

15-039

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

SEP 23 2015

Facility/Project Identification

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility Name:	Rockford Memorial Hospital-Rockton Avenue Campus		
Street Address:	2400 North Rockton Avenue Rockford, IL 61103		
City and Zip Code:	Rockford, IL		
County:	Winnebago	Health Service Area	I Health Planning Area: B-01

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Rockford Memorial Hospital
Address:	2400 N. Rockton Avenue Rockford, IL 61103
Name of Registered Agent:	
Name of Chief Executive Officer:	Javon R. Bea
CEO Address:	2400 N. Rockton Avenue Rockford, IL 61103
Telephone Number:	815/971-5000

Type of Ownership of Applicant/Co-Applicant

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact

[Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name:	Dan Parod
Title:	Senior Vice President
Company Name:	Rockford Health System
Address:	2350 N. Rockton Avenue Rockford, IL 61103
Telephone Number:	815/971-5000
E-mail Address:	dparod@rhsnet.org
Fax Number:	815/961-1449

15-039

September 15, 2015

RECEIVED
SEP 23 2015
HEALTH FACILITIES &
SERVICES REVIEW BOARD

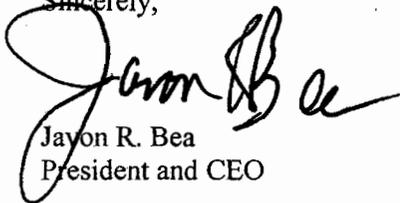
Illinois Health Facilities
and Services Review Board
525 West Jefferson
Springfield, IL 62761

Re: Compliance with IHFSRB's Second Year Target Utilization Rate

To Whom It May Concern:

This letter is being written for inclusion in the Certificate of Need applications addressing the establishment of a new hospital on Rockford Memorial Hospital's property located at the intersection of I-90/39 and East Riverside Boulevard in Rockford Township, Winnebago County, Illinois, and the modernization of Rockford Memorial Hospital's current campus, located at 2400 North Rockton Avenue, in Rockford, Illinois. Please be advised that it is my expectation and understanding that by the second year following the projects' completion, each of the IDPH-designated categories of service addressed in the filed Certificate of Need applications will be operating at the IHFSRB's target utilization rate, and that they will, at minimum, maintain this level of utilization thereafter.

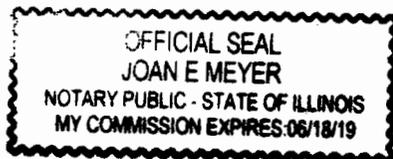
Sincerely,

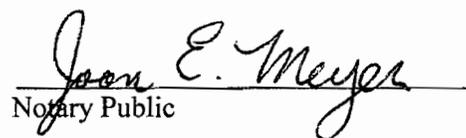

Javon R. Bea
President and CEO

STATE OF ILLINOIS

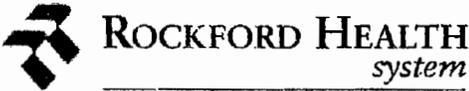
COUNTY OF WINNEBAGO

BE IT KNOWN, that, on the 15th day of September, 2015, before me personally came Javon R. Bea, President and CEO, who executed the foregoing instrument, and he acknowledged to me that he executed the same.




Notary Public

15-039



RECEIVED

SEP 23 2015

HEALTH FACILITIES &
SERVICES REVIEW BOARD

September 18, 2015

Mr. Michael Constantino
Supervisor, Project Review
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

Re: RMH Ownership of Riverside Property

Dear Mr. Constantino:

It is my understanding from Jack Axel that you have requested additional documentation related to Rockford Memorial Hospital's ownership of the "Riverside Property", as set forth in the legal description provided in our CON applications. The Riverside Property, in total, consists of about 263 acres, which includes 9 separate taxable parcels. RMH owns all but one small parcel (1.5 acre), which is owned by Rockford Health System and not related to the RMH property needed for the project. I have enclosed the most recent Winnebago County property tax bills that relate to the 8 Riverside parcels owned by Rockford Memorial Hospital.

I trust this information satisfactorily responds to your inquiry. Do not hesitate to contact Jack Axel or me if you have any further questions.

Sincerely,

James P. Evans
V.P. & General Counsel

**Rockford Memorial
Hospital**
2400 N. Rockton Ave.
Rockford, IL 61103
(815) 971 5000

**Rockford Health
Physicians**
2300 N. Rockton Ave.
Rockford, IL 61103
(815) 971-2000

**Van Matre HealthSouth
Rehabilitation Hospital**
950 S. Mulford Rd
Rockford, IL 61108
(815) 381-8500

**Visiting Nurses
Association**
4223 E. State St.
Rockford, IL 61108
(815) 971-3550

**Rockford Memorial
Development Foundation**
2400 N. Rockton Ave.
Rockford, IL 61103
(815) 971-4141

145 503C 12-01-376-002
 R7
 ROCKFORD MEMORIAL HOSPITAL
 ATTN LINDA BURT CEO
 2400 N ROCKTON AVE
 ROCKFORD, IL 61103

NEW NAME / ADDRESS

PHONE: () -
 DATE: / /
 REASON FOR CHANGE: SIGNATURE



RECEIPT CARD KEEP FOR YOUR RECORDS 2014

PARCEL ID
 12-01-376-002
 212512

BEG NE COR LOT 1 DORN SUB DUE DATE FIRST INST.
 TH N 60 FT W 252.87 FT S 6/5/2015 \$17.60
 84.40 FT NE 69.81 FT E 15 DUE DATE SECOND INST.
 ROCKFORD 0.3100 9/4/2015 \$17.60

ROCKFORD MEMORIAL HOSPITAL
 OR CURRENT RESIDENT
 ATTN LINDA BURT CEO
 2400 N ROCKTON AVE
 ROCKFORD, IL 61103-3655

NOT TO BE USED AS A RECORDABLE LEGAL DESCRIPTION

FORMULA FOR TAX CALCULATION	2014	145 503C	12-01-376-002
BD OF REVIEW ASSESSED VALUE			308
TWSP EQUALIZATION FACTOR	X		1.000000
BD OF REVIEW EQUALIZED VALUE	=		308
HOME IMPROVEMENT EXEMPTION	-		0
DISABLED VETERAN EXEMPTION	-		0
BD OF REVIEW VALUE-EXEMPTIONS	=		308
STATE MULTIPLIER FOR WINNEBAGO COUNTY X			1.000000
REVISED EQUALIZED VALUE	=		308
FAF/VEZ EXEMPTION	-		0
SCTFHE (SENIOR FREEZE)	-		0
OWNER OCCUPIED EXEMPTION	-		0
OVER 65 EXEMPTION	-		0
NEW DISABLED OR VETERAN EXEMPTION-	-		0
RETURNING VETERAN EXEMPTION	-		0
TAXABLE VALUE	=		308
TAX RATE FOR TAX CODE 031	X		11.4294
1977 EQUALIZED CALCULATED TAX	=		\$35.20
VALUE 0 ABATEMENTS	-		\$0.00
NON AD VALOREM TAX	+		\$0.00



6/5/2015 \$17.60

If your taxes are not paid by the due date above, please call the County Treasurer's Office before making any payment. An additional penalty amount of 1.5% (\$19.44) will be assessed.

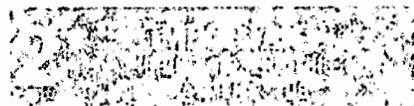
Checks should be made payable to Winnebago County Treasurer/Collector. Please see reverse side for mailing address.

ASSESSOR'S Phone Number 815-965-0300	TOTAL TAX DUE	\$35.20
LOCATION OF PROPERTY 84XX SPRING BROOK RD	FAIR MARKET VALUE	920



TAX DISTRICT CONTACT INFORMATION AVAILABLE AT
www.winnebagotreasurer.com

TAXING BODY	PRIOR RATE	PRIOR TAX	CURRENT RATE	TAX
WINNEBAGO COUNTY	1.0329	\$3.39	1.0845	\$3.32
FOREST PRESERVE	0.1165	\$0.38	0.1199	\$0.37
ROCKFORD TOWNSHIP	0.1288	\$0.42	0.1394	\$0.43
NORTH PARK FIRE	0.4389	\$1.44	0.4455	\$1.37
ROCKFORD PARK DISTRICT	1.0577	\$3.46	1.1286	\$3.48
GREATER RKFD AIRPORT	0.1043	\$0.34	0.1063	\$0.33
ROCKFORD SCHOOL DIST 205	7.2301	\$23.64	7.7810	\$23.97
COMMUNITY COLLEGE 511	0.4630	\$1.51	0.4823	\$1.49
ROCKFORD TWP ROAD	0.1299	\$0.42	0.1419	\$0.44
PRIOR YEAR TAXABLE VALUE 327	10.7021	\$35.00	11.4294	\$35.20



PARCEL ID
 12-01-376-002

ROCKFORD MEMORIAL HOSPITAL
 ATTN LINDA BURT CEO
 2400 N ROCKTON AVE
 ROCKFORD, IL 61103-3655

SUPPLEMENTAL PENSION INFORMATION
 INCLUDED IN TAX AMOUNT ABOVE

PENSION FUND DESCRIPTION	RATE	AMOUNT
WINNEBAGO COUNTY PENSION	0.2798	\$0.85
FOREST PRESERVE PENSION	0.0073	\$0.02
ROCKFORD PARK DISTRICT PENSION	0.0792	\$0.24
GREATER RKFD AIRPORT PENSION	0.0182	\$0.05
ROCKFORD SCHOOL DIST 205 PENSION	0.3262	\$1.01
COMMUNITY COLLEGE 511 PENSION	0.0106	\$0.03

9/4/2015 \$17.60

Please see reverse side for mailing address.

1:5000009000:1200100376002010000001760

145 504 12-01-376-004
 R7
 ROCKFORD MEMORIAL HOSPITAL
 ATTN LINDA BURT CEO
 2400 N ROCKTON AVE
 ROCKFORD, IL 61103

NEW NAME / ADDRESS

PHONE: () _____
 DATE: / / _____
 REASON FOR CHANGE: _____ SIGNATURE _____



1 **IMPORTANT!**
 BRING OR SEND THIS
 PAYMENT STUB

RECEIPT CARD KEEP FOR YOUR RECORDS 2014

PLAT OF DORN SUB BNG PT 0 DUE DATE FIRST INST.
 F S1/2 SEC 1-44-2 LOT 1 6/5/2015 \$3437.05
 ROCKFORD 0.0000 9/4/2015 \$3437.05
 SECOND INST.

PARCEL ID
 12-01-376-004
 212513

ROCKFORD MEMORIAL HOSPITAL
 OR CURRENT RESIDENT
 ATTN LINDA BURT CEO
 2400 N ROCKTON AVE
 ROCKFORD, IL 61103-3655

NOT TO BE USED AS A RECORDABLE LEGAL DESCRIPTION

FORMULA FOR TAX CALCULATION	2014	145 504	12-01-376-004
BD OF REVIEW ASSESSED VALUE			60144
TWSP EQUALIZATION FACTOR	X		1.000000
BD OF REVIEW EQUALIZED VALUE	=		60144
HOME IMPROVEMENT EXEMPTION	-		0
DISABLED VETERAN EXEMPTION	-		0
BD OF REVIEW VALUE-EXEMPTIONS	=		60144
STATE MULTIPLIER FOR WINNEBAGO COUNTY X			1.000000
REVISED EQUALIZED VALUE	=		60144
FAF/VEZ EXEMPTION	-		0
SCFFHE (SENIOR FREEZE)	-		0
OWNER OCCUPIED EXEMPTION	-		0
OVER 65 EXEMPTION	-		0
NEW DISABLED OR VETERAN EXEMPTION	-		0
RETURNING VETERAN EXEMPTION	-		0
TAXABLE VALUE	=		60144
TAX RATE FOR TAX CODE 031	X		11.4294
1977 EQUALIZED CALCULATED TAX	=		\$6874.10
VALUE 0 ABATEMENTS	-		\$0.00
NON AD VALOREM TAX	+		\$0.00

FIRST INSTALLMENT DUE

6/5/2015 \$3437.05

If your taxes are not paid by the due date above, please call the County Treasurer's Office, advising the tag you in payment for advance penalty and late amount is \$15.00 per month.

Checks or funds made payable to Winnebago County Treasurer/Collector. Please see reverse side for mailing address.

ASSESSOR'S Phone Number 815-965-0300	TOTAL TAX DUE	\$6874.10
LOCATION OF PROPERTY 8510 SPRING BROOK RD	FAIR MARKET VALUE	180450



TAX DISTRICT CONTACT INFORMATION AVAILABLE AT
www.winnebagotreasurer.com

TAXING BODY	PRIOR RATE	PRIOR TAX	CURRENT RATE	TAX
WINNEBAGO COUNTY	1.0329	\$659.95	1.0845	\$652.28
FOREST PRESERVE	0.1165	\$74.44	0.1199	\$72.11
ROCKFORD TOWNSHIP	0.1288	\$82.30	0.1394	\$83.84
NORTH PARK FIRE	0.4389	\$280.43	0.4455	\$267.94
ROCKFORD PARK DISTRICT	1.0577	\$675.81	1.1286	\$578.79
GREATER RKFD AIRPORT	0.1043	\$66.64	0.1063	\$63.93
ROCKFORD SCHOOL DIST 205	7.2301	\$4619.60	7.7810	\$4679.80
COMMUNITY COLLEGE 511	0.4630	\$295.83	0.4823	\$290.07
ROCKFORD TWSP ROAD	0.1299	\$83.00	0.1419	\$85.34
PRIOR YEAR TAXABLE VALUE 63894	10.7021	\$6838.00	11.4294	\$6874.10

2 **IMPORTANT!**
 BRING OR SEND THIS
 PAYMENT STUB

PARCEL ID
 12-01-376-004

ROCKFORD MEMORIAL HOSPITAL
 ATTN LINDA BURT CEO
 2400 N ROCKTON AVE
 ROCKFORD, IL 61103-3655

SUPPLEMENTAL PENSION INFORMATION
 INCLUDED IN TAX AMOUNT ABOVE

PENSION FUND DESCRIPTION	RATE	AMOUNT
WINNEBAGO COUNTY PENSION	0.2798	\$168.29
FOREST PRESERVE PENSION	0.0073	\$4.39
ROCKFORD PARK DISTRICT PENSION	0.0792	\$47.64
GREATER RKFD AIRPORT PENSION	0.0182	\$10.95
ROCKFORD SCHOOL DIST 205 PENSION	0.3262	\$196.19
COMMUNITY COLLEGE 511 PENSION	0.0106	\$6.38

3 **IMPORTANT!**
 BRING OR SEND THIS
 PAYMENT STUB

9/4/2015 \$3437.05

Please see reverse side for mailing address

500009000120037600412000343705

