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JUL 22 2014
HEALTH FACILITIES &
SERVICES REVIEW BOARD

July 21, 2014

VIA OVERNIGHT DELIVERY

George K. Roate, Reviewer
Illinois Department of Public Health
Office of Health Systems Development
525 West Jefferson 2nd Flr.
Springfield, Illinois 62761

Re: DeKalb Surgical Services LLC - Application to Establish ASC 14-033

Dear Mr. Roate:

Enclosed is the flood plain map sent via email on Friday, July 18, 2014, regarding the above application. Also enclosed is a copy of the corrected cost and sources of funds page, sent via email Monday, July 21, 2014.

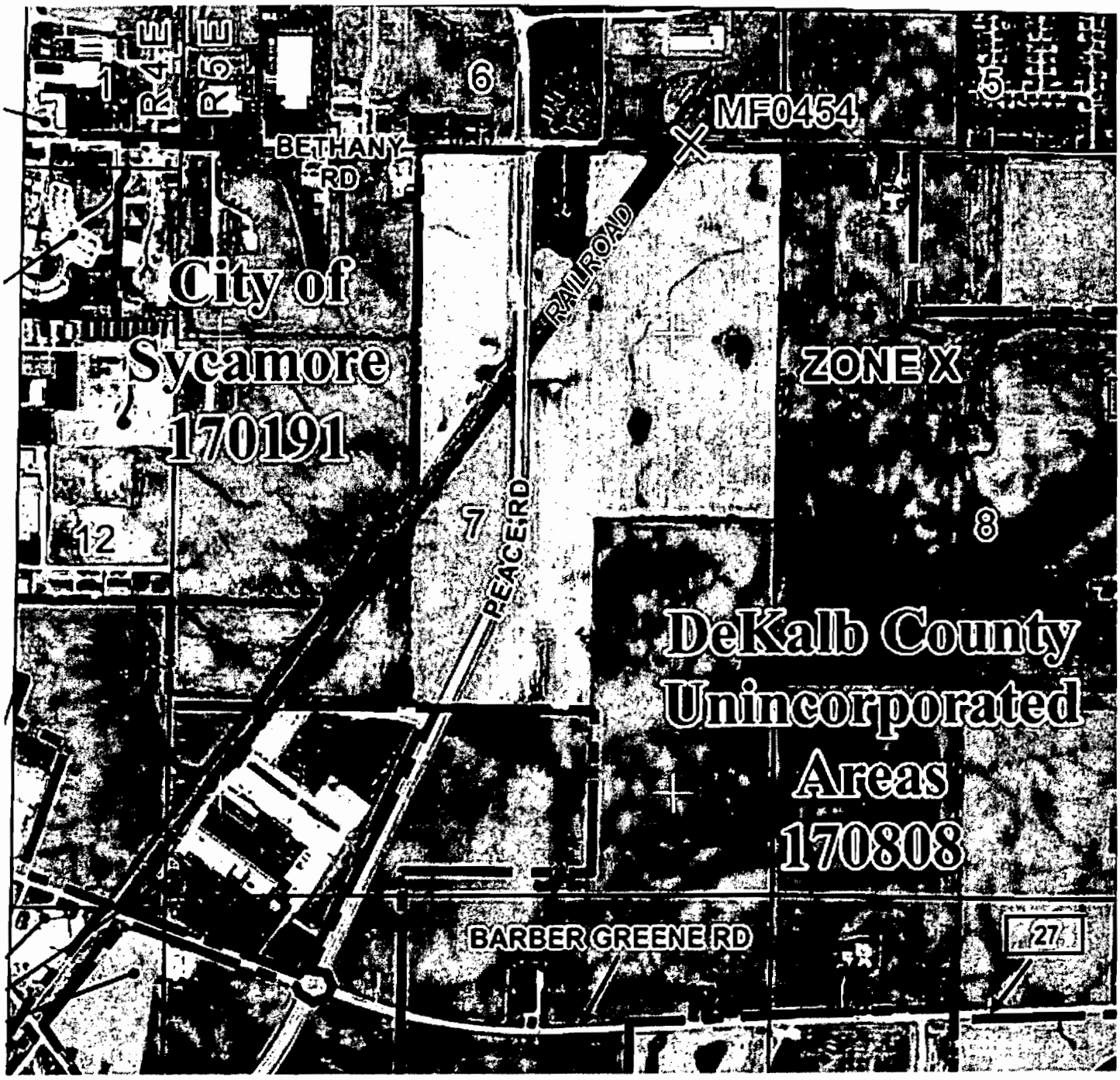
Thank you.

Very truly yours,

Clare Connor Ranalli

Clare Connor Ranalli

cc: Mike Constantino
DM_US 53613414-1.T13706.0010


R4E
R5E
1
6
5
MF0454
BETHANY RD
RAILROAD
City of Sycamore 170191
ZONE X
12
7
8
PEACE RD
DeKalb County Unincorporated Areas 170808
BARBER GREENE RD
27

Project Costs and Sources of Funds SURGERY CENTER

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	SURGERY CENTER		
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	$43,665.00	$17,835.00	$61,500.00
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)	$500,000.00	$150,000.00	$650,000.00
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment*	$5,904,448.38	$2,530,477.87	$8,434,926.25
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	$6,072,283.38	$3,074,142.87	$9,146,426.25
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$543,665.00	$167,835.00	$710,500.00
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	$5,904,448.38	$2,530,477.00	$8,434,925.25
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	$6,072,283.38	$3,074,142.87	$9,146,426.25

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

*$5,934,926.25 FMV of Leased Space – Annualized x 15 Year Lease Term
$2,500,000.00 FMV of Leased Equipment