Professional Office Building 1725 W. Harrison Street, Suite 364 Chicago, IL 60612 Tel: 312-942-8579 Fax: 312-942-2055 www.rush.edu

Omar_Lateef@rush.edu





Pr. Omar Lateef
Rush University Medical Center
President and Chief Executive Officer
Rush University
Stuart Levin, MD, Presidential Professor
Professor, Critical Care Medicine

December 19, 2019

Ms. Courtney Avery Administrator Illinois Health Facilities & Services Review Board 525 West Jefferson St., Second Floor Springfield, IL 62761

Re: Project #15-053

Dear Ms. Avery,

Pursuant to 77 Illinois Administrative Code 1130.770, this letter certifies Rush University Medical Center permit #15-053, Master Design of Phase I of the construction of an outpatient services building (the "Project") is in compliance with all terms of the permit to date including project cost, square footage and services.

Sincerely,

Dr. Omar Lateef

Attachment II

Final CON Report

Rush University Medical Center Master Design 2015 Permit #15-053

CERTIFICATE OF NEED STATUS REPORT

	 CON Permit Approved		Final Realized		
Reported through 10/31/19	Amount		Cost		
Uses of Funds					
Preplanning	\$ -	-	-		
Site Survey and Soil Investigation	 200,000		130,780		
Site Preparation	4,200,000		4,878,731		
Architecture & Engineering Fees	21,300,000		12,895,158		
Consulting	4,600,000		6,921,996		
Moveable & Other Equipment	.		147,734		
Other Costs to be Capitalized	1,700,000		2,455,435		
Net Interest Expense During Construction	-		-		
Total Uses of Funds	\$ 32,000,000	\$	27,429,835		
Sources of Funds					
Cash & Securities	\$ 32,000,000	\$	27,429,835		
Total Sources of Funds	\$ 32,000,000	\$	27,429,835		

Attachment III

Final Form G702

CO: Rush University Medica		· · · · · · · · · · ·	Medical Center - Test	APPLICATION NO. PERIOD TO: PROJECT NO. CONTRACT DATE	DEC/31/2016 5180019	
CONTRACTOR'S APPLICAT	TION FOR PAYMENT	(RC)	Application is made for pay	progent, as shown below, in co		act.
CHANGE ORDER SUMMARY			1. ORIGINAL CONTR	ACT SUM		79.57
Change Order approved in provious months by Dwiner	Additions	Deductions	2. NET CHANGE BY			88,6
TOTAL	0	0	3. CONTRACT SUM 1	TO DATE		68.46
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TO : Rush University Medical	Center PROJ	ECT : 101653 Rush Co	PERIOD TO: SEP/30/201				
OM: Power Construction Con	npany,LLC ARCHIT	ECT : HDR Architectu	PROJECT NO.: 5190035 ure Inc. CONTRACT DATE: MAR/06/2019				
CONTRACTOR'S APPLICAT	ION FOR PAYMENT		Application is made for payment, as shown below, in connection with the	e Contract.			
CHANGE ORDER SUMMARY			1. ORIGINAL CONTRACT SUM\$	68,10			
Change Order approved in previous months by Owner	Additions	Deductions	2. NET CHANGE BY CHANGE ORDERS\$	26,35			
TOTAL	0	0	3. CONTRACT SUM TO DATE\$	94,46			
APPROVED THIS MONTH	26,357	0	4. TOTAL COMPLETED & STORED TO DATE\$	85,96			
			5. RETAINAGE\$				
			6. TOTAL EARNED LESS RETAINAGE	85,96			
			7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate)\$	64,9			
			8. CURRENT PAYMENT DUE\$	21,0			
Fotal Job To Date	26,357	0	9. BALANCE TO FINISH, INCLUDING RETAINAGE\$	8,41			
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ARCHITECT'S CERTIFICAT	E FOR PAYMENT		AMOUNT CERTIFIED\$				
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 Work is a procordance with the Contractor is entitled to the payment			ARCHITECT				
Architect's knowledge, information a Work is in accordance with the Con	ind beset the Work has progressi tract Documents, and the Contra	ra as macated, the quality of ctor is entitled to the paymen	By:Oale:				
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BULLEY & ANDREWS
General Contractors Since 1891

VOUCHER# 277371
VENDOR# 201105

DATE___

Invoice No 201600500 Date of Invoice: October 24, 2016 PO # 9000246-CAP

INVOICE

7

FINAL Request No. 04
Pay Perros Through 10/31/2016

Mike Wisniewski Rush University Medical Center 1653 West Congress Parkway Chicago, IL 60812

To invoice for work completed at.

CENTER COURT GARDENS FENCING & SECURITY Rush University Medical Center Chicago, IL 60612

AMOUNT OF ORIGINAL CONTRACT EXTRAS TO CONTRACT NET AMOUNT OF CONTRACT CREDITS TO CONTRACT ADJUSTED CONTRACT AMOUNT \$ 224,836 00 153,233 00 \$ 378,069.00 \$ 378,069.00

WORK COMPLETED TO DATE LESS RETAINED NET AMOUNT EARNED PREVIOUS REQUEST NET AMOUNT THIS PAYMENT \$ 378,069.00 \$ -\$ 378,069.00 \$ 345,591.00 \$ 32,478.00

Prepared by 8 Mesa

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at Deporter for

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600 W. Jackson Blvd., 8th Floor Chicago, Illinois 60661 t: 312,943.8100 1 312 943.8141

ww.reedcore.com

23537

To:

Rush University Medical Center 1750 West Harrison Street Chicago, IL 60612

Invoice Date:

11-30-2016

-PO Number:

1017102-RO-001

Job Number:

67986 - 4

Customer ID:

RUSUNI

Job Location:

1017102: 6 Jelke **PMO Office**

To provide labor, material and equipment to complete the work at the above location, per our contract dated July 9, 2018

> Original Contract Sum Change Orders Contract Sum to Date Total Completed to Date Less Retention Less Previous Requests

Total Amount Due This Invoice Refention Held 6369.00 1014151

PO No C / Fund No: CCOLLO No. /phrny ad by ON אוכר

321,906.00 460,221,00 782,127.00 782,127.00 (78, 214.00)

(646,616,00) 57,297.00

Activity IF 1017 102 PO# 9000 247

Total Amount Due This Invoice:

\$57,297.00

Balance to Complete:

\$78,214.00

Builders Since 1893

CHICAGO . WASHINGTON DC.

Attachment IV

Internal Audit Report

TRUSH

TO:

John Mordach

CC:

Mike Lamont, Melissa Coverdale, Elvy Yap, Jim Wilson, Omar Lateef,

Tom Cutting, Manoj Rana

FROM:

Cliff Cozzi, Manager, Internal Audit

DATE:

December 12, 2019

RE:

New Ambulatory Building Phase 1 Master Design CON Completion

Report Review

I. Audit Description

Internal Audit performed a review of the New Ambulatory Building (NAB) Phase 1 Master Design Certificate of Need (CON) completion report to the illinois Health Facilities and Services Review Board. The NAB Phase 1 Master Design CON project was deemed complete September 30, 2019.

The primary focus of the audit was to determine whether:

- CON expenditures are substantiated by the appropriate supporting documentation.
- The CON report and general ledger are reconciled.
- Expenditures identified on the CON report agree with supporting documentation.
- That total project expenditures do not exceed the NAB Phase 1 Master Design CON permit amount.

II. Internal Audit Procedures

Internal Audit tested the existence of valid supporting documentation for claimed transactions by:

- Agreeing all applicable transactions to the general ledger and evaluating charges for applicability to the NAB Phase 1 Master Design CON.
- Reviewing claimed expenditure data for appropriate supporting documentation.
- Ascertaining that total project expenditures did not exceed the NAB Phase 1
 Master Design CON permit amount.

Final NAB Phase 1 Master Design CON costs are \$27.4M which is \$4.6M under the NAB Phase 1 Master Design CON \$32M permit amount.

III. Audit Results

It appears that the NAB Phase 1 Master Design CON Final Report is properly reported to the Illinois Health Facilities and Services Review Board and adequate supporting documentation exists for each transaction.

IV. Audit Rating

It is Internal Audit's practice to rate our audit results for reporting purposes to the Audit Committee based upon a dual rating system. Ratings are assigned based upon our assessment of controls reviewed and/or tested as part of the audit scope as well as the potential impact on financial reporting accuracy.

This audit will receive an "A" rating in regards to financial reporting and a "1" rating in regards to an overall control rating (see rating scales below).

It is Internal Audit's policy to perform follow-up reviews to ensure all recommendations are sufficiently addressed. Please contact me at extension 3-2457 or by email if you have any questions.

Financial Reporting Rating

- A = No findings noted, low risk.
- B = Findings noted but not material, low risk.
- C = Findings noted but not material, moderate risk.
- D = Material findings noted, high risk.

Overall Control Rating

- 1 = Strong-controls operating effectively, minor improvement opportunities identified.
- 2 = Adequate- most controls operating effectively, improvement opportunities identified.
- 3 = Improvement Needed- some important controls not operating effectively.
- 4 = Inadequate- critical controls missing or not operating effectively, immediate action required.