

**RECEIVED**

December 22, 2015

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HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
Second Floor  
525 West Jefferson  
Springfield, IL 62702

Re: IHFSRB Project #13-069  
Memorial Hospital of Carbondale

Dear Ms. Avery:

Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale and Southern Illinois Healthcare Enterprises, Inc., are seeking an alteration and permit renewal for the above referenced CON permit, which was granted on March 11, 2014.

The permit was granted for \$52,495,838 for the construction of 2 additions to the hospital and the modernization of existing space. The source of funds for the original permit amount is not-for-profit bonds.

- I. This alteration seeks approval of the following changes to the CON permit:
1. An increase in total project costs of less than 7% of the total project cost to \$56,112,398 (an increase of \$3,616,560 from the \$52,495,838 approved in the CON permit), due to increases in the project costs of the following line items: Modernization Contracts; Architectural/Engineering Fees; Consulting and Other Fees; and Movable or Other Equipment (not in construction contracts),
  2. The increased project costs will all be funded with cash and securities.
  3. This alteration will not change any of the Clinical Service Areas or Non-Clinical Service Areas included in the project or any other changes that are not included in this request for an Alteration to the CON permit.

The purpose of this alteration is to add technology upgrades to the hospital's existing operating rooms and intensive care unit (ICU). The original intent of the project was to maintain the 7 existing operating rooms without structural or equipment upgrades and to install new IT technology only in the new operating rooms and new ICU, but not to

install similar technology in the existing operating rooms and ICU. However, as the planning for this project and the construction has progressed, Memorial Hospital of Carbondale has determined that the technology in both the existing operating rooms and ICU should be upgraded to make the technology consistent in both the newly-constructed rooms as well as in the existing rooms.

The details of this alteration are due to the following changes in project costs by line item. All of the increased project costs are for Clinical Service Areas.

- Modernization Contracts will increase to \$6,810,506 from \$5,575,506 approved in the CON permit, an increase of \$1,235,000.

The modernization costs that are identified in this alteration are necessary to accomplish the following within the existing operating rooms.

- Install the new equipment, making the necessary modifications to the existing operating rooms and ICU to accommodate this equipment.
- Replace lights and equipment booms in each existing operating room.
- Modify boom mounts in the existing operating rooms to accommodate additional weights and torques.
- Modify medical gasses, mechanical systems, data and electric wiring to accommodate additional functions and integration system needs within the booms.
- Replace electrical isolation panels in each existing operating room.
- Patch and paint existing operating rooms.
- Architectural/Engineering Fees will increase to \$1,963,438 from \$1,868,438 approved in the CON permit, an increase of \$95,000.
- Consulting and Other Fees will increase to \$2,003,014 from \$1,870,639 approved in the CON permit, an increase of \$132,375.
- Movable or Other Equipment (not in construction contracts) will increase to \$10,209,230 from \$8,055,045 approved in the CON permit, an increase of \$2,154,185.

The equipment costs identified in this alteration are (1) for replacement surgical lights and surgical equipment booms, medical gas booms, and light booms in the existing operating rooms that will give these operating rooms the same equipment as will be used for the new operating rooms and (2) for the replacement of vital sign monitors in each patient room in the existing ICU to match the technology in the new ICU.

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The itemization of the proposed increased project costs will be found on the revised pages of the CON application that are identified below and attached to this Alteration request.

- II. A permit renewal is requested to extend the Project Completion Date to December 31, 2018, from the current Project Completion Date of December 31, 2017.

The revised Project Completion Date is shown on the revised Application Page 6 (hand-numbered Page 13) of the CON application that is identified below and attached to this request.

I am enclosing a \$1,000 check payable to the Illinois Department of Public Health for the alteration request fee, as well as the following revised or replacement Attachments and pages of the application which address this alteration. A check for \$500 payable to the Illinois Department of Public Health for the renewal request fee will be forthcoming.

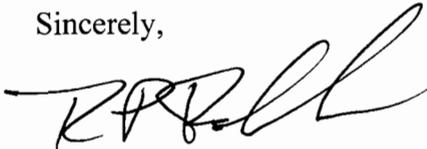
Revised Application Page 5	(hand-numbered Page 12)
Revised Application Page 6	(hand-numbered Page 13)
Revised Cost and Gross Square Fee By Department	(hand-numbered Page 28)
Revised Attachment-7	(hand-numbered Pages 51-53)
Revised Attachment-9	(hand-numbered Page 62)
Replacement Attachment 42	(hand-numbered Pages 157-158)

Ms. Courtney Avery  
December 22, 2015

I trust that this information will be adequate for you to review our alteration and permit renewal requests.

If you have any questions, please call Andrea Rozran at Diversified Health Resources (312-266-0466).

Sincerely,



Rex P. Budde, President and CEO  
Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale



Michael Kasser, Vice President/CFO/Treasurer  
Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale

cc: Michael Constantino



*Valerie K. Cawvey*

**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.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs	\$123,404	\$35,827	\$159,231
Site Survey and Soil Investigation	\$26,069	\$7,569	\$33,638
Site Preparation	\$146,189	\$42,442	\$188,631
Off Site Work	\$306,294	\$88,924	\$395,218
New Construction Contracts	\$15,667,169	\$5,198,202	\$20,865,371
Modernization Contracts	\$5,384,497	\$1,426,009	\$6,810,506
Contingencies	\$1,981,667	\$662,421	\$2,644,088
Architectural/Engineering Fees	\$1,543,039	\$420,399	\$1,963,438
Consulting and Other Fees	\$1,614,435	\$388,579	\$2,003,014
Movable or Other Equipment (not in construction contracts)	\$10,137,838	\$71,392	\$10,209,230
Bond Issuance Expense (project related)	\$817,625	\$237,375	\$1,055,000
Net Interest Expense During Construction (project related)	\$7,502,000	\$2,178,000	\$9,680,000
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs To Be Capitalized	\$70,710	\$34,323	\$105,033
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
<b>TOTAL USES OF FUNDS</b>	<b>\$45,320,936</b>	<b>\$10,791,462</b>	<b>\$56,112,398</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$3,616,560	\$0	\$3,616,560
Pledges	\$0	\$0	\$0
Gifts and Bequests	\$0	\$0	\$0
Bond Issues (project related)	\$41,704,376	\$10,791,462	\$52,495,838
Mortgages	\$0	\$0	\$0
Leases (fair market value)	0	\$0	\$0
Appropriations	\$0	\$0	\$0
Grants	\$0	\$0	\$0
Other Funds and Sources	\$0	\$0	\$0
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$45,320,936</b>	<b>\$10,791,462</b>	<b>\$56,112,398</b>

**ALTERED****Related Project Costs**

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

<p>Land acquisition is related to project    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p>Purchase Price: _____</p> <p>Fair Market Value: _____</p>
<p>The project involves the establishment of a new facility or a new category of service  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p>If yes, provide the dollar amount of all <b>non-capitalized</b> operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.</p> <p>Estimated start-up costs and operating deficit cost is <u>N/A</u>.</p>

**Project Status and Completion Schedules**

<p>Indicate the stage of the project's architectural drawings:</p> <p><input type="checkbox"/> None or not applicable                      <input type="checkbox"/> Preliminary</p> <p><input checked="" type="checkbox"/> Schematics                                              <input type="checkbox"/> Final Working</p>
<p>Anticipated project completion date (refer to Part 1130.140): <u>December 31, 2018</u></p>
<p>Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):</p> <p><input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.</p> <p><input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies</p> <p><input checked="" type="checkbox"/> Project obligation will occur after permit issuance.</p>

**State Agency Submittals**

<p>Are the following submittals up to date as applicable:</p> <p><input checked="" type="checkbox"/> Cancer Registry</p> <p><input checked="" type="checkbox"/> APORS</p> <p><input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted</p> <p><input checked="" type="checkbox"/> All reports regarding outstanding permits</p> <p><b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b></p>
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ALTERED							
COST AND GROSS SQUARE FEET							
Department	A	B	C	D	E	F	G
	Cost/Sq. Foot		Gross Sq. Ft.	Gross Sq. Ft.	Const. \$	Mod. \$	Total Costs
	New	Mod.	New	Mod.	(A x C)	(B x D)	(E + F)
<b>Clinical Service Areas:</b>							
<b>Medical/Surgical Nursing Units:</b>							
3rd Floor Medical/Surgical Nursing Unit	\$446.06	\$335.33	3,282	1,941	\$1,463,969	\$650,876	\$2,114,845
4th Floor Shell Space for Future Medical/Surgical Expansion	\$213.57	\$123.57	8,620	161	\$1,840,973	\$19,895	\$1,860,868
Intensive Care Unit	\$423.03	\$255.99	5,850	763	\$2,474,726	\$185,320	\$2,670,046
Surgery	\$596.91	\$432.18	6,347	5,152	\$3,788,602	\$2,226,502	\$6,015,104
Post-Anesthesia Recovery Unit (PACU, Recovery Phase I)	\$571.33		1,782	0	\$1,018,110	\$0	\$1,018,110
Surgical Prep/Post-Anesthesia Recovery Phase II	\$416.12		12,210	0	\$5,080,789	\$0	\$5,080,789
Pharmacy		\$275.24	0	2,967	\$0	\$816,624	\$816,624
Central Sterile Processing/Distribution		\$245.43	0	6,011	\$0	\$1,475,280	\$1,475,280
SUBTOTAL CON COMPONENTS	\$411.31	\$316.83	38,091	16,995	\$15,667,169	\$5,384,497	\$21,051,666
Contingency					\$1,566,716	\$414,951	\$1,981,667
<b>TOTAL - CLINICAL SERVICE AREAS</b>	<b>\$452.44</b>	<b>\$341.24</b>	<b>38,091</b>	<b>16,995</b>	<b>\$17,233,885</b>	<b>\$5,799,448</b>	<b>\$23,033,333</b>
<b>Non-Clinical Service Areas:</b>							
<b>Materials Management</b>							
Materials Management		\$218.56	0	336	\$0	\$73,436	\$73,436
Security	\$539.47		260	0	\$140,262	\$0	\$140,262
Vending Machine Area		\$154.67	0	612	\$0	\$94,658	\$94,658
Entrances, Lobbies, Central Public Space (this project)	\$394.51	\$158.72	2,983	184	\$1,176,823	\$29,204	\$1,206,027
<b>Interdepartmental Circulation:</b>							
2nd Floor			471	169	N/A	N/A	N/A
4th Floor			933	180	N/A	N/A	N/A
<b>TOTAL Interdepartmental Circulation</b>	<b>\$362.58</b>	<b>\$124.67</b>	<b>1,404</b>	<b>329</b>	<b>\$509,062</b>	<b>\$41,016</b>	<b>\$550,078</b>
<b>Elevator Lobbies:</b>							
Ground Floor			260	0	N/A	N/A	N/A
1st Floor			533	184	N/A	N/A	N/A
2nd Floor			314	79	N/A	N/A	N/A
3rd Floor			298	79	N/A	N/A	N/A
4th Floor			298	0	N/A	N/A	N/A
<b>TOTAL Elevator Lobbies</b>	<b>\$381.09</b>	<b>\$142.61</b>	<b>1,703</b>	<b>342</b>	<b>\$648,998</b>	<b>\$48,772</b>	<b>\$697,770</b>
<b>Elevator Shafts:</b>							
Ground Level			286	0	N/A	N/A	N/A
1st Floor			301	138	N/A	N/A	N/A
2nd Floor			301	0	N/A	N/A	N/A
3rd Floor			301	0	N/A	N/A	N/A
4th Floor			414	0	N/A	N/A	N/A
<b>TOTAL Elevator Shafts</b>	<b>\$623.33</b>	<b>\$218.56</b>	<b>1,603</b>	<b>138</b>	<b>\$999,200</b>	<b>\$30,161</b>	<b>\$1,029,361</b>
<b>Stairwells:</b>							
Ground Level			206	0	N/A	N/A	N/A
1st Floor			222	0	N/A	N/A	N/A
2nd Floor			376	0	N/A	N/A	N/A
3rd Floor			234	0	N/A	N/A	N/A
4th Floor			234	0	N/A	N/A	N/A
<b>TOTAL Stairwells</b>	<b>\$322.56</b>		<b>1,272</b>	<b>0</b>	<b>\$410,296</b>	<b>\$0</b>	<b>\$410,296</b>
<b>Mechanical/Electrical/Data Shafts:</b>							
3rd Floor			81	0	N/A	N/A	N/A
4th Floor			81	0	N/A	N/A	N/A
<b>TOTAL Mechanical/Electrical/Data Shafts</b>	<b>\$308.14</b>		<b>162</b>	<b>0</b>	<b>\$49,918</b>	<b>\$0</b>	<b>\$49,918</b>
Mechanical/Electrical Space and Equipment:	\$339.11	\$479.15	2,712	2,314	\$919,661	\$1,108,762	\$2,028,423
Entry Canopies	\$202.70		1,697	0	\$343,982	\$0	\$343,982
SUBTOTAL NON-CON COMPONENTS	\$376.79	\$335.14	13,796	4,255	\$5,198,202	\$1,428,009	\$6,626,211
Contingency					\$519,820	\$142,801	\$662,621
<b>TOTAL NON-CLINICAL SERVICE AREAS</b>	<b>\$414.47</b>	<b>\$368.65</b>	<b>13,796</b>	<b>4,255</b>	<b>\$5,718,022</b>	<b>\$1,568,810</b>	<b>\$7,286,832</b>
<b>PROJECT TOTAL</b>	<b>\$442.34</b>	<b>\$346.73</b>	<b>51,887</b>	<b>21,250</b>	<b>\$22,951,907</b>	<b>\$7,368,058</b>	<b>\$30,319,965</b>

ALTERED 28

**Memorial Hospital of Carbondale Itemized Project Costs**

ALTERED			
Description	Clinical Service Areas	Non-Clinical Service Areas	TOTAL
<b>Pre-Planning Costs:</b>			
Pre-Construction Services - Const. Mgr./Estimating	\$64,170	\$18,630	\$82,800
Program/Planning Services	\$32,085	\$9,315	\$41,400
Additional A/E Fees for Site Development	\$27,149	\$7,882	\$35,031
<b>Total Pre-Planning Costs</b>	<b>\$123,404</b>	<b>\$35,827</b>	<b>\$159,231</b>
<b>Site Survey and Soil Investigation:</b>			
Geotechnical Investigation	\$20,053	\$5,822	\$25,875
Site Survey	\$6,016	\$1,747	\$7,763
<b>Total Site Survey and Soil Investigation</b>	<b>\$26,069</b>	<b>\$7,569</b>	<b>\$33,638</b>
<b>Site Preparation:</b>			
Demolition	\$23,218	\$6,741	\$29,959
Excavation & Grading	\$67,075	\$19,473	\$86,548
Utilities	\$55,896	\$16,228	\$72,124
<b>Total Site Preparation</b>	<b>\$146,189</b>	<b>\$42,442</b>	<b>\$188,631</b>
<b>Off-Site Work:</b>			
Demolition	\$27,518	\$7,989	\$35,507
Excavation & Grading	\$44,717	\$12,982	\$57,699
Utilities	\$72,822	\$21,142	\$93,964
Paving	\$57,186	\$16,602	\$73,788
Striping, Signs, Fences, etc.	\$32,677	\$9,487	\$42,164
Exterior Lighting/Electrical Work	\$58,475	\$16,977	\$75,452
Landscaping	\$12,899	\$3,745	\$16,644
<b>Total Off Site Work</b>	<b>\$306,294</b>	<b>\$88,924</b>	<b>\$395,218</b>
<b>New Construction Contracts</b>	<b>\$15,667,169</b>	<b>\$5,198,202</b>	<b>\$20,865,371</b>
<b>Modernization Contracts</b>	<b>\$5,384,497</b>	<b>\$1,426,009</b>	<b>\$6,810,506</b>
<b>Contingencies</b>	<b>\$1,981,667</b>	<b>\$662,421</b>	<b>\$2,644,088</b>
<b>Architectural and Engineering Fees:</b>			
Architecture/Engineering	\$1,484,805	\$403,492	\$1,888,297
Interior Design	\$30,160	\$8,756	\$38,916
Architecture/Engineering Reimbursements	\$28,074	\$8,151	\$36,225
<b>Total Architecture/Engineering Fees</b>	<b>\$1,543,039</b>	<b>\$420,399</b>	<b>\$1,963,438</b>
<b>Consulting and Other Fees:</b>			
Hazardous Materials Survey	\$1,203	\$349	\$1,552
HVAC Commissioning	\$92,244	\$26,781	\$119,025
Exterior Envelope Commissioning	\$49,331	\$14,322	\$63,653
Graphics Design	\$6,818	\$1,979	\$8,797
Graphics Design Reimbursables	\$21,657	\$6,288	\$27,945
Physicist Shielding Consulting	\$3,623	\$0	\$3,623
Legal Fees	\$9,906	\$2,876	\$12,782
CON Planning and Consultation	\$64,170	\$18,630	\$82,800
CON Application Processing Fee	\$100,000	\$0	\$100,000
IDPH Plan Review Fee	\$40,000	\$0	\$40,000
Project Management	\$156,670	\$45,485	\$202,155
Project Management Reimbursables	\$28,074	\$8,151	\$36,225
Construction Manager	\$797,393	\$222,537	\$1,019,930
Building Permit	\$47,596	\$13,818	\$61,414
Builders Risk Insurance	\$50,133	\$14,555	\$64,688
Soils & Materials Testing/Inspection	\$44,117	\$12,808	\$56,925
Thermal Balancing - existing operating rooms	\$17,500	\$0	\$17,500
Medical Gas Testing - existing operating rooms	\$84,000	\$0	\$84,000
<b>Total Consulting and Other Fees</b>	<b>\$1,614,435</b>	<b>\$388,579</b>	<b>\$2,003,014</b>

ALTERED S1

TYPE OF FUNDS	Clinical Service Areas	Non-Clinical Service Areas	TOTAL
<b>Movable or Other Equipment</b>			
<b>(not in Construction Contracts):</b>			
Medical Equipment (see listing by department on following pages)	\$9,503,007	\$0	\$9,503,007
Systems/Modular Furniture (see listing by department on following pages)	\$82,050	\$0	\$82,050
Furniture/Furnishings (see listing by department on following pages)	\$373,478	\$8,694	\$382,172
Telecom Equipment (see listing by floor on following pages)	\$10,281	\$13,628	\$23,909
Information Systems Equipment (see listing by floor on following pages)	\$119,090	\$34,574	\$153,664
Artwork & Plants	\$49,932	\$14,496	\$64,428
<b>Total Movable or Other Equipment</b>	<b>\$10,137,838</b>	<b>\$71,392</b>	<b>\$10,209,230</b>
<b>Bond Issuance Expense (Project Related)</b>			
Underwriter(s)	\$271,250	\$78,750	\$350,000
Financial Advisor	\$155,000	\$45,000	\$200,000
Illinois Finance Authority (IFA) Fee	\$85,250	\$24,750	\$110,000
IFA Counsel Fees	\$7,750	\$2,250	\$10,000
Bond Counsel	\$58,125	\$16,875	\$75,000
Borrower's Counsel	\$58,125	\$16,875	\$75,000
Underwriter's Counsel	\$58,125	\$16,875	\$75,000
Rating Agencies' Fees	\$77,500	\$22,500	\$100,000
Auditor	\$38,750	\$11,250	\$50,000
Trustee & Other Fees	\$7,750	\$2,250	\$10,000
<b>Total Bond Issuance Expense</b>	<b>\$817,625</b>	<b>\$237,375</b>	<b>\$1,055,000</b>
<b>Net Interest Expense During Construction</b>			
<b>(Project Related)</b>	<b>\$7,502,000</b>	<b>\$2,178,000</b>	<b>\$9,680,000</b>
<b>Other Costs to be Capitalized:</b>			
Internal Move Costs	\$61,887	\$1,746	\$63,633
Hazardous Material Removal	\$8,823	\$2,562	\$11,385
Signage/Graphics	\$0	\$30,015	\$30,015
<b>Total Other Costs to be Capitalized</b>	<b>\$70,710</b>	<b>\$34,323</b>	<b>\$105,033</b>
<b>TOTAL ESTIMATED PROJECT COSTS</b>	<b>\$45,320,936</b>	<b>\$10,791,462</b>	<b>\$56,112,398</b>

ALTERED S2

**MEMORIAL HOSPITAL OF CARBONDALE MEDICAL EQUIPMENT, FURNITURE, FURNISHINGS & EQUIPMENT (FFE)**

**ALTERED**

	<u>Equipment, Furniture</u>	<u>Telecommunications,</u>	<u>Subtotal</u>	<u>3.5% Escalation</u>	<u>Total FFE</u>
	<u>&amp; Furnishings</u>	<u>IT Equipment</u>			
<b>1st Floor</b>	\$5,164,276	\$171,568	\$5,335,844	\$186,755	\$5,522,599
<b>2nd Floor</b>	\$1,025,727		\$1,025,727	\$35,900	\$1,061,627
<b>3rd Floor</b>	\$1,358,832		\$1,358,832	\$47,559	\$1,406,391
<b>Subtotal</b>	\$7,548,835	\$171,568	\$7,720,403	\$270,214	\$7,990,617
<b>Alteration - Surgery &amp; ICU</b>	\$2,154,185				\$2,154,185
<b>Artwork/Plants</b>					\$64,428
<b>Total FFE</b>					\$10,209,230

ALTERED S3

**ALTERED  
ATTACHMENT 9  
Space Requirements**

Department	Total Gross Square Footage*						Vacated as a Result of this Project
	Entire Hospital			This Project			
	Cost	Existing	Total Upon Project Completion	New	Modernized	As Is	
<b>CLINICAL SERVICE AREAS:</b>							
Medical/Surgical Nursing Units (entire hospital):							
3rd Floor	\$4,203,965	22,804	25,730	3,282	1,941	20,507	356 <sup>a</sup>
4th Floor (Includes existing M/S nursing unit, but excludes shell for future M/S nursing unit - see below)		<del>23,690</del>	<del>23,751</del>	0	181	23,690	0
	<u>\$50,466</u>						
<b>TOTAL Medical/Surgical Nursing Units</b>	<b>\$4,254,431</b>	<b>46,394</b>	<b>49,481</b>	<b>3,282</b>	<b>2,102</b>	<b>44,067</b>	<b>356<sup>a</sup></b>
Shell Space for Future M/S nursing unit	\$2,895,992	0	8,620	8,620	0	0	0
Intensive Care Units (entire hospital):	\$5,372,633	8,347	14,113	5,850	783	7,500	84 <sup>b</sup>
Surgery (entire hospital)	\$15,889,795	16,897	25,649	6,347	5,152	14,150	520 <sup>c</sup>
Post-Anesthesia Recovery Unit (PACU, Recovery, Phase I)	\$1,478,785	1,963	1,782	1,782	0	0	1,963 <sup>d</sup>
Surgical Prep/Post-Anesthesia Recovery Phase II	\$8,831,761	3,605	12,210	12,210	0	0	3,605 <sup>e</sup>
Pharmacy	\$2,185,484	1,711	2,967	0	2,987	0	1,288 <sup>f</sup>
Central Sterile Processing/Distribution	<u>\$4,612,075</u>	<u>2,388</u>	<u>6,011</u>	<u>0</u>	<u>6,011</u>	<u>0</u>	<u>2,388<sup>g</sup></u>
<b>TOTAL CLINICAL SERVICE AREAS</b>	<b>\$45,320,936</b>	<b>81,285</b>	<b>120,833</b>	<b>38,091</b>	<b>16,995</b>	<b>65,747</b>	<b>10,107</b>
<b>NON-CLINICAL SERVICE AREAS:</b>							
Materials Management (this project)	\$169,188	3,880	3,566	0	336	3,230	314 <sup>h</sup>
Security	\$196,380	45	280	260	0	0	45 <sup>i</sup>
Vending Machine Area	\$218,079	0	612	0	612	0	0
Entrances, Lobbies, Central Public Space (this project)	\$1,816,542	359	3,167	2,983	184	0	359 <sup>j</sup>
Interdepartmental Circulation Space (this project):							
1st Floor		1,389	0	0	0	0	1,389 <sup>k</sup>
2nd Floor		169	640	471	169	0	0
4th Floor		0	<u>1,083</u>	<u>933</u>	<u>180</u>	<u>0</u>	<u>0</u>
<b>TOTAL Interdepartmental Circulation Space (this project)</b>	<b>\$824,578</b>	<b>1,558</b>	<b>1,733</b>	<b>1,404</b>	<b>329</b>	<b>0</b>	<b>1,389<sup>k</sup></b>
Elevator Lobbies (this project):							
Ground Floor		0	260	260	0	0	0
1st Floor		146	717	533	184	0	0
2nd Floor		79	393	314	79	0	0
3rd Floor		905	1,203	298	79	826	0
4th Floor		<del>968</del>	<u>1,166</u>	<u>298</u>	<u>0</u>	<u>868</u>	<u>0</u>
<b>TOTAL Elevator Lobbies</b>	<b>\$1,039,863</b>	<b>1,998</b>	<b>3,739</b>	<b>1,703</b>	<b>342</b>	<b>1,694</b>	<b>0</b>
Mechanical/Electrical Space and Equipment (this project)	\$3,880,002	6,140	9,449	2,712	2,314	4,423	167 <sup>l</sup>
Elevator Shafts (this project):							
Ground Floor		0	286	286	0	0	0
1st Floor		105	544	301	138	105	0
2nd Floor		105	406	301	0	105	0
3rd Floor		485	786	301	0	485	0
4th Floor		0	<u>414</u>	<u>414</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTAL Elevator Shafts</b>	<b>\$1,459,075</b>	<b>695</b>	<b>2,436</b>	<b>1,603</b>	<b>138</b>	<b>695</b>	<b>0</b>
Stairwells (this project):							
Ground Floor		0	208	206	0	0	0
1st Floor		499	467	222	0	245	254 <sup>m</sup>
2nd Floor		409	376	376	0	0	409 <sup>n</sup>
3rd Floor		1,114	1,134	234	0	900	214 <sup>n</sup>
4th Floor		<del>881</del>	<u>901</u>	<u>234</u>	<u>0</u>	<u>667</u>	<u>214<sup>n</sup></u>
<b>TOTAL Stairwells</b>	<b>\$593,725</b>	<b>2,903</b>	<b>3,084</b>	<b>1,272</b>	<b>0</b>	<b>1,812</b>	<b>1,091<sup>n</sup></b>
Mechanical/Electrical/Data Shafts (this project):							
3rd Floor		521	602	81	0	521	0
4th Floor		<del>451</del>	<u>532</u>	<u>81</u>	<u>0</u>	<u>451</u>	<u>0</u>
<b>TOTAL Mechanical/Electrical/Data Shafts</b>	<b>\$72,508</b>	<b>972</b>	<b>1,134</b>	<b>162</b>	<b>0</b>	<b>972</b>	<b>0</b>
Canopies	<u>\$521,524</u>	<u>1,701</u>	<u>1,697</u>	<u>1,697</u>	<u>0</u>	<u>0</u>	<u>1,701<sup>o</sup></u>
<b>TOTAL NON-REVIEWABLE (NON-CLINICAL SERVICE AREAS)</b>	<b>\$10,791,462</b>	<b>20,261</b>	<b>30,877</b>	<b>13,788</b>	<b>4,255</b>	<b>12,826</b>	<b>5,066</b>
<b>TOTAL PROJECT (CLINICAL + NON-CLINICAL SERVICE AREAS)</b>	<b>\$56,112,398</b>	<b>101,538</b>	<b>161,710</b>	<b>51,887</b>	<b>21,250</b>	<b>78,573</b>	<b>15,173</b>

ALTERED 62



# SOUTHERN ILLINOIS HEALTHCARE

ALTERED

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson Second Floor  
Springfield, Illinois 62702

Re: Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale and  
Southern Illinois Healthcare Enterprises, Inc.  
IHFSRB Project #13-069

Dear Ms. Avery:

The undersigned, as authorized representatives of Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale and Southern Illinois Healthcare Enterprises, Inc., in accordance with 77 Ill. Adm. Code 1120.140(a)(1) and the requirements of Section X.A.1 of the CON Application for Permit, hereby attest to the following:

As a result of the alteration to this project, the sources of funding will be cash and securities in addition to the debt financing that was the sole source of funding in the original CON application. The selected form of debt financing for the CON permit approved on March 11, 2014, is tax exempt revenue bonds issued through the Illinois Finance Authority;

The selected form of debt financing for this project is at the lowest net cost available to the co-applicants.

Signed and dated as of December 22, 2015.

Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale  
Southern Illinois Healthcare Enterprises, Inc.  
Illinois Not-for-Profit Corporations

Rex P. Budde, President and CEO  
Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale

Michael Kasser, Vice President/CFO/Treasurer  
Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale

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