

Constantino, Mike

From: Joseph Van Leer [JVanLeer@Polsinelli.com]
Sent: Friday, March 01, 2013 3:17 PM
To: Constantino, Mike
Cc: Anne Cooper; Kara Friedman
Subject: RE: 12-105
Attachments: SCAN1346_000.pdf

Thanks, Mike,

We are reviewing the revised SAR and will return to you on Monday. I've attached are the items you requested and also provided responses to your requests below. Please let me know if you have any questions. Thanks,

Joe

From: Constantino, Mike [mailto:Mike.Constantino@Illinois.gov]
Sent: Friday, March 01, 2013 10:54 AM
To: Kara Friedman
Subject: 12-105

Hi Kara:

I need the following:

- the Historic Preservation Letter See attached.
- A new flood plain certification statement See attached.
- An itemization of project costs The costs set forth in Consulting and Other Fees represent the projected CON expenses related to this project. If you need more information on this, let me know.
- And a new page 5 I don't know what this means " Cash and Securities includes tenant improvement allowance of \$357, 975 and non clinical \$327,420" This was an oversight on the initial CON application. We revised this section in a second submission. I've attached the revised page 5 for your review.
- I need a attestation regarding the terms of debt service 1120.140 (b). We are meeting with the client on Monday and will get this to you by Tuesday.

I have attached the report

Mike Constantino
525 West Jefferson
Springfield, Illinois 62761
mike.constantino@illinois.gov
217-785-1557 (phone)
217-785-4111 (fax)

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**Illinois Historic
Preservation Agency**

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

St. Clair County
Fairview Heights

CON - Establish a Limited Specialty Ambulatory Surgical Treatment Center
5023 N. Illinois St.
IHPA Log #003122712

January 9, 2013

Joseph Van Leer
Polsinelli Shughart
161 N. Clark St., Suite 4200
Chicago, IL 60601

Dear Mr. Van Leer:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

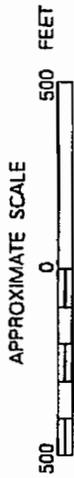
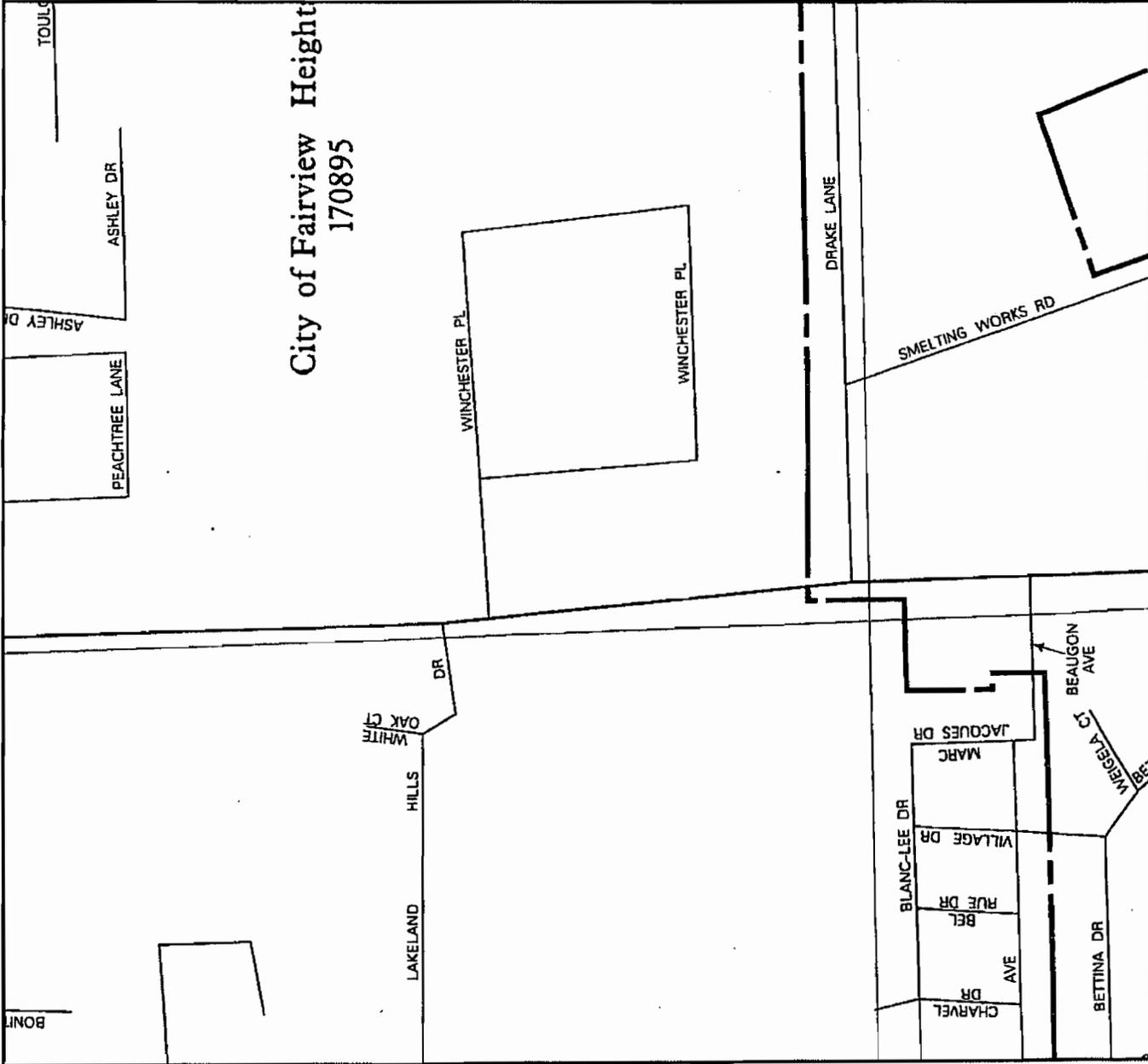
If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker
Deputy State Historic
Preservation Officer

Section I, Identification, General Information, and Certification
Flood Plain Requirements

The site of the proposed ASTC complies with the requirements of Illinois Executive Order #2005-5. As shown on the FEMA flood plain map attached at Attachment – 5, the site of the proposed ASTC is located outside of a flood plain.



NATIONAL FLOOD INSURANCE PROGRAM

FIRM

FLOOD INSURANCE RATE MAP

ST. CLAIR COUNTY, ILLINOIS

AND INCORPORATED AREAS

PANEL 203 OF 555

(SEE MAP INDEX FOR PANELS NOT PRINTED)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
FAIRVIEW HEIGHTS, CITY OF	170895	0001	D
ST. CLAIR COUNTY	170895	0002	D
SWANSEA VILLAGE OF	170895	0003	D

Notice to User: The MAP NUMBER shown below should be used when placing new orders; the COMMUNITY NUMBER shown below is for reference only. For more information on the Flood Insurance Program, please contact your insurance agent.

MAP NUMBER
17763C0203D

EFFECTIVE DATE:
NOVEMBER 5, 2003



Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using FIRM On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps, check the FEMA Flood Map Store at www.msc.fema.gov

Project Costs and Sources of Funds

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			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees	\$47,164		\$47,164
Movable or Other Equipment (not in construction contracts)*	\$64,188		\$64,188
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$1,002,290		\$1,002,290
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS			
SOURCE OF FUNDS			
Cash and Securities	\$47,164		\$47,164
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$1,002,290		\$1,002,290
Governmental Appropriations			
Grants			
Other Funds and Sources (NBV of Existing Equipment)	\$64,188		\$64,188
TOTAL SOURCES OF FUNDS	\$1,113,642		\$1,113,642
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

* This reflects the net book value of existing equipment that will be transferred to the Applicant when the project is complete. The net book value figure is low because many items are fully depreciated.