Corporate Finance
1725 W. Harrison Street
364 Professional Office Building
Chicago, IL 60612

Tel: 312-942-5600
Fax: 312-942-5729
www.rush.edu
john_p_mordach@rush.edu

John P. Mordach

Senior Vice President &
Chief Financial Officer, Rush
University Medical Center
and Rush University System
for Health

RUSH

June 25, 2019

Ms. Courtney Avery
Administrator
Division of Health Systems Development
525 West Jefferson St., Second Floor
Springfield, IL 62761

Re: Permit #16-025

Dear Ms. Avery,

Pursuant to 77 Illinois Administrative Code 1130.760, this is the final cost report for Rush University Medical Center permit #16-025 (the "Permit"). The Permit for the development of a medical clinic building was issued on September 13, 2016 for an approved Permit amount of $36,245,629. The project was brought to conclusion on March 31, 2019 which was the approved Permit completion date. The notification letter on completion was submitted on April 26, 2019. Per the attached certification:

1. The final realized costs are the total costs required to complete the Project and there are no associated costs or capital expenditures related to the Project that will be submitted for reimbursement under Title XVIII or XIXX of the Social Security Act.

2. The Project is in compliance with all terms of the permit (Attachment I).

Additionally, RUMC provides the following information as part of its final cost report for this project.

1. Itemization of All Project Costs – The final realized costs are summarized in the final CON Cost Report (Attachment II).

2. Final Application and Certification of Payment for the Construction Contract – copies of the final Form G702 are attached (Attachment III).

3. Internal Audit Report – the results are summarized in Attachment IV.

If you need any additional information, please contact either Manoj Rana at 312-942-1894, Manoj_Rana@rush.edu or Jacob M. Axel.

Sincerely,

John P. Mordach

CC: Mike Constantino, Supervisor of Project Review
George Roate, Division of Health Systems Development
Justin Johnson, RUSH Legal
Jacob Axel, Axel and Associates, Inc.

Attachment I

Certification of Compliance

Executive Office
Professional Office Building
1725 W. Harrison Street, Suite 364
Chicago, IL 60612

Tel: 312-942-6706
Fax: 312-563-4418
www.rush.edu
Omar_Lateef@rush.edu

RUSH

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

June 25, 2019

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

Re: Project #16-025

Dear Ms. Avery,

Pursuant to 77 Illinois Administrative Code 1130.770, this letter certifies permit #16-025, Rush University Medical Center – Development of a Medical Clinic 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
South Loop Intermediate Clinic
Permit #16-025

CERTIFICATE OF NEED STATUS REPORT

Reported through 6/11/19	CON Permit Approved	Final Realized Costs at Completion
Uses of Funds		
Preplanning	$ 280,000	$ 482,286
Site Preparation	508,000	-
Construction	9,064,200	10,115,661
Contingencies	390,900	108,127
Architecture & Engineering Fees	777,000	742,917
Consulting	1,000,000	585,687
Moveable & Other Equipment	10,842,424	3,907,676
Fair Market Value of Leased Space or Equipment	13,383,105	13,383,105
Total Uses of Funds	**$ 36,245,629**	**$ 29,325,459**
Sources of Funds		
Cash & Securities	$ 22,862,524	$ 15,942,354
Leases	$ 13,383,105	$ 13,383,105
Total Sources of Funds	**$ 36,245,629**	**$ 29,325,459**

Attachment III

Final Form G702

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

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

PROJECT: South Loop Area Intermediate
South Loop Area Intermediate Medical
Clinic, 1411 South Michigan Ave.,

APPLICATION NO.: 1
PERIOD TO: 3/31/2018
PROJECT NOS.: 68736
PO NUMBER: 9001894-CAP
CONTRACT DATE: 1/2/2018
INVOICE #: 25188

Distribution to:
☒ OWNER
☒ ARCHITECT
☒ CONTRACTOR
☐
☐

FROM CONTRACTOR: Read Construction
600 W. Jackson Blvd, 9th floor
Chicago, Illinois 60661

VIA ARCHITECT:

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		$9,512,013.00
2. Net change by Change Orders		$0.00
3. CONTRACT SUM TO DATE (Line 1 + 2)		$9,512,013.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on Continuation Sheet)		$1,811,175.60
5. RETAINAGE:		
a. 10.00 % of Completed Work (Column D + E on Continuation Sheet)	$175,541.39	
b. 10.00 % of Stored Material (Column F on Continuation Sheet)	$5,576.57	
Total Retainage (Line 5a + 5b or Total in Column I of Continuation Sheet)		$181,117.96
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)		$1,630,057.64
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$0.00
8. CURRENT PAYMENT DUE		$1,630,057.64
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less line 6)		$7,881,955.36

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS		
NET CHANGES by Change Order		

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: Read Construction
By: _____ Date: 3/31/2018

State of: Illinois
County of: Cook

Subscribed and sworn to before me this 31st day of March 2018

Notary Public: _____
My Commission expires:

"OFFICIAL SEAL"
ELISE MALING
Notary Public, State of Illinois
My Commission Expires 7/15/21

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this 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 $ 1,630,057.64

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

ARCHITECT:
By: _____ Date: 3/31/2018

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.

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

TO OWNER: Rush University Medical Center
1720 West Harrison Street
Chicago, IL 60612

PROJECT: South Loop Area Intermediate
South Loop Area Intermediate Medical Clinic
, 1411 South Michigan Ave ., Chicago, IL

APPLICATION NO.: 2
PERIOD TO: 4/30/2018
PROJECT NOS.: 68756
TO NUMBER: 9001694-CAP
CONTRACT DATE: 3/2/2015
INVOICE #: 23474

Distribution to:
☒ OWNER
☒ ARCHITECT
☒ CONTRACTOR
☐
☐

FROM CONTRACTOR: Rand Construction
600 W. Jackson Blvd., 8th floor
Chicago, Illinois 60661

VIA ARCHITECT:

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		$9,512,013.00
2. Net change by Change Orders		$0.00
3. CONTRACT SUM TO DATE (Line 1 + 2)		$9,512,013.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on Continuation Sheet)		$4,148,285.70
5. RETAINAGE:		
a. 10.00 % of Completed Work (Columns D + E on Continuation Sheet)	$401,571.61	
b. 10.00 % of Stored Material (Column F on Continuation Sheet)	$13,257.57	
Total Retainage (Line 5a + 5b or Total in Column I of Continuation Sheet)		$414,829.18
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)		$3,733,456.52
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$1,630,057.64
8. CURRENT PAYMENT DUE		$2,103,398.88
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less line 6)		$5,778,556.48

Change Order Summary	Additions	Deductions
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS		
NET CHANGES by Change Order		

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: Rand Construction
By: [signature] Date: 4/30/2018

State of: Illinois
County of: Cook
Subscribed and sworn to before
me this 30th day of April 2018

Notary Public: [signature]
My Commission expires: 11/20/21

"OFFICIAL SEAL"
ELISE MALINS
Notary Public, State of Illinois
Cook County
My Commission Expires 11/20/21

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents , based on on-site observations and the data comprising this 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 ..... $

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

ARCHITECT:
By: Date: 4/30/2018

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 .

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

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

PROJECT: South Loop Area Intermediate
South Loop Area Intermediate Medical Clinic
1411 South Michigan Ave , Chicago, IL

APPLICATION NO.: 3
PERIOD TO: 5/31/2018
PROJECT NOS.: 68736
PO NUMBER: 9001594-CAP
CONTRACT DATE: 1/2/2018
INVOICE #: 25476

Distribution to:
☑ OWNER
☑ ARCHITECT
☑ CONTRACTOR
☐
☐

FROM CONTRACTOR: Rand Construction
600 W. Jackson Blvd, 8th floor
Chicago, Illinois 60661

VIA ARCHITECT:

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		$9,512,013.00
2. Net change by Change Orders		-$217,761.00
3. CONTRACT SUM TO DATE (Line 1 ± 2)		$9,294,252.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on Continuation Sheet)		$5,667,260.62
5. RETAINAGE:		
a. 10.00 % of Completed Work (Columns D + E on Continuation Sheet)	$566,725.90	
b. 0.00 % of Stored Material (Column F on Continuation Sheet)	$0.00	
Total Retainage (Line 5a + 5b or Total in Column I of Continuation Sheet).		$566,725.90
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)		$5,100,534.72
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$3,733,456.52
8. CURRENT PAYMENT DUE		$1,367,077.60
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less line 6)		$4,193,717.88

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		-217,761.00
TOTALS		-217,761.00
NET CHANGES by Change Order		-217,761.00

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: Rand Construction
By: _____ Date: 5/31/2018

State of: Illinois
County of: Cook

Subscribed and sworn to before me this 31st day of May 2018

Notary Public: _____
My Commission expires: 11/2021

"OFFICIAL SEAL"
ELISE MALING
Notary Public, State of Illinois
My Commission Expires 11/2021

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents , based on on-site observations and the data comprising this 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..... $ _____
(Attach explanation if amount certified differs from the amount applied for . Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT:
By: _____ Date: 5/31/2018

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 .

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

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

PROJECT: South Loop Area Intermediate
South Loop Area Intermediate Medel Clinic
, 1411 South Michigan Ave ., Chicago, IL

APPLICATION NO.: 6
PERIOD TO: 6/30/2018
PROJECT NOS.: 49736
PO NUMBER: 9001884-CAP
CONTRACT DATE: 1/2/2018
INVOICE #:

Distribution to:
☒ OWNER
☒ ARCHITECT
☒ CONTRACTOR
☐
☐

FROM CONTRACTOR: Read Construction
600 W. Jackson Blvd, 5th floor
Chicago, Illinois 60661

VIA ARCHITECT:

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		$9,512,013.00
2. Net change by Change Orders		-$217,761.00
3. CONTRACT SUM TO DATE (Line 1 + 2)		$9,294,252.00
4 TOTAL COMPLETED & STORED TO DATE (Column G on Continuation Sheet)		$6,886,780.84
5. RETAINAGE:		
a. 10.00 % of Completed Work (Columns D + E on Continuation Sheet)	$688,676.68	
b. 0.00 % of Stored Material (Column F on Continuation Sheet)	$0.00	
Total Retainage (Line 5a + 5b or Total in Column I of Continuation Sheet)		$688,676.68
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)		$6,198,104.16
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$5,100,534.12
8. CURRENT PAYMENT DUE		$1,097,570.04
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less line 6)		$3,096,147.84

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		-217,761.00
Total approved this Month		
TOTALS		-217,761.00
NET CHANGES by Change Order		-217,761.00

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: Read Construction
By: _____ Date: 6/30/2018

State of: Illinois
County of: Cook

Subscribed and sworn to before me this 30th day of June

Notary Public: _____
My Commission expires: 10-4-21

"OFFICIAL SEAL"
NICOLE MUTH
Notary Public, State of Illinois
My Commission Expires 10/04/21

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents , based on on-site observations and the data comprising this 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 $1,097,570.04

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

ARCHITECT:
By: _____ Date: 6/30/2018

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 .

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

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

PROJECT: South Loop Area Intermediate
South Loop Area Intermediate Model Cities
, 1411 South Michigan Ave., Chicago, IL

APPLICATION NO.:
PERIOD TO: 7/31/2018
PROJECT NOS.: 68756
PO NUMBER: 9001884-CAP
CONTRACT DATE: 1/2/2018
INVOICE #: 5

Distribution to:
☑ OWNER
☑ ARCHITECT
☑ CONTRACTOR
☐
☐

FROM CONTRACTOR: Reed Construction
650 W. Jackson Blvd, 5th floor
Chicago, Illinois 60661

VIA ARCHITECT:

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		$9,512,013.00
2. Net change by Change Orders		-$217,761.00
3. CONTRACT SUM TO DATE (Line 1 + 2)		$9,294,252.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on Continuation Sheet)		$8,255,325.80
5. RETAINAGE:		
a. 10.00 % of Completed Work (Columns D + E on Continuation Sheet)	$825,532.01	
b. 0.00 % of Stored Material (Column F on Continuation Sheet)	$0.00	
Total Retainage (Line 5a + 5b or Total in Column I of Continuation Sheet)		$825,532.01
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)		$7,429,793.79 ✓
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$6,198,104.16 ✓
8. CURRENT PAYMENT DUE		$1,231,689.63 ✓
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less line 6)		$1,864,458.21 ✓

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total Changes approved in previous months by Owner		-217,761.00
Total approved this Month		
- TOTALS		-217,761.00
NET CHANGES by Change Order		-217,761.00 ✓

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: Reed Construction
By: _____ Date: 7/31/2018

State of: Illinois
County of: Cook

Subscribed and sworn to before me this 31st day of July, 2018

Notary Public: _____
My Commission expires: 10-4-21

"OFFICIAL SEAL"
NICOLE MUTH
Notary Public, State of Illinois
My Commission Expires 10/04/21

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this 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 $ 1,231,689.63

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

ARCHITECT:
By: _____ Date: 7/31/2018

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.

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

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

PROJECT: South Loop Area Intermediate
South Loop Area Intermediate Medical Clinic
141 South Michigan Ave., Chicago, IL

APPLICATION NO.: 6
PERIOD TO: 8/31/2018
PROJECT NOS.: 68736
PO NUMBER: 9001884-CAP
CONTRACT DATE: 1/2/2018
INVOICE #: 25838

Distribution to:
☑ OWNER
☑ ARCHITECT
☑ CONTRACTOR
☐
☐

FROM CONTRACTOR: Reed Construction
600 W. Jackson Blvd, 8th floor
Chicago, Illinois 60661

VIA ARCHITECT:

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		$9,512,013.00
2. Net change by Change Orders		-$217,761.00
3. CONTRACT SUM TO DATE (Line 1 ± 2)		$9,294,252.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on Continuation Sheet)		$8,620,839.97
5. RETAINAGE:		
a. 10.00 % of Completed Work (Columns D + E on Continuation Sheet)	$862,084.84	
b. 0.00 % of Stored Material (Column F on Continuation Sheet)	$0.00	
Total Retainage (Line 5a + 5b or Total in Column I of Continuation Sheet)		$862,084.84
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)		$7,758,755.03
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$7,429,793.79
8. CURRENT PAYMENT DUE		$328,961.24
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less line 6)		$1,535,496.97

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		-217,761.00
Total approved this Month		
TOTALS		-217,761.00
NET CHANGES by Change Order		-217,761.00

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: Reed Construction
By: _____ Date: 8/31/2018

State of: Illinois
County of: Cook

Subscribed and sworn to before me this 31st day of August

Notary Public: _____
My Commission expires: 10-4-21

"OFFICIAL SEAL"
NICOLE MUTH
Notary Public, State of Illinois
My Commission Expires 10/04/21

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this 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 $328,961.24

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

ARCHITECT:
By: _____ Date: 8/31/2018

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.

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

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

PROJECT: South Loop Area Intermediate
South Loop Area Intermediate Medical Clinic
, 1411 South Michigan Ave., Chicago, IL

APPLICATION NO.: 7
PERIOD TO: 9/30/2018
PROJECT NOS.: 48756
PO NUMBER: 9001884-CAP
CONTRACT DATE: 1/2/2018
INVOICE #: 26030

Distribution to:
☒ OWNER
☒ ARCHITECT
☒ CONTRACTOR
☐
☐

FROM CONTRACTOR: Reed Construction
600 W. Jackson Blvd, 8th floor
Chicago, Illinois 60661

VIA ARCHITECT:

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		$9,512,013.00
2. Net change by Change Orders		-$217,761.00
3. CONTRACT SUM TO DATE (Line 1 + 2)		$9,294,252.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on Continuation Sheet)		$8,620,839.87
5. RETAINAGE:		
a. 5.00 % of Completed Work (Columns D + E on Continuation Sheet)	$431,042.03	
b. 0.00 % of Stored Material (Column F on Continuation Sheet)	$0.00	
Total Retainage (Line 5a + 5b or Total in Column I of Continuation Sheet)		$431,042.03
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)		$8,189,797.84
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$7,758,755.03 ✓
8. CURRENT PAYMENT DUE		$431,042.81
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less line 6)		$1,104,454.16

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total change approved in previous months by Owner		-217,761.00
Total approved this Month		
TOTALS		-217,761.00
NET CHANGES by Change Order		-217,761.00

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: Reed Construction
By: _____ Date: 9/30/2018

State of: Illinois
County of: Cook

Subscribed and sworn to before
me this 30th day of September 2018

Notary Public: _____
My Commission expires: 10-4-21

"OFFICIAL SEAL"
NICOLE MUTH
Notary Public, State of Illinois
My Commission Expires 10/04/21

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this 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 $ 431,042.81

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

ARCHITECT:
By: _____ Date: 9/30/2018

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.

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

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

PROJECT: South Loop Area Intermediate
South Loop Area Intermediate Model Clinic
. 1411 South Michigan Ave .. Chicago, IL

APPLICATION NO.: 8
PERIOD TO: 12/31/2018
PROJECT NOS.: 66756
PO NUMBER: 9001884-CAP
CONTRACT DATE: 1/2/2018
INVOICE #: 29413

Distribution to:
☒ OWNER
☒ ARCHITECT
☒ CONTRACTOR
☐
☐

FROM CONTRACTOR: Reed Construction
600 W. Jackson Blvd, 9th floor
Chicago, Illinois 60661

VIA ARCHITECT:

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		$9,512,013.00
2. Net change by Change Orders		-$27,764.00
3. CONTRACT SUM TO DATE (Line 1 + 2)		$9,484,249.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on Continuation Sheet)		$9,484,249.00
5. RETAINAGE:		
a. 0.00 % of Completed Work (Columns D + E on Continuation Sheet)	$0.00	
b. 0.00 % of Stored Material (Column F on Continuation Sheet)	$0.00	
Total Retainage (Line 5a + 5b or Total in Column I of Continuation Sheet)		$0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)		$9,484,249.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$8,189,797.84
8. CURRENT PAYMENT DUE		$1,294,451.16
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less line 6)		$0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		-217,761.00
Total approved this Month	241,459.00	-51,462.00
TOTALS	241,459.00	-269,253.00
NET CHANGES by Change Order		-27,764.00

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: Reed Construction
By: [signature] Date: 12/31/2018

State of: Illinois
County of: Cook

Subscribed and sworn to before
me this 31st day of [redacted]

Notary Public: [signature]
My Commission expires: [redacted]

OFFICIAL SEAL
SELMA MASNOVIC
Notary Public, State of Illinois
My Commission Expires Dec. 04, 2022

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this 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 $ 1,294,451.16

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

ARCHITECT:
By: [signature] Date: 12/31/2018

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.

Attachment IV

Internal Audit Report

RUSH
Internal Audit Department

TO: John Mordach

CC: Mike Lamont, Melissa Coverdale, Elvy Yap, Jim Wilson, Mike Dandorph, Tom Cutting, Manoj Rana

FROM: Cliff Cozzi, Manager, Internal Audit

DATE: June 12, 2019

RE: South Loop Modernization CON Completion Report Review

I. Audit Description

Internal Audit performed a review of the RUMC South Loop CON completion report to the Illinois Health Facilities and Services Review Board (Board). The South Loop CON project was deemed complete March 31, 2019.

The primary focus of the audit was to determine:

- The CON expenditures are substantiated by the appropriate supporting documentation.
- The CON report and general ledger are reconciled.
- That expenditures identified on the CON report agree with supporting documentation.
- That total project expenditures do not exceed the South Loop 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 South Loop CON.
- Reviewing claimed expenditure data for appropriate supporting documentation.
- Ascertaining that total project expenditures do not exceed the South Loop CON permit amount.

It should be noted the final South Loop CON costs are $29,325,459. The total cost is $6,920,170 under the South Loop CON $36,245,629 permit amount.

III. Audit Results:

Based on our audit procedures, it appears the South Loop 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 a (n) "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.