Advocate BroMenn Medical Center
1304 Franklin Avenue || Normal, IL 61761 || T 309.454.1400 || advocatehealth.com
Mailing Address: P.O. Box 2850 || Bloomington, IL 61702-2850

June 20, 2016

RECEIVED
JUN 23 2016
HEALTH FACILITIES & SERVICES REVIEW BOARD

Via Overnight Courier

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Springfield, IL 62761

Re: Project #14-027 Advocate BroMenn Medical Center (the "Project")

Project Final Realized Costs Report
Advocate Health and Hospitals Corporation, (dba Advocate BroMenn Medical Center),
and Advocate Health Care Network
Relocate Pharmacy, Establish Conference Rooms in Existing Shell Space

Dear Ms. Avery:

This letter is intended to satisfy a portion of Section 1130.770 by providing you with a Final Realized Cost Report of Project #14-027, Relocate Pharmacy, and Establish Conference Rooms in Existing Shell Space. The Notice of Completion was submitted March 21, 2016 indicating this final cost report would be submitted within 90 days of the Permit completion date of March 31, 2016.

The itemized final costs compared to the permit amount are shown below:

Use of Funds	Final Costs Incurred	In Permit
Modernization Contracts	$ 1,473,104	$ 1,214,394
Contingencies	$ -	$ 102,000
Architectural/Engineering Fees	$ 172,701	$ 139,800
Consulting and Other Fees	$ 11,100	$ 89,150
Movable or Other Equipment (Not in Construction Contracts)	$ 366,090	$ 434,656
Bond Issuance Expense (Project Related)*	$ 1,033	$ 15,453
Net Interest Expense During Construction (Project Related)*	$ 4,934	$ 36,111
Total	**$ 2,028,962**	**$ 2,031,564**

*As reported in the first Annual Progress Report: Soon after the Project was started, a decision was made to fund the project principally with cash.

This letter certifies that the project costs represent all the costs required to complete the project and there are no additional or associated costs or capital expenditures related to the project.

Advocate BroMenn Medical Center
Project No. 14-027
Final Realized Cost Report

The final application and certification for payment is shown in the attached G702 form.

Please contact me at (630) 929-5577 or Sonja Reece at (309) 268-5482 if you have any questions about this report.

Sincerely,

Scott Nelson, AIA, ACHA
Vice President, Planning, Design, and Construction
Advocate Health and Hospitals Corporation

CC: Robert Miller Advocate BroMenn Medical Center
Steve Fifarek, Advocate Health Care
Patrick Lyons, Advocate Health Care
Sonja Reece, Advocate Health Care

Attachments: Final Payment G702 form

Notarized:

Name: Lauren J. Widder

Commission Expires: 1/29/18

OFFICIAL SEAL
LAUREN J WIDDER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/29/18

APPLICATION AND CERTIFICATE FOR PAYMENT

Application No. 9 | Invoice #: C16185A

To Owner: ADVOCATE BROMENN MEDICAL CEN
P.O. Box 2850
Bloomington IL 61702-2850

Project: ABMC Pharmacy Relocation
Site: 1304 Franklin Ave.
Normal, IL 61761

Period To: 6/22/2016

Copies: Distribution to:
- [ ] Construction Manager
- [ ] Architect
- [ ] Owner
- [ ] _____
- [ ] _____
- [ ] _____

From Contractor: P. J. HOERR, INC.
Brian Myers, Project Manager
107 N. Commerce Place
Peoria, IL 61604

Via: SHIVE HATTERY, INC.
2103 Eastland Drive
Bloomington, IL 61702

PJHI Project No: 30188
Contract Date:
Customer Ref: 90007962-0-CC

Contract For:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet is attached.

1. Original Contract Sum	$	1,398,962.30
2. Net Change By Change Order	$	(41,080.41)
3. Contract Sum To Date	$	1,357,881.89
4. Total Completed and Stored To Date	$	1,357,881.89
5. Retainage :		
a. 0.0% of Completed Work	$ 0.00	
b. 0.0% of Stored Material	$ 0.00	
Total Retainage	$	0.00
6. Total Earned Less Retainage	$	1,357,881.89
7. Less Previous Certificates For Payment	$	1,357,881.89
8. Current Payment Due	$	**0.00**
9. Balance To Finish, Plus Retainage	$	0.00

CHANGE ORDER SUMMARY	Additions	Deductions
Total changes approved in previous months by Owner	$ 0.00	$ (41,080.41)
Total Approved this Month	$ 0.00	$ 0.00
TOTALS	$ 0.00	$ (41,080.41)
Net Changes By Change Order	$ (41,080.41)	

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: **P. J. HOERR. INC.**

By: _____ Date: 06/22/2016
Brian Myers, Project Manager

State of: ILLINOIS County of: Peoria

Subscribed and sworn to before me this 22nd day of June 2016

Notary Public: Vitella L Reagan

OFFICIAL SEAL
VITELLA L. REAGAN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 1-4-19

My Commission expires: January 04, 2019

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.

AMOUNT CERTIFIED **$ 0.00**

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT / OWNERS' REPRESENTATIVE:

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.