



**FRESENIUS  
MEDICAL CARE**

**RECEIVED**

SEP 08 2014

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

September 5, 2014

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

**Re: Request For Permit Renewal Section 1130.750**  
**Project:** #12-069, RCG Pekin  
**Permit Holder:** Dialysis Centers of America - Illinois, Inc. and Fresenius  
Medical Care Holdings, Inc.  
**Permit Amount:** \$2,698,570

Dear Ms. Avery:

Dialysis Centers of America, Inc. is seeking to renew the permit for RCG Pekin.  
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 \$2,698,570. 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**

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**Project:** #12-069, RCG Pekin

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**Permit Amount:** \$2,698,570

1. **The requested completion date** *The requested completion date is 07/01/2015.*
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 relocation of the 9-station RCG Pekin ESRD facility to be located at 3521 Veterans Drive, Pekin. The project was obligated through the execution for the leased premises on May 16, 2013. The facility treated its first patient on March 10, 2014. The permit holder is now waiting for the Medicare certification survey and receipt of certification letter to complete the project.

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

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

This project experienced a delay in the start of construction because plans did not allow for an adequately sized water treatment room. New plans had to be drawn. When the facility began operations there was a delay in processing the CMS 855 for Medicare certification because the facility experienced an address change during construction. All paperwork is now in to the State and the facility is simply waiting for certification survey and receipt of certification letter.

**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. None of the project costs have exceeded the approved permit amounts.*

Total committed for Project

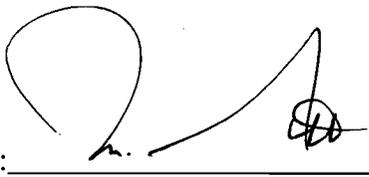
<b>PROJECT COST AND SOURCES OF FUNDS</b>		
	Committed	Spent
Preplanning Costs	N/A	N/A
Site Survey and Soil Investigation	N/A	N/A
Site Preparation	N/A	N/A
Off Site Work	N/A	N/A
New Construction Contracts	N/A	N/A
Modernization Contracts	966,000	926,799
Contingencies	95,970	0
Architectural/Engineering Fees	106,000	68,638
Consulting and Other Fees	N/A	N/A
Movable or Other Equipment (not in construction contracts)	296,000	293,196
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	1,234,600	1,234,600
Other Costs To Be Capitalized	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A
	<b>Total Committed For Project</b>	
		<b>Spent</b>
	<b>2,698,570</b>	<b>\$2,523,233</b>

**5. anticipated final cost of the project** *Final cost will be within the original permit amount of \$2,698,570.*

**Dialysis Centers of America, Inc.**

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

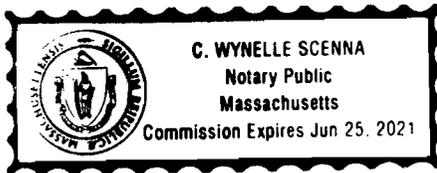
I do hereby certify that the project was initiated on 05/16/2013 with the lease execution and; that the financial resources to fund the project are available or otherwise committed; and that the project's cost, scope, design, square footage, number of stations are in compliance with that which the State 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



**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;

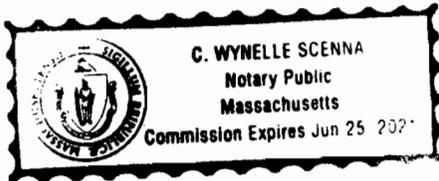
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ITS: Mark Fawcett  
Vice President & Treasurer

Notarization: C Wynelle Scenna  
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**APPLICATION AND CERTIFICATE FOR PAYMENT**

TO: Dialysis Center of America-Illinois, Inc  
% Fresenius Medical Care NA

PROJECT: Pekin Dialysis Center  
4316-2-RL-NC-BO-12

INVOICE # 3  
APPLICATION NO: 3  
PERIOD TO: 2/28/14

PAGE 1 of 1  
DISTRIBUTION TO:  
OWNER  
ARCHITECT  
CONTRACTOR

FROM: Mangient Companies, Inc  
7308 N Willowlake Ct  
Peoria, IL 61614  
General Construction  
CONTRACTORS APPLICATION FOR PAYMENT

VIA:  
ARCHITECTS 4316-2  
PROJECT NO:  
CONTRACT DATE: 11-1-13

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
CHANGE ORDERS APPROVED			
N PREVIOUS MONTHS BY OWNER			
TOTAL			
Number	Approved This Month		
	Date Approved		
TOTALS			

NET CHANGE BY CHANGE ORDERS  
THE UNDERSIGNED CONTRACTOR CERTIFIES THAT TO THE BEST OF 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 WHICH PREVIOUS CERTIFICATES FOR PAYMENT WERE ISSUED AND PAYMENTS RECEIVED FROM THE OWNER, AND THAT THE CURRENT PAYMENT SHOWN HEREIN IS NOW DUE

CONTRACTOR: *Pete Spate*  
BY: *Pete Spate*  
TITLE: Project Manager/Director of Operations  
DATE: 2/28/14

**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 PROCEEDED 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.

APPLICATION IS MADE FOR PAYMENT, AS SHOWN BELOW, IN CONNECTION WITH THE CONTRACT. CONTINUATION SHEET, AIA DOCUMENT G703, IS ATTACHED.

1 ORIGINAL CONTRACT SUM \$ 934,456.00  
2 NET CHANGE BY CHANGE ORDERS \$ 934,456.00  
3 CONTRACT SUM TO DATE (LINE 1 + 2) \$ 908,780.46  
4 TOTAL COMPLETED AND STORED TO DATE (COLLUMN G ON G703)  
5 RETAINAGE 10.00 %  
6. % OF COMPLETED WORK (COLLUMN D+E ON G703) 90,878.05  
b. % OF STORED MATERIAL (COLLUMN F ON G703)  
TOTAL RETAINAGE (LINE 5a + 5b OR TOTAL IN COLUMN I OF G703) \$ 817,902.41  
7 LESS PREVIOUS CERTIFICATES FOR PAYMENT (LINE 8 FROM PRIOR CERTIFICATE) \$ 644,558.11  
8 CURRENT PAYMENT DUE \$ 173,344.30  
9 BALANCE TO FINISH, PLUS RETAINAGE \$ 116,553.59

STATE OF: Illinois COUNTY OF: Peoria  
SUBSCRIBED AND SWORN TO BEFORE ME THIS 28th DAY OF February 14  
NOTARY PUBLIC: *Kimberly D. Erlandson*  
MY COMMISSION EXPIRES: May 7, 2016

AMOUNT CERTIFIED: \$  
(ATTACH EXPLANATION IF AMOUNT CERTIFIED DIFFERS FROM AMOUNT APPLIED FOR.)

ARCHITECT: \_\_\_\_\_ DATE: \_\_\_\_\_  
BY: \_\_\_\_\_ DATE: \_\_\_\_\_

THIS CERTIFICATION 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 PROJECT.



**APPLICATION AND CERTIFICATE FOR PAYMENT**

**AIA DOCUMENT G702**

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

APPLICATION NO: 2 Distribution to:  
 PERIOD TO: 1/31/2014 OWNER:  
 CONTRACTOR'S ARCHITECT  
 PROJECT NO: CONTRACTOR  
 CONTRACT DATE:

**CONTRACTOR'S APPLICATION FOR PAYMENT**

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by Owner	TOTAL		
Approved this month			
Number	Date Approved		
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: 

Date: 1/14/2014



**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.

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

1. ORIGINAL CONTRACT SUM \$ 108,897.00
2. Net change by Change Orders \$ -
3. CONTRACT SUM TO DATE (Line 1 + 2) \$ 108,897.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ 108,897.00
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 \$ 108,897.00 (Line 4 less Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) \$ 98,007.30
8. CURRENT PAYMENT DUE \$ 10,889.70 (Line 6 from prior Certificate)
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) \$ -

State of: Missouri County of: Crawford  
 Subscribed and sworn to before me this 14 day of Jan 2014  
 Notary Public: A.M. Gillenwater  
 My Commission expires: June 17, 2017

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

By: \_\_\_\_\_ Date: \_\_\_\_\_

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

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.