius Medical Care of Illinois, LLC c/o Presenius Medical Care NA 1909 Tyler St., 8th Fl Hollywood, FL 33020	PROJECT: Normal Dialysis Center 1531 College Avenue Normal, IL 9065-1-DN-NC-90-12	APPLICATION NO: THREE-REvised	Distribution to: OWNER ARCHITECT CONTRACTOR
FROM (CONTRACTOR):	Peoria Metro Construction 1925 S. Darr Peoria, IL 61601	VIA (ARCHITECT): Christopher Kidd & Associates, LLC N48W16550 Lisbon Road Menomonee Falls, WI 53051	PERIOD TO: 4/30/2014	
			PMC PROJECT NO: 13220FRES	
			CONTRACT DATE: 12/1/13	

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by Owner			
TOTAL			
Approved this Month	Date Approved		
CO #1		\$9,116.00	
CO #2		\$12,538.44	
CO #3		(\$104,623.20)	
CO #4		\$44,917.69	
CO #6		(\$95,376.80)	
TOTALS		(\$133,427.87)	(\$133,427.87)
Net change by Change Orders			\$0

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: Peoria Metro Construction
By: Steve Lambert Date: 6-27-14

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above 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.

Assoc. Proj. Coordinator
AIA DOCUMENT G702 APPLICATION AND CERTIFICATE FOR PAYMENT, MAY 1983 EDITION, AIA 1983
JUN 29 2014
RECS SFL
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Application is made for Payment, as shown below, in connection with the Contract.

Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM	\$ 1,108,700.00
2. Net change by Change Order	\$ (133,427.87)
3. CONTRACT SUM TO DATE (Line 1+2)	\$ 975,272.13
4. TOTAL COMPLETED & STORED TO DATE	\$ 974,574.18
(Column G on G703)	
5. RETAINAGE:	
a. 10% of Completed Work	\$ 97,457.42
b. 10% of Stored Material	\$
Total Retainage (Line 5a + 5b or Total in Column I of G703)	\$ 97,457.42
6. TOTAL EARNED LESS RETAINAGE	\$ 877,116.76
(Line 4 less Line 5 Total)	
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$ 737,692.50
8. CURRENT PAYMENT DUE	\$ 139,424.26
9. BALANCE TO FINISH, PLUS RETAINAGE	\$ 98,155.37
(Line 3 less Line 6)	

State of: Illinois County of Peoria
Subscribed and sworn to before me this 27th day of June, 2014
Notary Public: JUDAN DOND My Commission Expires 11-7-17
AMOUNT CERTIFIED \$ 139,424.26

(Attach explanation if amount certified differs from the amount applied for.)
ARCHITECT: _____
By: _____ Date: _____
Official Seal
Susan L Cox
Notary Public, State of Illinois
11/07/17

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

Page 1 of 1

TO (OWNER): Fresenius Medical Center PROJECT: Normal, IL
 FROM (CONTR.) Cohen Architectural VIA (ARCHITECT):
 CONTRACT FOR: Millwork & Installation

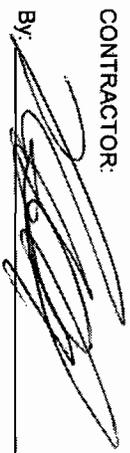
APPLICATION NO: 4
 PERIOD TO: 4/20/2014
 DISTRIBUTION TO:
 OWNER:
 ARCHITECT:
 CONTRACTOR:

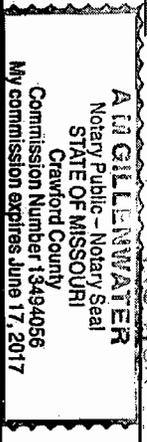
CONTRACTORS APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by Owner		TOTAL	
Approved this month	Date Approved		
Number			
TOTALS		0	0
Net change by Change Orders		0	0

The undersigned Subcontractor certifies that to the best of Subcontractor'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:

By: 



ARCHITECTS CERTIFICATE FOR PAYMENT

In accordance with the contract Documents, based on on-site observations and the data comprising the above 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.

F. Saxon
 Division Admin

NOTICE: PROPERTY OWNERS IMPORTANT INFORMATION CONCERNING MECHANICS LIENS ON REVERSE SIDE.

Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM \$ 86,267.00
2. Net change by Change Orders -
3. CONTRACT SUM TO DATE (Line 1 + 2) \$ 86,267.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ 86,267.00
5. RETAINAGE:
 - a. 0 % of Completed Work \$ -
 - b. 100 % of Stored Material (Column F on G703) \$ -
- Total Retainage (Line 5a + 5b or Total in Column I of G703) \$ -
6. TOTAL EARNED LESS RETAINAGE \$ 86,267.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 4 less Line 5 Total) -
8. CURRENT PAYMENT DUE (Line 6 from prior Certificate) \$ 77,640.30
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) \$ 8,626.70

State of Missouri County of Crawford
 Subscribed and sworn to before me this April day of April 2014
 Notary Public A.M. Gillemwater
 My Commission expires: June 17, 2017

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

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.

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APR 24 2014