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

RUSH

Dr. 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

Reported through 10/31/19	CON Permit Approved Amount	Final Realized 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

APPLICATION AND CERTIFICATE FOR PAYMENT

TO : Rush University Medical Center

PROJECT : Rush University Medical Center - Test

APPLICATION NO.: 2
PERIOD TO : DEC/31/2018
PROJECT NO.: 5180019
CONTRACT DATE : MAY/11/2018

FROM: Power Construction Company,LLC

ARCHITECT :

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		
Change Order approved in previous months by Owner	Additions	Deductions
TOTAL	0	0
APPROVED THIS MONTH	20,481	11,595
Total Job To Date	20,481	11,595

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

1. ORIGINAL CONTRACT SUM .....$	79,577
2. NET CHANGE BY CHANGE ORDERS.....$	8,886
3. CONTRACT SUM TO DATE.....$	88,463
4. TOTAL COMPLETED & STORED TO DATE.....$	88,463
5. RETAINAGE.....$	0
6. TOTAL EARNED LESS RETAINAGE .....$	88,463
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate).....$	67,989
8. CURRENT PAYMENT DUE .....$	20,474
9. BALANCE TO FINISH, INCLUDING RETAINAGE..$	0

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 : Power Construction Company,LLC

By : _____ Date : JAN 08/2019

State of : Illinois County of : Cook

Subscribed and sworn to before me

This 08th day of January, 2019

Notary Public _____ Jay Linsley

OFFICIAL SEAL
JAY LINSLEY
NOTARY PUBLIC STATE OF ILLINOIS
My Commission Expires March 05, 2021

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 Work is in accordance with the Contract Documents, and the Contractor is entitled to the payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED.....$ _____

ARCHITECT :

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.

APPLICATION AND CERTIFICATE FOR PAYMENT

TO : Rush University Medical Center

PROJECT : 101653 Rush Center for Advance Hea

APPLICATION NO : 2 Revision: 1
PERIOD TO : SEP/30/2019
PROJECT NO : 5190035
CONTRACT DATE : MAR/06/2019

FROM: Power Construction Company,LLC

ARCHITECT : HDR Architecture Inc.

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		
Change Order approved in previous months by Owner	Additions	Deductions
TOTAL	0	0
APPROVED THIS MONTH	26,357	0
Total Job To Date	26,357	0

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

1. ORIGINAL CONTRACT SUM .....$	68,108
2. NET CHANGE BY CHANGE ORDERS.....$	26,357
3. CONTRACT SUM TO DATE.....$	94,465
4. TOTAL COMPLETED & STORED TO DATE.....$	85,969
5. RETAINAGE.....$	0
6. TOTAL EARNED LESS RETAINAGE .....$	85,969
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate).....$	64,937
8. CURRENT PAYMENT DUE .....$	21,032
9. BALANCE TO FINISH, INCLUDING RETAINAGE..$	8,496

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 : Power Construction Company,LLC

By: _____ Date : OCT/10/2019

State of : Illinois County of: Cook

Subscribed and sworn to before me

This 10th day of October, 2019

OFFICIAL SEAL
JAY LINSLEY
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires March 06, 2021

Notary Public Jay Linsley

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 Work is in accordance with the Contract Documents, and the Contractor is entitled to the payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED.....$ _____

ARCHITECT :

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.

APPLICATION AND CERTIFICATE FOR PAYMENT (G702)

Rush University Medical Center

TO: Rush University Medical Center 1750 W Harrison Street, Suite 503 Chicago, IL 60612	PROJECT: Rush University Medical Center Chicago, IL 60612	APPLICATION NO: 2 — Revision #
		PERIOD FROM: 7/1/2017 PERIOD TO: 1/31/2018
CONTRACTOR: Power Ujamaa 4, LLC 6750 W Bryn Mawr Ave, Suite 900 Chicago, IL 60631	VIA (ARCHITECT):	JV PROJECT NO: 50001
CONTRACT FOR: Precon		CONTRACT DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY:	ADDITIONS	DEDUCTIONS
Total Previous Change Orders approved by Owner: TOTAL:	$0.00	$0.00
Approved this Month:	0.00	9,283.00
TOTAL:	$0.00	$9,823.00
TOTALS:	$0.00	$9,823.00
Net change by Change Orders:	($9,823.00)	

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:

Power Ujamaa 4, LLC

By: _____ Date: 2/27/2018

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 Work is in accordance with the Contract Documents, and the Contractor is entitled to the payment of the AMOUNT CERTIFIED.

Application is made for Payment, as shown below, in connection with the Contract.

Continuation Sheet, Schedule of Values, is attached.

1. ORIGINAL CONTRACT SUM	$ 993,075
2. Net change by Change Orders	$ (9,823)
3. CONTRACT SUM TO DATE (Line 1 +/- 2)	$ 983,252
4. TOTAL COMPLETED & STORED TO DATE (Column G on Schedule of Values)	$ 983,252
5. RETAINAGE:	
a. 0% % of Completed Work (Column D + E on Schedule of Values)	0
b. 0% % of Stored Material (Column F on Schedule of Values)	0
Total Retainage (Line 5a + 5b or Total in Column I on Schedule of Values)	$ 0
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	$ 983,252
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	$ 259,111
8. CURRENT PAYMENT DUE	$ 724,141
9. BALANCE TO FINISH, PLUS RETAINAGE (Line 3 less Line 6)	$ 0

2/27/17

Notary Public:

Subscribed and sworn before me this 27th day of Feb-18

State of Illinois

My Commission expires:

Jay Linsley

OFFICIAL SEAL
JAY LINSLEY
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires March 06, 2021

AMOUNT CERTIFIED $ 724,141

(Attach explanation if amount certified differs from the amount applied for.)

ARCHITECT:

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.

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702 (Instructions on reverse side)

TO (Owner): Rush University Medical Center
Capital Projects Dept.
1750 W. Harrison, 310 Jelke
Chicago, IL 60612

PROJECT: [illegible] Center Court Gardens Demo
PO [illegible]

APPLICATION NO: 7

PERIOD TO: 7/27/2017

Distribution to:
[X] OWNER
[ ] CONSULTANT
[X] CONTRACTOR

FROM (SUBCONTRACTOR): Brandenburg Industrial Service Co.
2828 S. Loomis St.
Chicago, IL 60608

VIA (CONSULTANT):

CONSULTANT'S PROJECT NO:

CONTRACT DATE: 5/22/2016

CONTRACT FOR:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for Payment, as shown below, in connection with Contract.
Continuation Sheet, AIA Document G703, is attached

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Orders approved in Previous months by Owner	TOTAL		
Approved this Month			
Number	Date Approved		
	TOTALS		
Net change by Change Orders			

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

By: [signature] Date: 11/8/2017

1. ORIGINAL CONTRACT SUM		$1,723,485.00
2. Net change by Change Orders		$188,245.12
3. CONTRACT SUM TO DATE (Line 1 ± 2)		$1,911,730.12
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)		$1,911,730.12
5. Retainage:		
a. 0% of Completed Work (Column D + E on G703)	$0.00	
b. % of Stored Material (Column F on G703)		
Total Retainage (Line 5a + 5b or Total in Column I of G703)		$0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)		$1,911,730.12
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$1,728,966.23
8. CURRENT PAYMENT DUE		$182,763.89
9. BALANCE TO FINISH, PLUS RETAINAGE (Line 3 less Line 6)		$0.00

State of: Illinois County of:
Subscribed and sworn to before me this 8 / 11 day of , 20 17
Notary Public [signature]
My Commission expires 7/10/18

"OFFICIAL SEAL"
Crystal Roman
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 07/10/18

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

(Attach explanation if amount certified differs from the amount applied for.)

ARCHITECT: [illegible]

By: [signature] Date: 182,763.89

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.

AIA DOCUMENT G702 • APPLICATION AND CERTIFICATE FOR PAYMENT • MAY 1983 EDITION AIA® • © 1983
THE AMERICAN INSTITUTE OF ARCHITECTS, 1735 NEW YORK AVENUE, N.W., WASHINGTON D.C. 20006

BULLEY & ANDREWS
General Contractors Since 1891

VOUCHER # 277371
VENDOR # 201105
DATE 12/15/16

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

INVOICE

FINAL

Job No 116129
Request No. 04
Pay Period Through 10/31/2016

Mike Wisniewski
Rush University Medical Center
1653 West Congress Parkway
Chicago, IL 60612

To invoice for work completed at

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

AMOUNT OF ORIGINAL CONTRACT	$	224,836 00
EXTRAS TO CONTRACT		153,233 00
NET AMOUNT OF CONTRACT	$	378,069.00
CREDITS TO CONTRACT		-
ADJUSTED CONTRACT AMOUNT	$	378,069 00

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

Prepared by B Mesa

PO No. 9000246
CC/Fund No 1017101
Account No
Approved by E. Miles
12/11/16

OK [signature]
11-21-16

1755 W Armitage Ave | Chicago, IL 60622 | P 773 235 2433 | F 773 235 2471 | www bulley.com

APPLICATION AND CERTIFICATE FOR PAYMENT

TO OWNER:	RUSH UNIVERSITY MEDICAL CENTER 1750 WEST HARRISON STREET CHICAGO, IL 60612	PROJECT:	RUMC 6 SE STUDIO UPGRADE 1700 W. Van Buren St. Chicago, IL 60612	APPLICATION NO PERIOD TO: PROJECT NOS.	1 5/31/2018
FROM CONTRACTOR:	HILL MECHANICAL CORP. 11045 GAGE AVE. FRANKLIN PARK, IL 60131	VIA ARCHITECT:	GRUMMAN/BUTKUS ASSOCIATES 820 DAVIS ST. EVANSTON, IL 60201	CONTRACT DATE: INVOICE NUMBER: JOB ID:	10/25/2017 70770-001 70770
CONTRACT FOR:	HVAC # 1017102-HMC-001				

Distribution to:
- ☐ OWNER
- ☐ ARCHITECT
- ☐ CONTRACTOR
- ☐
- ☐

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		$ 81,220.00
2. Net change by Change Orders		$ 9,392.00
3. CONTRACT SUM TO DATE (Line 1 + 2)		$ 90,612.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on Detail Sheets)		$ 90,612.00
5. RETAINAGE		
a. 0.00 % of Completed Work (Columns D + E on Detail Page)	$ 0.00	
b. 0.00 % of Stored Material (Column F on Detail Page)	$ 0.00	
Total Retainage (Line 5a + 5b or Total in Column I of Detail Page)		$ 0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)		$ 90,612.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$ 0.00
8. CURRENT PAYMENT DUE		$ 90,612.00
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	0.00	0.00
Total approved this Month	9,392.00	0.00
TOTALS	9,392.00	0.00
NET CHANGES by Change Order		9,392.00

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:

By: [signature] Date: 5/16/18

State of: IL
County of: Cook
Subscribed and sworn to before me this 16th day of May, 2018

OFFICIAL SEAL
NANCY TRAPP
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 07/24/21

Notary Public: [signature]
My Commission expires.

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 90,612.00

(Attach explanation if the 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: 5/31/18

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.

CONSTRUCTION

VOUCHER # 381204
VENDOR # 204995
DATE 4/21/17

600 W. Jackson Blvd., 8th Floor
Chicago, Illinois 60661
t: 312.943.8100
f: 312.943.8141
www.reedcorp.com

Invoice No: 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, 2016

PO No
CC / Fund No:
Account No:
Approved by:
Date:

Original Contract Sum	321,906.00
Change Orders	460,221.00
Contract Sum to Date	782,127.00
Total Completed to Date	782,127.00
Less Retention	(78,214.00)
Less Previous Requests	(646,616.00)
Total Amount Due This Invoice	57,297.00

Retention Held
6369.00
10/4/51

OK to Pay - DTR 4/6/17
Activity # 1017102
PO # 9000247

E. Mulo
4/7/17

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

RUSH
Internal Audit Department

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.