

## Finance Notes July FY 20

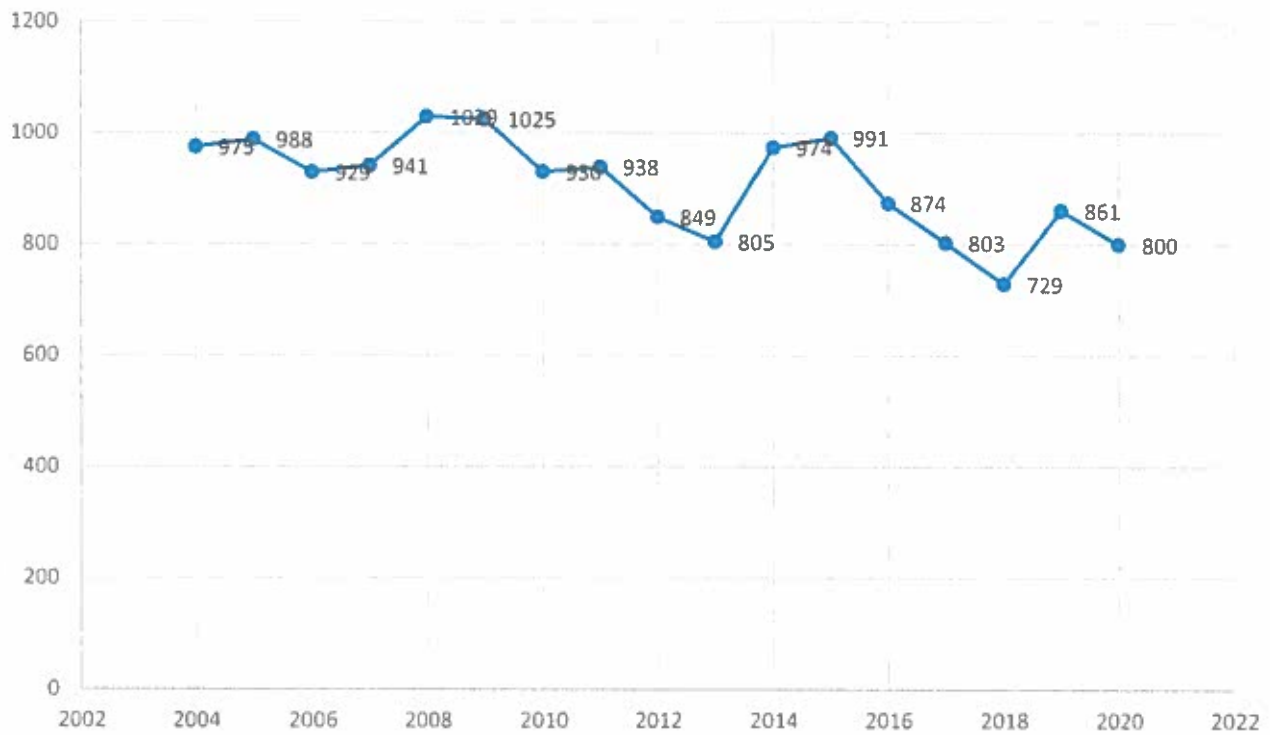
<b>Summary of Financial Ratio</b>			
<b>Ratio</b>	<b>Period</b>	<b>YTD or Average where Applicable</b>	
<b>Cash on Hand</b>	<b>176</b>	<b>93</b>	<b>Average PY</b>
<b>Net Income</b>	<b>714,072</b>	<b>295,868</b>	<b>Average Monthly PY</b>
<b>Current Ratio</b>	<b>6.19</b>		<b>N/A</b>
<b>AR Days</b>	<b>66.5</b>	<b>68.4</b>	<b>Average PY</b>
<b>AP</b>	<b>482,058</b>	<b>307,859</b>	<b>Average PY</b>
<b>Daily Gross Revenue YE</b>	<b>114,720</b>	<b>104,059</b>	<b>Average PY</b>
<b>% of Gross Revenue Collected</b>	<b>59%</b>	<b>57%</b>	<b>PY Year End</b>

1. In September I have auditors from Wipfli onsite the week of the 23<sup>rd</sup>. They handle our cost report and traditional audit. If any of the board wants to stop in and ask questions I will be glad to arrange that.
2. This year we are doing a bit of a cash accrual hybrid as I will be booking supplemental payments (QAF, Rate Range) for prior years that are received this year. Given the unpredictability of the supplemental payments I will spread them over the year if I have a reliable model ahead of time or just book the payable and receivable as they occur if I don't. This will cause the contractuals to be higher on a monthly basis and have large adjustments in the period where the receivable is determined. On my monthly notes I'll explain them as they are presented to you.
3. July was a great collection month with the Business Office collecting 100K+ over their goal. I expect patient payments to have an uptick in general starting in August as our new contract with Partnership was in place on July 1<sup>st</sup> and there's always a lag with bill drop and payment.

### Statistics

1. Statistics are great to analyze but given fluctuations throughout the year I try not be overly critical until there's a few months of data.
2. Acute days were up compared to last July.
3. Swing days were down by 58% compared to last year.
4. Skilled Days are up 8.7% YTD.
5. Surgery is up with 30 which is more than any month last year.
6. OP Services, Lab and Rad are all down early. Below I've charted all the lab visits from the month of July from 2004 to 2020. The average for the first half of the data set is 969 and the second half is 854 so we have lost on average 115 visits in the same period from 2004 to now.

Lab Visits Per July 2004 to 2019



7. Hospice Days very greatly from year to year. Below I charted out the last 15 years.

Hospice Days Per Year FY 2004 to 2019



8. Telemedicine continues to grow its service line with 109% growth over last July.

9. FTEs are down in Nursing and up in Service. With the pharmacy, sleep house and multiple other projects this is to be expected.

<b>Traveler FTEs</b>		
<b>Skilled Nursing</b>		FTEs
	C.N.A	10.62
	LVN	6.72
	RN	1.06
<b>Acute</b>		
	C.N.A	0
	LVN	1.14
	RN	2.35
<b>Radiology</b>		
	Tech	2.15
<b>ER</b>		
	RN	1.64
<b>Physical Therapy</b>		
	PT	0
<b>Respiratory Therapy</b>		
	RT	2.18
<b>OP Services</b>		
	RN	0
<b>Lab</b>		
	CLS	.69
	Total	28.55

#### Income Statement

1. Acute Revenue is about 103K off of last year's average.
2. Skilled Nursing is up due to the new contract with Partnership.
3. OP Revenue is up due to Surgery and ER.
4. Contractuals increase with revenue increases and also due to not booking all supplemental payments on a monthly basis.
5. Productive Salaries are up due to the Employee Appreciation bonuses and year end bonuses. This should even out going forward.
6. Employee Benefits have increased as our health insurance costs go up every January.
7. Supplies are down about 26K under last year's average.
8. Travelers are up across the board. Ancillary FTEs are up so it's concerning to see Ancillary Travelers up in the same period.
9. Other Purchased Services are down. This point last year we'd had the Pharmacy and Clinic Feasibility Study which fell into last year's expenses.
10. Non-Operating Revenue is up due to receiving a 500K donation from the McConnell Foundation.
11. The large donation is the reason for our strong start to the year.

#### Balance Sheet

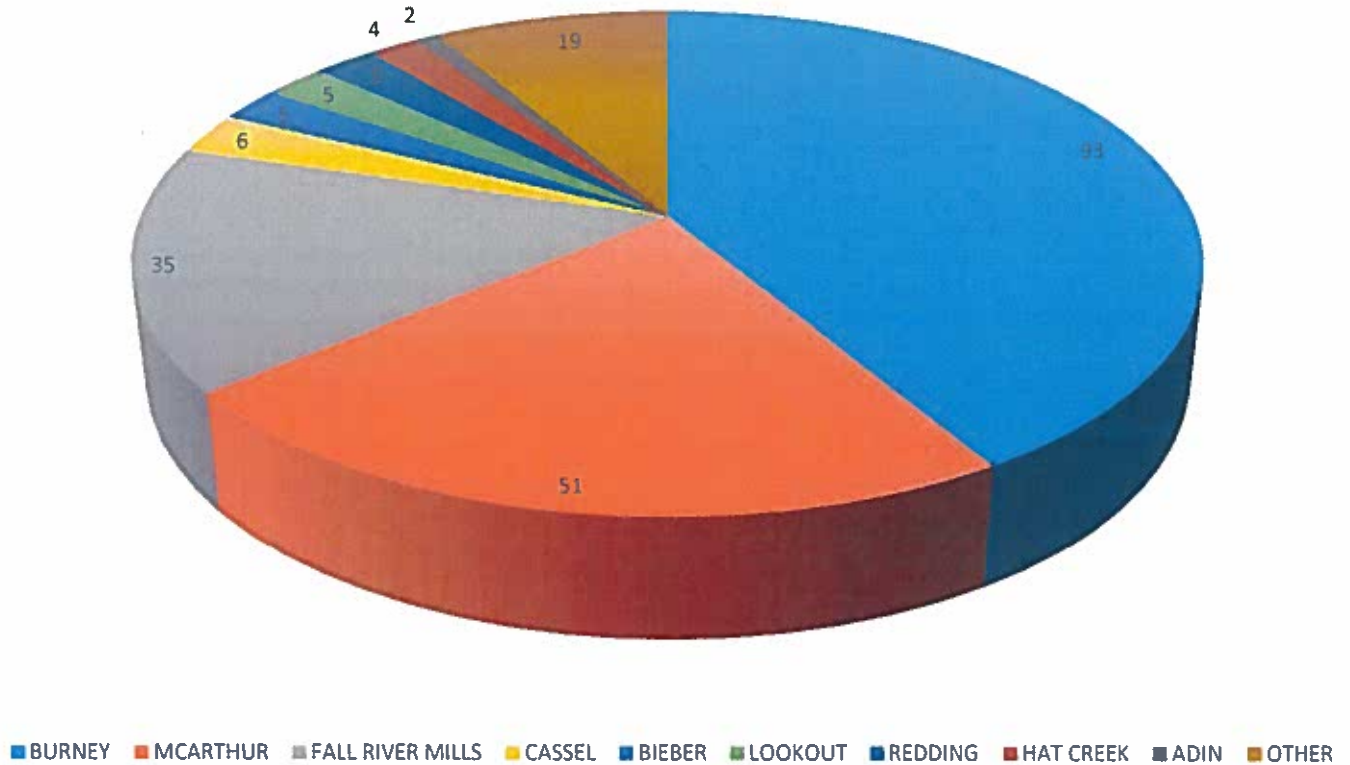
1. Cash is up with a strong collection month and the donation.
2. Reserve Cash will dip on September 1st as USDA takes it's bi-annual payment.
3. AR increased due to increases in charges and the lag effects of using the last 90 days of revenue as the divisor. Once higher payments and revenue normalizes over the first quarter we should see a drop.
4. Accounts Receivable Construction Donations decreased as we received the 500K.

- 5. AP was up due to the month ending on Wednesday and our check run happens on Fridays.
- 6. Construction Donations Deferred Revenue also decreased as we received the revenue.
- 7. Long Term increases on a monthly basis until we've drawn all of our funds from our USDA loan.

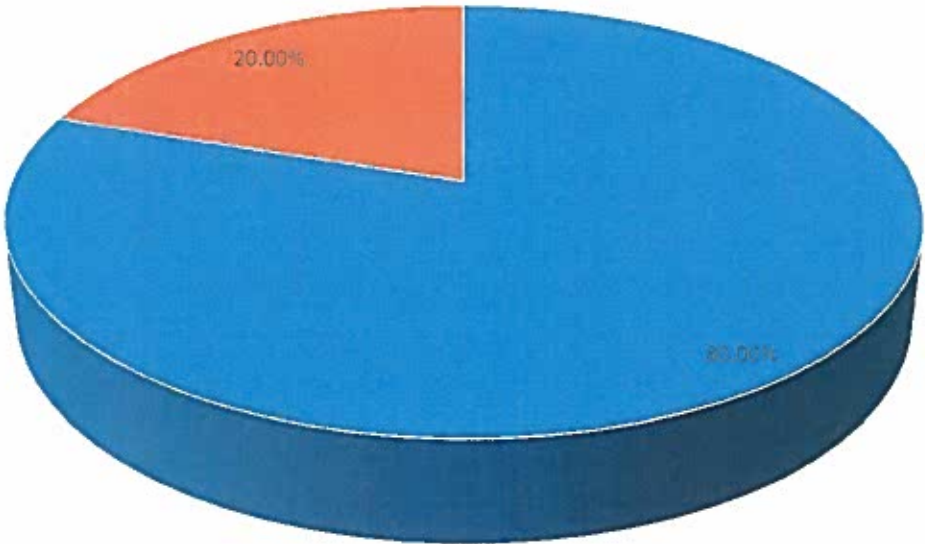
Miscellaneous

- 1. Attached to the email is the latest approved USDA pay request from August.
- 2. Below I've done some charts based off of Employee Demographics. It's kind of interesting to see the breakdown of the 225 employees at the time I ran the report.

Mayers Employees by Town

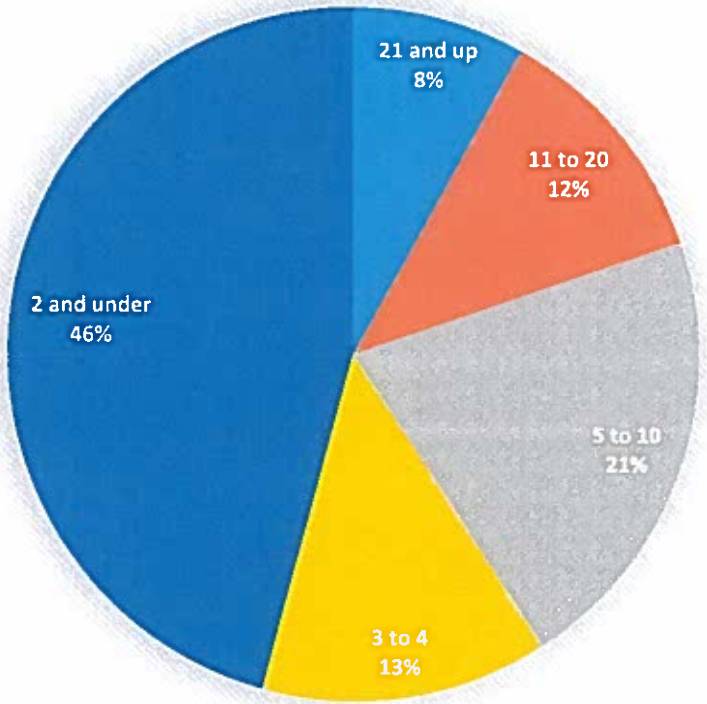


### Mayers Employees by Gender



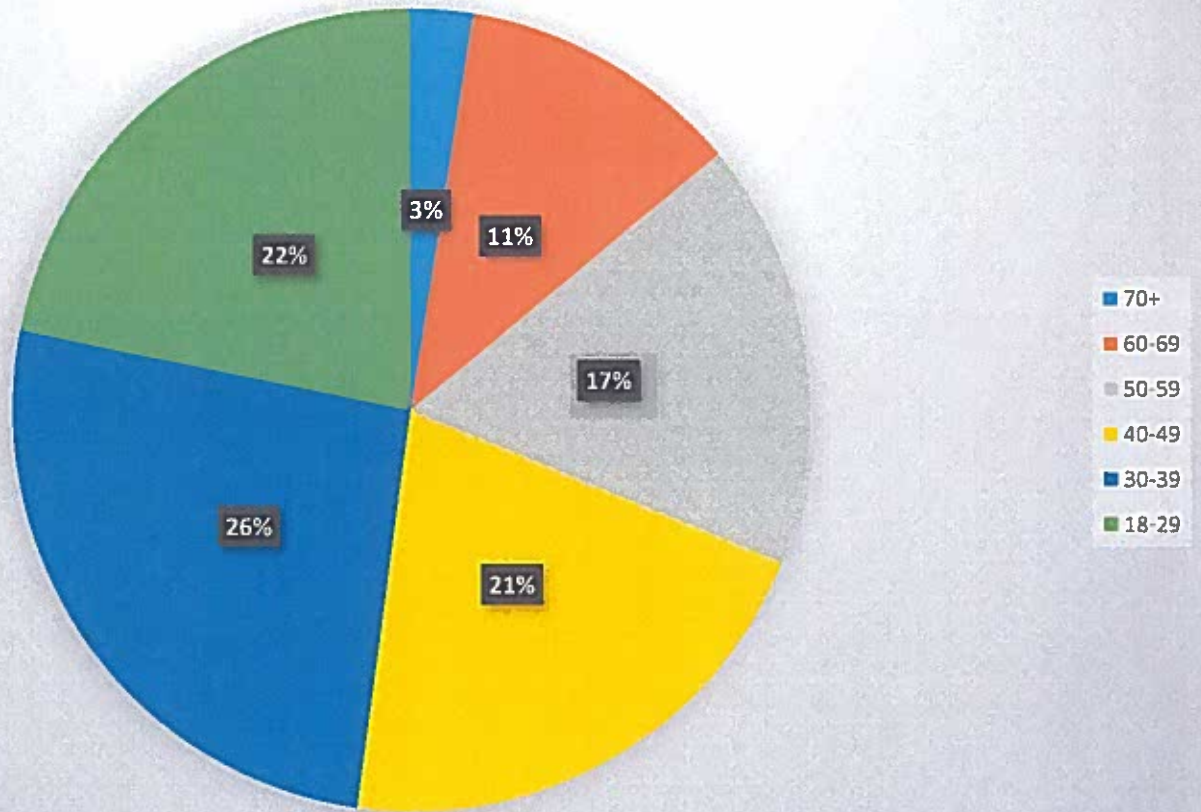
Female Male

### Years of Service



21 and up 11 to 20 5 to 10 3 to 4 2 and under

## Employees by Age Range



**MAYERS MEMORIAL HOSPITAL**

Statistical Data

Fiscal Year Ending JUNE 30, 2020

COMPARISON TO ACTUAL

2019		2019		FYE 2020		FYE 2019			
JULY	JUNE			YTD	YTD			% Increase or Decrease	
Actual	Actual	Variance		Actual	Actual	Variance			
<b>VOLUME:</b>									
<b>DISCHARGES</b>									
18	19	(1)	Acute	18	9	9		100.02%	
6	10	(4)	Swing Bed	6	10	(4)		-40.01%	
6	1	5	Skilled Nursing Care (DISCHG)	6	2	4		200.02%	
13	19	(6)	Observations	13	1	12		1200.02%	
<b>PATIENT DAYS</b>									
51	55	(4)	Acute	51	46	5		10.92%	
58	67	(9)	Swing Bed	58	138	(80)		-58.01%	
2376	2303	73	Skilled Nursing Care	2376	2,188	188		8.62%	
<b>LENGTH OF STAY</b>									
2.83	2.89	(0)	Acute	2.83	5.11	(2)		-44.61%	
9.67	6.70	3	Swing Bed	9.67	13.80	(4)		-30.01%	
<b>AVERAGE DAILY CENSUS</b>									
1.65	1.83	(0)	Acute	1.65	1.48	0		11.22%	
1.87	2.23	(0)	Swing Bed	1.87	4.45	(3)		-58.01%	
76.65	76.77	(0)	Skilled Nursing Care	76.65	70.58	6		8.62%	
<b>ANCILLARY SERVICES</b>									
0	1	(1)	Surgery Inpatient Visits	0	0	0		#DIV/0!	
30	20	10	Surgery OP/ procedure visits	30	0	30		#DIV/0!	
417	419	(2)	Emergency Room Visits	417	402	15		3.72%	
144	125	19	Outpatient Services Procedures	144	165	(21)		-12.71%	
800	753	47	Laboratory Visits	800	861	(61)		-7.11%	
448	430	18	Radiology Procedures	448	457	(9)		-2.01%	
109	123	(14)	Hospice Patient Days	109	212	(103)		-48.61%	
212	176	36	Physical Therapy visits	212	210	2		1.02%	
194	160	34	Cardiac Rehab	194	226	(32)		-14.21%	
23	33	(10)	Telemedicine visits	23	11	12		109.12%	
27	33	(6)	Admissions from ER	27	11	16		145.52%	
12	10	2	Transfers from ER	12	10	2		20.02%	
<b>PRODUCTIVITY:</b>									
Productive FTE's									
13.33	12.41		Nursing - Acute	13.33	16.22				
52.97	50.29		Long Term Care	52.97	53.37				
36.60	35.67		Ancillary	36.60	35.15				
82.21	83.73		Service	82.21	71.16				
185.11	182.10		Total Productive	185.11	175.90				
19.66	22.97		Non-Productive FTE's	19.66	24.09				
204.77	205.07		Paid FTE's	204.77	199.99				
<b>PRODUCTIVE FTE PER ADJUSTED OCCUPIED BED</b>									
2.62	2.35			2.62	2.43				

## MAYERS MEMORIAL HOSPITAL

Statement of Revenue and Expenses

Fiscal Year Ending JUNE 30, 2020

COMPARISON TO ACTUAL

2019 JULY ACTUAL	2018 JULY ACTUAL	Variance	PATIENT REVENUE	FYE 2020 YTD ACTUAL	FYE 2019 YTD ACTUAL	Variance	Increase Decrease %
313,479	480,161	(166,682)	Acute	313,479	480,161	(166,682)	-34.71%
984,709	708,575	276,134	Skilled Nursing	984,709	708,575	276,134	39.02%
174,100	171,679	2,421	Inpatient Ancillary	174,100	171,679	2,421	1.42%
0	1,646	(1,646)	Acute	0	1,646	(1,646)	
			Skilled Nursing				
1,472,288	1,362,061	110,227	Total Inpatient Revenue	1,472,288	1,362,061	110,227	8.12%
2,113,426	1,911,737	201,689	Total Outpatient Revenue	2,113,426	1,911,737	201,689	10.62%
3,585,714	3,273,798	311,916	<b>Total Patient Revenue</b>	3,585,714	3,273,798	311,916	9.52%
<b>DEDUCTIONS FROM REVENUE</b>							
971,035	724,965	(246,070)	Contractuals - Care/Cal	971,035	724,965	(246,070)	
121,937	126,488	4,551	Contractuals - PPO	121,937	126,488	4,551	
0	0	0	Charity and Write Offs	0	0	0	
19,195	49,804	30,609	Admin Adjmts/Emp Discounts	19,195	49,804	30,609	
130,441	95,004	(35,437)	Provision for Bad Debts	130,441	95,004	(35,437)	
1,242,608	996,261	(246,347)	<b>Total Deductions</b>	1,242,608	996,261	(246,347)	
33,527	(4,019)	37,547	Other Operating Revenues	33,527	(4,019)	37,547	
2,376,634	2,273,519	103,115	<b>Net Revenue</b>	2,376,634	2,273,519	103,115	
<b>OPERATING EXPENSES</b>							
929,473	728,137	(201,336)	Productive Salaries	929,473	728,137	(201,336)	-27.71%
99,188	95,139	(4,049)	Non-Productive Salaries	99,188	95,139	(4,049)	-4.31%
251,993	242,259	(9,734)	Employee Benefits	251,993	242,259	(9,734)	-4.01%
220,876	239,458	18,582	Supplies	220,876	239,458	18,582	7.82%
145,243	164,116	18,873	Professional Fees	145,243	164,116	18,873	11.52%
51,370	29,855	(21,516)	Acute/Swing Travelers	51,370	29,855	(21,516)	-72.11%
200,578	162,723	(37,854)	SNF Travelers	200,578	162,723	(37,854)	-23.31%
91,768	75,318	(16,449)	Ancillary Travelers	91,768	75,318	(16,449)	-21.81%
91,018	147,675	56,657	Other Purchased Services	91,018	147,675	56,657	38.42%
32,968	34,343	1,376	Repairs	32,968	34,343	1,376	4.02%
47,035	44,247	(2,789)	Utilities	47,035	44,247	(2,789)	-6.31%
35,534	19,849	(15,685)	Insurance	35,534	19,849	(15,685)	-79.01%
40,571	53,881	13,310	Other	40,571	53,881	13,310	24.72%
67,452	67,117	(335)	Depreciation	67,452	67,117	(335)	-.51%
0	0	0	Bond Repayment Insurance	0	0	0	
17,911	17,911	0	Bond Repayment Interest	17,911	17,911	0	.02%
2,225	2,022	(203)	Interest	2,225	2,022	(203)	-10.01%
(14,475)	13,553	28,028	Rental - Lease	(14,475)	13,553	28,028	206.82%
2,310,727	2,137,602	(173,125)	<b>Total Operating Expense</b>	2,310,727	2,137,602	(173,125)	-8.11%
65,907	135,917	(70,010)	<b>Income From Operations</b>	65,907	135,917	(70,010)	
<b>NON-OPERATING REVENUE AND EXPENSE</b>							
655,108	171,290	483,817	Non-Operating Revenue	655,108	171,290	483,817	
0	0	0	Interest Income	0	0	0	
6,942	0	(6,942)	Non-Operating Expense	6,942	0	(6,942)	
648,165	171,290	476,875	<b>Total Non-Operating</b>	648,165	171,290	476,875	
714,072	307,207	406,865	<b>NET INCOME</b>	714,072	307,207	406,865	



	<b>JULY 2019</b>	<b>JUNE 2019</b>
<b>CURRENT ASSETS</b>		
Cash (General/Payroll/Petty Cash)	443,250	130,188
Reserve Cash (unrestricted)	12,308,516	12,433,516
Reserve Cash (restricted) - USDA Debt Serv / Construction	1,692,460	1,671,530
Accounts Receivable	7,054,775	6,808,008
County Treasury receivable	95,896	20,930
Less: Reserve for Uncollectibles	(732,196)	(676,022)
Reserve for Medicare/Medi-Cal	(2,573,581)	(2,675,554)
Inventories	477,035	490,780
Accounts Receivable - Other	433,201	337,576
Accts Recvble - Construction Donations - Current	500,000	1,000,000
Prepaid Expenses	409,992	475,617
Medicare/Medi-Cal Settlement	1,854,131	1,572,010
<b>TOTAL CURRENT ASSETS</b>	<b>21,963,479</b>	<b>21,588,580</b>
<b>PROPERTY, PLANT AND EQUIPMENT</b>		
Land	753,510	753,510
Building and Fixed Equipment	11,716,487	11,716,487
Equipment	12,484,801	12,484,801
Construction in Progress (other)	1,274,187	1,132,882
Hospital expansion	12,724,692	11,994,974
Less: Reserve for Depreciation	(21,388,167)	(21,320,715)
<b>TOTAL PROPERTY, PLANT AND EQUIPMENT</b>	<b>17,565,511</b>	<b>16,761,940</b>
<b>OTHER ASSETS (includes 2007 Bond / AP Bond / G.O. BOND)</b>		
Bond Reserve Funds held by trustee	700	700
Other Receivable-Fund Raising Long Term	271,356	271,356
Unamortized Bond Issue Cost	0	0
Unamortized Bond Discount	(4,474)	(4,474)
Unamortized Cost of Bond Defeasance	5,338	5,338
G.O. Bond - issue / discount / cost	40,250	40,250
<b>TOTAL OTHER ASSETS</b>	<b>313,170</b>	<b>313,170</b>
<b>TOTAL ASSETS</b>	<b>39,842,160</b>	<b>38,663,690</b>
<b>CURRENT LIABILITIES</b>		
Accounts Payable	482,058	463,118
Accrued Payroll	244,585	200,725
Accrued Payroll Taxes	(132,356)	(10,465)
Accrued Vacation & Holiday	531,970	540,670
Accrued Health Insurance	34,619	34,391
Accrued Interest	46,668	28,758
E.H.R. contingency/deferred revenue	0	0
PRIME PLAN	0	0
HQAF	711,281	711,281
IGT (TRAD/PHP)	678,371	678,371
Current Portion of Medicare/Medi-Cal Settlement	951,451	778,638
<b>TOTAL CURRENT LIABILITIES</b>	<b>3,548,648</b>	<b>3,425,486</b>
<b>LONG-TERM DEBT</b>		
G.O. Bond	1,373,476	1,373,476
Construction Donations - deferred revenue	771,356	1,271,356
Capital Leases / Settlement pymt		
Leases	34,492	36,468
GO BOND SERIES B & REFUNDING	14,129,972	13,407,835
<b>TOTAL LONG-TERM DEBT</b>	<b>16,309,296</b>	<b>16,089,135</b>
<b>FUND EQUITY</b>	<b>19,984,216</b>	<b>19,149,070</b>
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b>39,842,160</b>	<b>38,663,690</b>
<b>CURRENT RATIO:</b>	<b>6.19</b>	<b>6.30</b>

**MAYERS MEMORIAL HOSPITAL**  
**SUMMARY OF SERVICES - DEPOSITS - REFUNDS**  
 - Fiscal Year 2020

DATE:	REVENUE / SERVICES	AVERAGE			RESERVE DEPOSITS	MISC. PAYMENTS	MISC. PYMTS PT RELATED	PATIENT PAYMENTS	ADJUSTMENTS & WRITE-OFFS	REFUNDS
		DAILY REVENUE	TOTAL DEPOSITS	TOTAL DEPOSITS						
July 31, 2019	3,556,341.05	114,720.68	2,690,416.65	0.00	532,330.11	71,243.08	2,086,843.46	1,519,295.78	2,643.45	
August 31, 2019	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
September 30, 2019	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
October 31, 2019	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
November 30, 2019	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
December 31, 2019	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
January 30, 2020	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
February 28, 2020	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
March 30, 2020	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
April 29, 2020	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
May 30, 2020	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
June 29, 2020	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
YTD TOTAL	3,556,341.05	114,720.68	2,690,416.65	0.00	532,330.11	71,243.08	2,086,843.46	1,519,295.78	2,643.45	

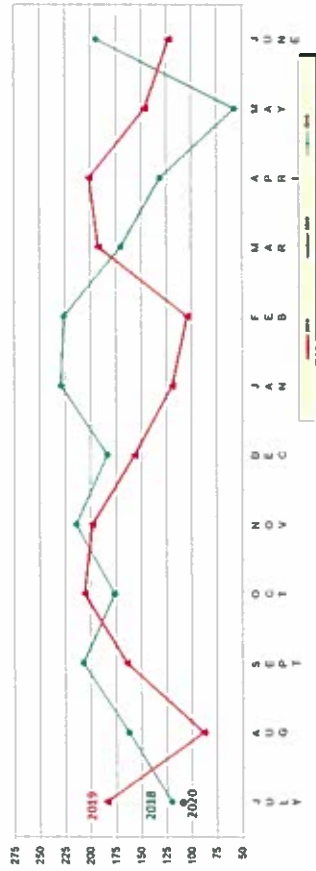
# April 29, 2020  
 # June 29, 2020

	PAYOR MIX - YTD % OF REVENUE			
	JULY	JUNE	MAY	3 MONTH AVERAGE
MEDICARE	32.11%	44.88%	37.12%	38.04%
MEDI - CAL	46.98%	40.02%	44.26%	43.75%
THIRD PARTY	17.00%	13.45%	17.77%	16.07%
PRIVATE	3.91%	1.65%	0.85%	2.14%

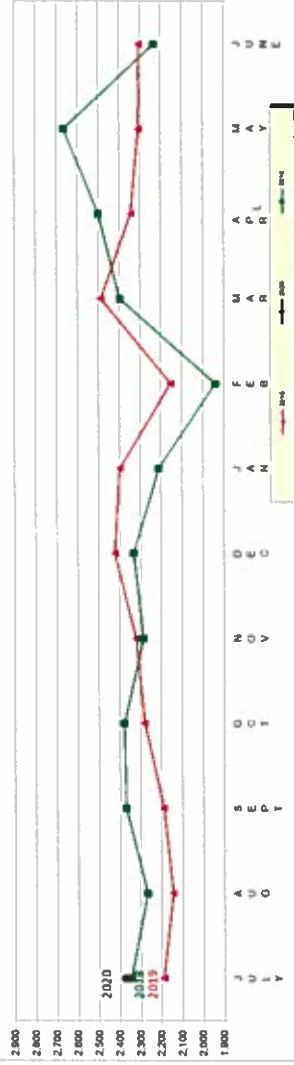
	ACCOUNTS RECEIVABLE AGING			
	JUNE \$ OUTSTANDING	JULY DAYS OUT	JUNE DAYS OUT	MAY DAYS OUT
MEDICARE	1,719,566.36	42.47	42.06	39.54
MEDI - CAL	3,431,943.01	72.93	71.96	58.09
THIRD PARTY	1,232,931.01	71.39	65.12	75.58
PRIVATE	736,177.54			
LTC ONLY (INCLUDE)	1,416,502.13	55.17	52.05	49.53
OVERALL	7,120,617.92	66.45	63.50	57.75

# MAYERS MEMORIAL HOSPITAL DISTRICT

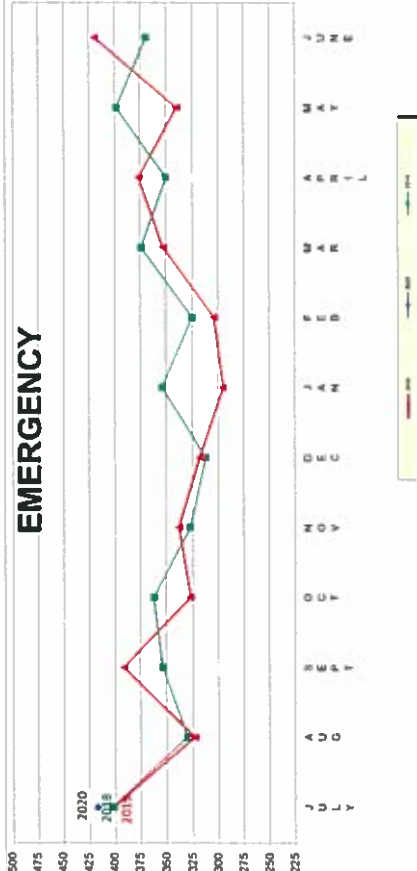
## ACUTE / SWING PATIENT DAYS



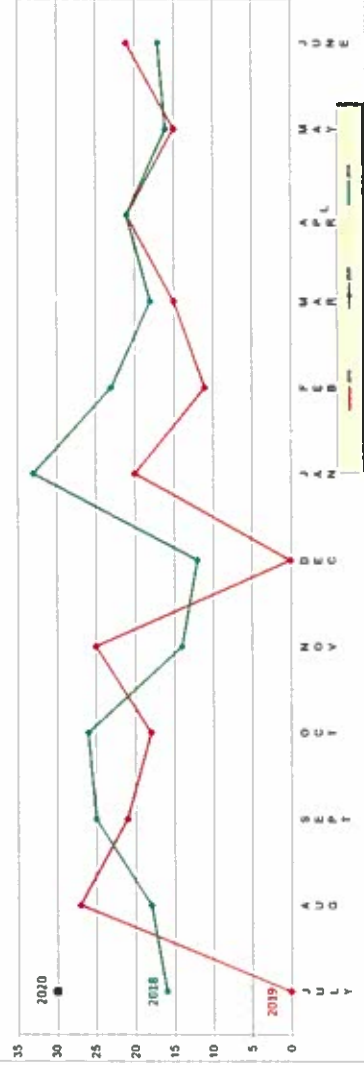
## SNF PATIENT DAYS



## EMERGENCY



## SURGERY / OUTPATIENT PROCEDURES





**MAYERS MEMORIAL HOSPITAL**  
**2018-2019 OPERATING ACTUAL**

	July-18	AUG	SEPT	OCT	NOV	DEC	Jan-19	FEB	MAR	APR	MAY	JUN	YEAR TO DATE 06/30/2019 ACTUAL	07/31/2018 ACTUAL
<b>Operating Revenue:</b>														
Routine														
Acute	480,161	234,242	424,733	533,996	532,129	405,050	327,927	309,480	530,918	528,554	367,439	327,074	5,001,704	480,161
SNF	708,575	689,540	701,524	744,383	749,986	771,745	780,542	698,987	800,567	756,446	748,897	740,371	8,891,561	708,575
Ancillary														
Acute	171,679	120,315	172,319	207,781	206,795	134,701	152,478	139,956	326,116	188,491	151,675	140,793	2,113,098	171,679
SNF	1,646	1,160	1,039	1,537	0	43	(43)	554	1,174	(1,306)	0	0	5,804	1,646
Outpatient	1,911,737	1,859,012	1,900,553	1,926,884	1,859,476	1,431,351	1,796,116	1,780,220	1,797,487	2,101,853	1,927,851	1,949,497	22,242,837	1,911,737
	3,273,798	2,905,069	3,200,168	3,414,580	3,348,386	2,742,891	3,057,019	2,929,197	3,456,263	3,574,038	3,195,861	3,157,734	38,255,004	3,273,798
Less Deductions:														
Contractuals - Care/Cal	724,965	536,153	787,220	853,289	816,070	665,338	394,427	355,038	152,182	793,196	1,075,652	880,747	8,034,278	724,965
Contractuals - PPO	126,488	102,308	84,540	166,151	87,059	93,870	99,802	63,506	97,828	102,984	124,390	118,760	1,267,687	126,488
Charity Care & Write off	0	0	0	0	0	0	0	0	0	0	0	13,892	14,267	0
Other Contractual write offs	49,804	38,987	45,162	342,553	182,492	58,083	115,999	16,314	68,630	62,575	60,008	46,044	1,086,553	49,804
Provision For Bad Debts	95,004	151,235	14,672	16,921	63,878	49,875	108,450	(4,366)	388,195	26,235	(53,194)	(64,673)	792,230	95,004
Total Deductions	996,261	826,682	931,595	1,378,914	1,149,498	867,166	718,678	430,491	706,835	985,365	1,206,858	994,770	11,195,114	996,261
Other Revenue	(4,019)	40,670	(10,764)	126,488	17,865	19,073	22,491	37,411	24,990	79,415	111,991	16,361	481,972	(4,019)
Net Revenue	2,273,519	2,117,057	2,257,808	2,162,154	2,216,753	1,894,798	2,360,832	2,536,116	2,774,418	2,668,087	2,100,995	2,179,325	27,541,862	2,273,519
<b>Operating Expenses:</b>														
Salaries - Productive	728,137	790,634	740,382	825,433	739,170	778,494	719,790	734,529	816,931	784,748	824,535	777,605	9,260,389	728,137
Salaries - Non-productive	95,139	74,530	128,991	77,874	89,321	73,274	123,285	70,249	131,674	79,820	77,545	97,282	1,118,985	95,139
Employee Benefits	242,259	236,930	285,341	241,322	241,924	233,044	265,621	252,903	282,750	243,239	206,308	250,795	2,984,437	242,259
Supplies	239,458	240,538	233,565	259,509	232,863	211,207	203,384	211,802	217,512	213,824	385,068	279,485	2,926,214	239,458
Professional Fees	164,116	142,974	162,460	144,302	139,185	132,995	131,988	154,202	134,776	153,500	37,094	249,404	1,746,905	164,116
Acute/Swing travelers	29,855	37,206	52,227	65,364	34,932	113,862	84,351	81,894	35,044	126,080	72,653	74,378	807,844	29,855
SNF travelers	162,723	149,690	156,929	158,148	77,170	261,752	175,103	170,863	97,152	243,759	204,400	207,864	2,065,555	162,723
Ancillary travelers	75,318	68,085	70,196	68,695	42,760	59,631	115,405	138,071	112,912	132,968	84,591	130,501	1,099,133	75,318
Other Purchased Services	147,675	131,845	186,443	166,961	106,352	298,185	172,298	122,836	156,407	181,266	130,305	165,788	1,966,361	147,675
Repairs & Maintenance	34,343	47,928	29,183	36,268	36,591	23,916	43,430	25,047	43,247	49,232	10,185	31,752	411,121	34,343
Utilities	44,247	45,418	46,116	37,043	40,891	43,129	48,257	46,328	49,293	28,834	41,069	59,966	530,591	44,247
Insurance	19,849	19,799	19,799	19,799	19,799	20,539	19,799	19,799	19,799	19,799	19,799	6,780	225,360	19,849
Other Expense	53,881	48,558	63,509	64,381	80,608	67,271	86,248	56,762	50,754	82,458	51,438	(65,961)	639,907	53,881
Depreciation	67,117	67,092	67,092	66,872	67,805	67,346	72,920	75,439	72,608	73,836	73,836	73,198	845,161	67,117
Bond Repayment Insurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bond Repayment Interest	17,911	17,911	17,911	17,911	17,911	17,911	17,911	17,911	17,911	17,911	17,911	17,911	214,930	17,911
Interest	2,022	1,673	1,767	2,081	2,140	1,800	1,424	2,480	1,665	1,681	1,910	1,836	22,478	2,022
Rent/Lease Equipment	13,553	3,616	41,665	48,559	21,528	15,730	25,975	13,039	10,783	10,837	7,488	3,891	216,682	13,553
Total Operating Expense	2,137,602	2,126,426	2,303,597	2,300,522	1,990,951	2,419,997	2,307,187	2,194,154	2,251,219	2,443,792	2,246,133	2,362,475	27,084,053	2,137,602
Net Operating Rev over Expense	135,917	(9,369)	(45,789)	(138,368)	225,802	(525,199)	53,644	341,963	523,200	224,296	(145,130)	(183,150)	457,809	135,917
<b>Non-Operating Revenue:</b>														
Non-operating Revenue	171,290	104,455	151,873	137,873	174,990	162,873	137,873	237,873	149,225	1,542,337	193,831	98,632	3,263,123	171,290
Interest Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other non-operating Expense	0	0	0	0	0	0	0	0	0	4,450	12,760	9,410	26,620	0
Total Non-Operating Revenue	171,290	104,455	151,873	137,873	174,990	162,873	137,873	237,873	149,225	1,537,886	181,071	89,222	3,236,504	171,290
Net Revenue over Expense	307,207	95,087	106,084	(495)	400,792	(362,327)	191,517	579,835	672,424	1,762,182	35,934	(93,927)	3,694,313	307,207

MAYERS MEMORIAL HOSPITAL DISTRICT  
 FINANCIAL SNAPSHOT  
 MONTH ENDED JULY 31, 2019

FISCAL 2020

FINANCIAL DATA ACROSS ENTIRE ENTERPRISE  
 ACTUAL YTD      ACTUAL YTD

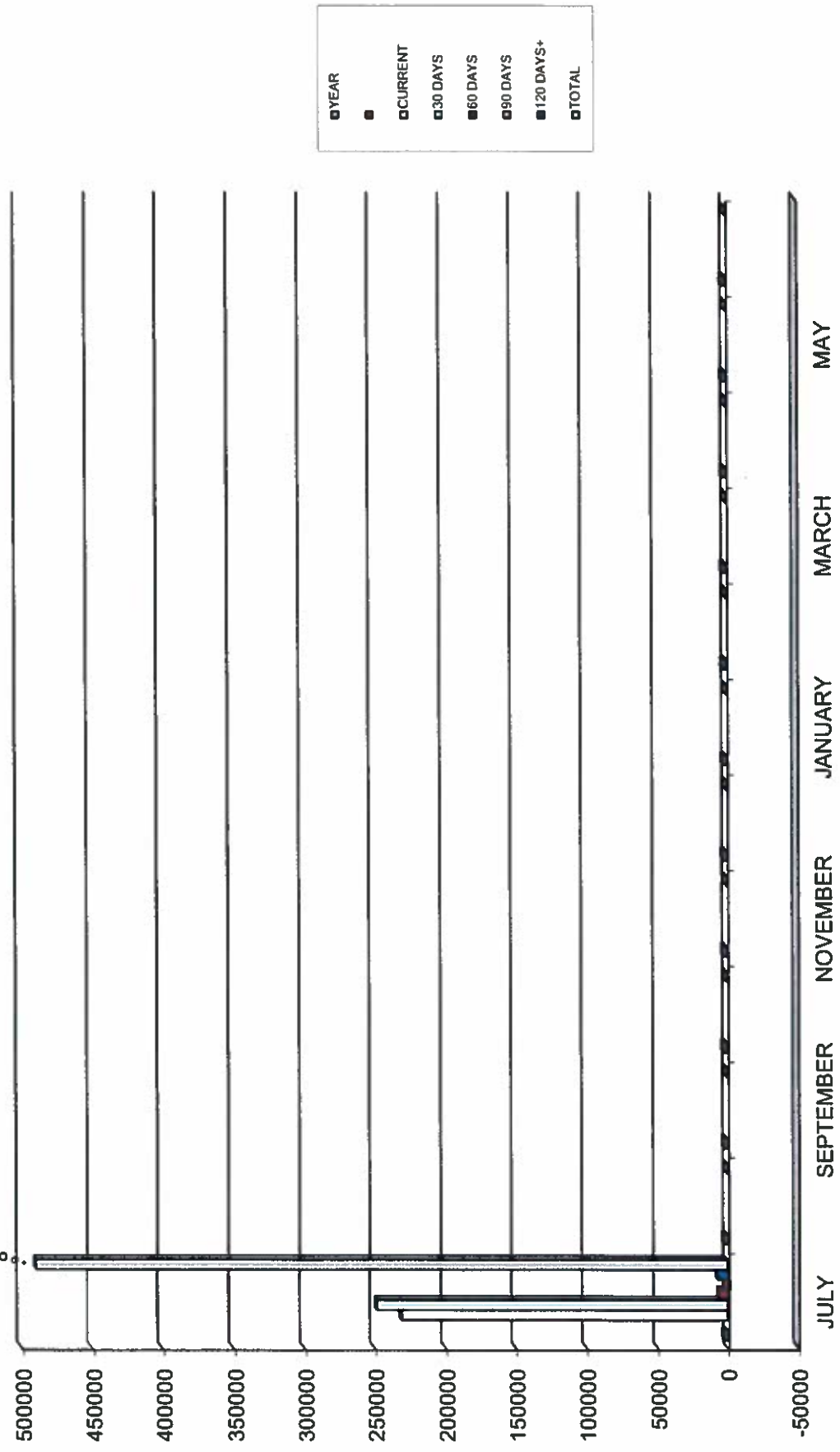
	JULY 19	JULY 18	Variance \$\$	Variance %
Inpatient Revenue				
Acute/OB/Swing	\$ 313,479	\$ 480,161	(166,682.24)	-35%
SNF	\$ 984,709	\$ 708,575	276,134.33	39%
Inpatient Ancillary Revenue				
Acute/OB/Swing	174,100	171,679	2,420.60	1%
SNF	0	1,646	(1,646.00)	-100%
Outpatient Revenue	2,113,426	1,911,737	201,689.08	11%
Total Gross Revenue	\$ 3,585,714	\$ 3,273,798	311,915.77	10%

ACTUAL YTD      ACTUAL YTD

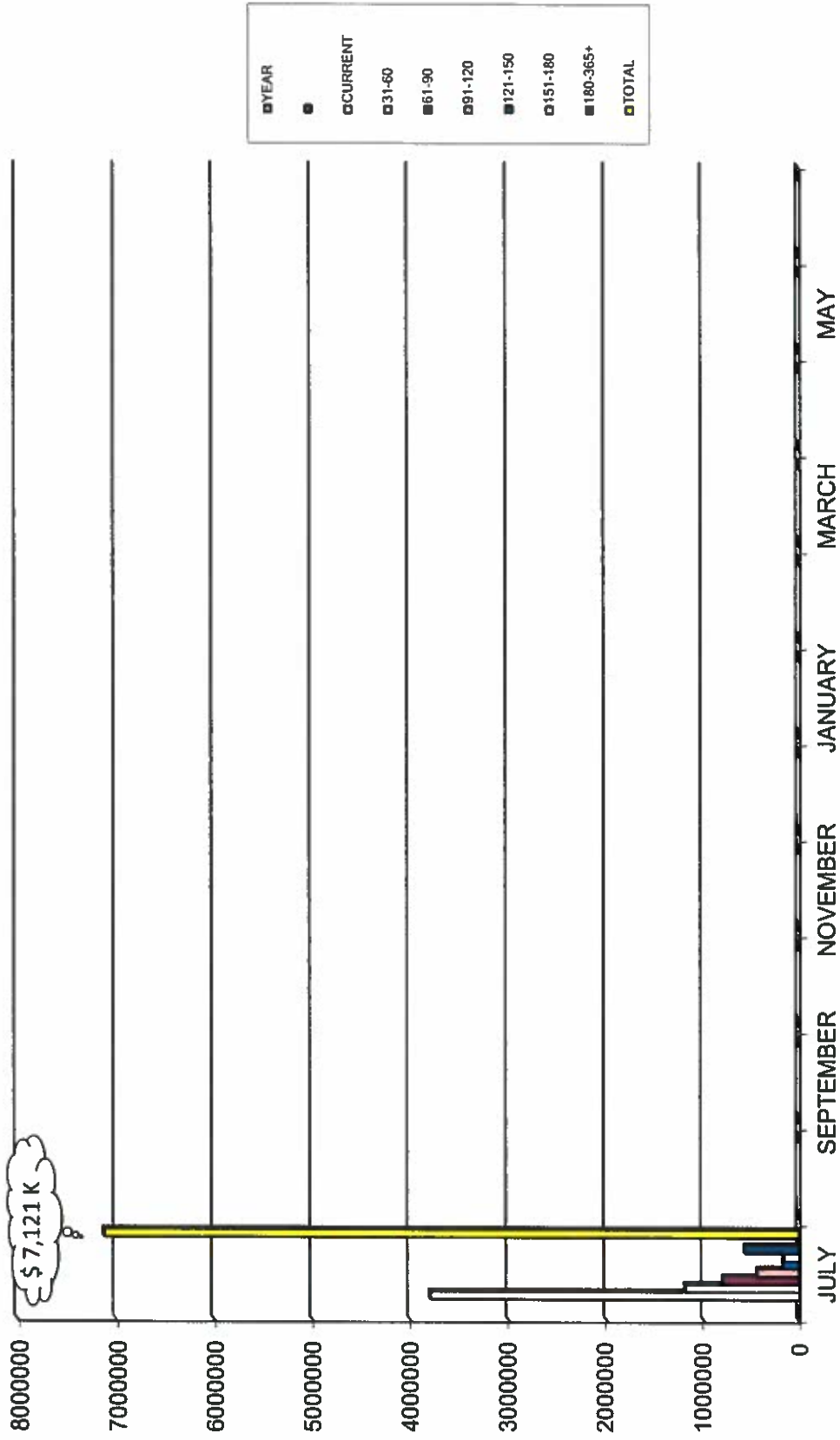
	JULY 19	JULY 18	Variance	Variance %
Statistics				
Patient Days	2485	2372	113	4.8%
Outpatient Services	144	165	(21)	-13%
Labs	800	861	(61)	-7%
Imaging	448	457	(9)	-2%
Hospice	109	212	(103)	-49%
PT	212	210	2	1%

# ACCOUNTS PAYABLE

\$ 489 K



# ACCOUNTS RECEIVABLE





**ACCOUNTS RECEIVABLE**

MONTH	YEAR	CURRENT	31-60	61-90	91-120	121-150	151-180	180-365+	TOTAL
JULY	2019	3,795,790.54	1,194,231.78	792,401.42	439,956.97	162,696.94	162,277.73	573,262.54	7,120,617.92
AUGUST	2019								0.00
SEPTEMBER	2019								0.00
OCTOBER	2019								0.00
NOVEMBER	2019								0.00
DECEMBER	2019								0.00
JANUARY	2020								0.00
FEBRUARY	2020								0.00
MARCH	2020								0.00
APRIL	2020								0.00
MAY	2020								0.00
JUNE	2020								0.00

**ACCOUNTS PAYABLE (includes accrued payables)**

MONTH	YEAR	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS+	TOTAL
JULY	2019	230,706.24	247,961.95	5,729.21	(1,724.24)	6,530.97	489,204.13
AUGUST	2019						0.00
SEPTEMBER	2019						0.00
OCTOBER	2019						0.00
NOVEMBER	2019						0.00
DECEMBER	2019						0.00
JANUARY	2020						0.00
FEBRUARY	2020						0.00
MARCH	2020						0.00
APRIL	2020						0.00
MAY	2020						0.00
JUNE	2020						0.00

MONTHLY COLLECTIONS - OBLIGATIONS FISCAL YEAR 2020

2020

2019

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	average
BEGINNING AP BALANCE	464,958.41	489,204.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	464,958.41
BEGINNING CREDIT LINE BALANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>CASH COLLECTIONS</b>													<u>YTD total</u>
PATIENT PAYMENTS	2,054,550.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,054,550.07
COST REPORT SETTLEMENTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DSH (Disproportionate Share)	17,006.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,006.00
OUTPATIENT SUPPLEMENTAL	54,237.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	54,237.08
DPNF SUPPLEMENTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E.H.R. MCAL/MCARE INCENTIVES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
USDA FUNDING	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRIME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IGT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
QIP LTC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HQAF	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2017 G.O. BOND	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SPECIAL - WINDMILL	20,930.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,930.11
TAXES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
RENTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
VENDING / CAFETERIA	3,564.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,564.40
MISC (REBATES/REIMB ETC)	540,128.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	540,128.99
<b>TOTAL COLLECTIONS</b>	2,690,416.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,690,416.65
<b>EXPENSES</b>													<u>YTD total</u>
INCOME STATEMENT EXPENSES	2,241,050.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,241,050.00
ASSET EXPENSES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CIP EXPENSES	871,023.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	871,023.18
IGT EXPENSES / PRIME REPYMT/ HQAF	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
USDA PRIN-INT PYMTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDICARE/MCAL REPAYMENT PLANS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CAPITAL LEASES	2,082.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,082.58
<b>TOTAL EXPENSES</b>	3,114,155.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,114,155.76
<b>collections less expenses</b>	(423,739.11)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(423,739.11)
ENDING AP BALANCE	489,204.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	489,204.13
ENDING CREDIT LINE BALANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>average ending balance</b>													489,204.13



Rural Development

August 14, 2019

Alturas Field Office

221 W. 8<sup>th</sup> Street  
Alturas, CA  
96101-3211

Voice 530 233 4137  
Fax 844 206 6796

Mr. Travis Lakey, CFO  
Mayers Memorial Hospital District  
PO Box 459  
Fall River Mills, CA 96028

Subject: Hospital Expansion Project  
Application and Certificate for Payment No. 32

Dear Mr. Lakey:

Enclosed is a copy of the accepted Contractor's Application for Payment No. 32, reflecting total "Design-Build Costs" for the period of 7/1/2019 through 7/31/2019. Please let this letter serve as authorization to issue payment to Layton Construction Co., Inc. in the amount of \$816,658.78 from the project account.

The source of funds for this payment are as follows:

Mayers Memorial Hospital District	\$ .00
USDA Loan Funds:	\$816,658.78

The loan funds have been ordered and should be deposited into the project account within five business days of the date of this letter.

If you have any questions or need further information, please do not hesitate to contact me at (530) 233-4137, ext. 112 or [mike.colbert@ca.usda.gov](mailto:mike.colbert@ca.usda.gov).

Sincerely,

J. Michael Colbert  
Community Programs Specialist

Enclosures

cc: Jim Wiscombe Sr. Project Manager, Layton Construction Co., San Jose, CA  
Dave Lupton, Project Manager, Porter Consulting, Sacramento, CA

USDA is an equal opportunity provider, employer and lender

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)

**APPLICATION AND CERTIFICATE FOR PAYMENT**

INVOICE NO. 16234-20

TO (OWNER): Mayers Memorial Hospital  
 PO Box 459  
 Fall River Mills, CA 96028

PROJECT: Mayers Memorial Hospital

APPLICATION NO. 32

Distributed to:

Layton Construction Co., Inc.  
 8090 So Sandy Parkway  
 Sandy, UT 84070

PERIOD TO: 7/31/2019  
 PROJECT NO: 16234

OWNER  
 ARCHITECT  
 CONST. MAN.

CONTRACT FOR: Hospital Building Design

**CONTRACTOR'S APPLICATION FOR PAYMENT**

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by owner		Totalling	
Number	Date Approved		
PCD 3	20-May-19	\$ 52,544.93	
PCD 5	26-Nov-18	\$ 13,273.85	
PCD 9	28-Nov-18		\$ (29,228.81)
PCD 10	20-Nov-18	\$ 10,992.62	
PCD 11	08-May-19	\$ 5,178.28	
PCD 12	08-May-19	\$ 1,386.83	
PCD 15	15-Feb-19	\$ 7,894.25	
PCD 18	09-May-19	\$ 185,495.31	
PCD 22	17-Jul-18	\$ 36,759.58	
POC 24	23-Jul-19	\$ 3,159.85	
<b>TOTALS</b>		<b>\$328,785.31</b>	<b>(\$29,228.81)</b>
Net change by Change Orders		<b>\$328,785.31</b>	<b>\$297,556.50</b>

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 the amounts have been paid by the Contractor for work for which previous Certificates for payment were received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: Layton Construction Co., Inc.  
 By: Jim Wicomb Date: 7/30/2019  
 Jim Wicomb, Sr. Project Manager

Application is made for Payment as shown below, in connection with the Contractor's Continuation sheet as attached.

1 ORIGINAL CONTRACT SUM.	\$ 13,542,003.00
2 Net Change by Change Order	297,556.50
3 CONTRACT SUM TO DATE	13,839,559.50
4 TOTAL COMPLETED & STORED TO DATE	9,180,535.93
5 TOTAL RETAINAGE	459,026.80
6 TOTAL EARNED LESS RETAINAGE	8,721,509.13
7 LESS PREVIOUS CERTIFICATES FOR PAYMENT	7,904,850.35
8 CURRENT PAYMENT DUE	816,658.78
9 BALANCE TO FINISH, PLUS RETAINAGE	5,118,050.37

OWNER: Mayers Memorial Hospital

By: Travis Lahey Date: 8/7/2019  
 By: [Signature] Date: 8/14/2019  
 CONSTRUCTION MANAGER: Porter Consulting  
 By: [Signature] Date: 8/7/2019  
 By: [Signature] Date: 8/7/2019



Rural Development

Alturas Field Office

221 W 8<sup>th</sup> Street  
Alturas, CA  
96101-3211

Voice 530.233.4137  
Fax 844.206.6796

August 14, 2019

Mr. Travis Lakey, CFO  
Mayers Memorial Hospital District  
PO Box 459  
Fall River Mills, CA 96028

Subject: Hospital Expansion Project  
Partial Payment Estimate No. 29A

Dear Mr. Lakey:

Enclosed is a copy of the accepted Form RD 1924-18, Partial Payment Estimate No. 29A, reflecting total "Other Costs" of \$65,541.90 for the period of 7/1/2019 through 7/31/2019 as itemized on the attached Outlay Report.

Please let this letter serve as authorization to issue payments in the amount of \$65,541.90 from the project account.

The sources of funds for this payment are as follows:

Mayers Memorial Hospital District	\$ .00
USDA Loan Funds:	\$65,541.90

The loan funds have been ordered and should be deposited into the project account within five business days of the date of this letter.

If you have any questions or need further information, please do not hesitate to contact me at (530) 233-4137, ext. 112 or [mike.colbert@ca.usda.gov](mailto:mike.colbert@ca.usda.gov).

Sincerely,

J. Michael Colbert  
Community Programs Specialist

Enclosures

Form RD 1924-18 (Rev. 8-97)	UNITED STATES DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT FARM SERVICE AGENCY  <b>PARTIAL PAYMENT ESTIMATE</b>	CONTRACT NO.  PARTIAL PAYMENT ESTIMATE NO. 29A  PAGE 1 of 1
OWNER: MAYERS MEMORIAL HOSPITAL DISTRICT	*NON-CONTRACTOR COSTS*	PERIOD OF ESTIMATE FROM <u>7/1/2019</u> TO <u>7/31/2019</u>

CONTRACT CHANGE ORDER SUMMARY					
NO.	Agency Approval Date	Amount			
		Additions	Deductions		
2	02/08/19		\$13,273.65	1. Original Contract .....	\$10,704,588.10
3	05/20/19	\$29,228.81		2. Change Orders .....	\$4,962.54
1-A	06/05/19		\$10,992.62	3. Revised Contract (1+2) .....	\$10,709,548.64
				4. Work Completed* .....	\$8,340,577.37
				5. Stored Materials* .....	
				6. Subtotal (4+5) .....	\$8,340,577.37
				7. Retainage* .....	
				8. Previous Payments .....	\$8,275,035.47
				9. Amount Due (8-7-8) .....	\$85,541.90
<b>TOTALS</b>		\$29,228.81	\$24,268.27	* Detailed breakdown attached	
<b>NET CHANGE</b>			\$4,962.54		

CONTRACT TIME					
Original (days)	390				
Revised		On Schedule	<input checked="" type="checkbox"/> Yes	Starting Date	<u>6/11/2018</u>
Remaining	-25		<input type="checkbox"/> No	Projected Completion	<u>7/6/2019</u>

APPROVED BY OWNER  Owner <u>Travis Lakey</u> By <u>CFO</u> Date <u>8/14/2019</u>	ACCEPTED BY AGENCY The review and acceptance of this estimate does not attest to the correctness of the quantities shown or that the work has been performed in accordance with the contract documents.  By <u>[Signature]</u> Title <u>Community Programs Specialist</u> Date <u>8/14/2019</u>
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0042. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

<b>OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS</b> (See Instructions on Back)		OMB Approval No. 0348-0002	Page 1 of 1
1. Type of Request Final Partial <input checked="" type="checkbox"/>		2. Basis of Request <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
3. Federal Sponsoring Agency USDA Rural Development		4. Federal Grant ID Number	
5. Employer ID Number 04-045-754413938		6. Partial Payment Request No. 29A & 32	
7. Recipient Organization Name: Mayers Memorial Hospital District No. and Street: PO Box 459 City, State and Zip Code: Fall River Mills, CA 96028		8. Payee Name: Mayers Memorial Hospital District No. and Street: PO Box 459 City, State and Zip Code: Fall River Mills, CA 96028	
9. PERIOD COVERED BY THIS REQUEST From: 7/1/2019 To: 7/31/2019			

CLASSIFICATION	STATUS OF FUNDS				TOTAL
	PROGRAMS	FUNCTIONS	ACTIVITIES		
	ORIGINAL BUDGET	REVISED BUDGET	COSTS THIS PERIOD	ACCUM TO DATE	
a. Administrative & Legal Expenses	\$ 100,000.00	\$ 100,000.00	\$ -	\$ 28,802.68	\$ 73,197.42
b. Land & Right-of-Ways	\$ 10,000.00	\$ 10,289.32	\$ -	\$ 10,289.32	\$ -
c. Bond Issuance Fees	\$ 130,000.00	\$ 74,700.00	\$ -	\$ 74,700.00	\$ -
d. Moving Expenses	\$ 25,000.00	\$ 25,000.00	\$ -	\$ -	\$ 25,000.00
e. OSHPD Fees	\$ 250,000.00	\$ 250,000.00	\$ 1,250.00	\$ 233,842.88	\$ 16,157.12
f. Consultants - Speciality	\$ 145,120.00	\$ 145,120.00	\$ -	\$ 48,486.72	\$ 96,633.28
- Project Management	\$ 254,880.00	\$ 783,679.00	## \$ 45,839.40	\$ 783,679.00	\$ -
g. Special Inspection & IOR	\$ 505,000.00	\$ 191,292.88	\$ 15,950.00	\$ 191,292.88	\$ -
h. County & Local Fees, Testing	\$ 200,000.00	\$ 189,959.14	\$ -	\$ 138,557.90	\$ 31,401.24
i. Pre-Design Architectural		\$ 99,323.10	\$ -	\$ 99,323.10	\$ -
S seismic Demolition/Misc		\$ 49,439.88	\$ 2,502.50	\$ 49,439.88	\$ -
j. Equipment District	\$ 1,804,000.00	\$ 1,581,486.10	\$ -	\$ 375,303.30	\$ 1,206,182.80
k. Refinance Debt 2011 COP	\$ 1,848,832.00	\$ 1,709,484.20	\$ -	\$ 1,709,484.20	\$ -
2011 GO Bond	\$ 4,832,660.00	## \$ 4,599,365.63	## \$ -	\$ 4,599,365.63	\$ -
l. Landscaping - District Forced Account		\$ 150,000.00	\$ -	\$ -	\$ 150,000.00
m. Contingencies	\$ 2,222,706.00	\$ 467,890.37	\$ -	\$ -	\$ 467,890.37
<b>TOTAL SOFT COSTS</b>	<b>\$ 12,128,206.00</b>	<b>\$ 10,407,029.60</b>	<b>\$ 66,641.90</b>	<b>\$ 8,340,677.37</b>	<b>\$ 2,068,462.23</b>
Design Build Contract - Design	\$ 1,060,000.00	\$ 1,239,780.00	\$ 15,483.11	\$ 1,118,882.95	\$ 121,077.05
- Construction	\$ 9,596,894.00	\$ 11,995,581.00	\$ 668,252.20	\$ 7,376,228.72	\$ 4,619,352.28
- Change Orders		\$ 297,556.50	\$ 37,923.47	\$ 36,597.46	\$ 280,959.04
- Contingency		## \$ 306,662.00	## \$ 95,000.00	\$ 190,000.00	\$ 116,662.00
<b>TOTAL DESIGN-BUILD COSTS</b>	<b>\$ 10,676,894.00</b>	<b>\$ 13,839,669.60</b>	<b>\$ 816,668.78</b>	<b>\$ 8,721,699.13</b>	<b>\$ 6,118,060.37</b>
<b>o. TOTAL CUMULATIVE COSTS</b>	<b>\$ 22,805,100.00</b>	<b>\$ 24,246,699.10</b>	<b>\$ 882,200.68</b>	<b>\$ 17,062,086.60</b>	<b>\$ 7,184,602.60</b>
p. Applicant Contributions	\$ 1,000,100.00	\$ 2,441,589.10	\$ -	\$ 1,235,506.30	\$ 1,206,082.80
<b>q. NET CUMULATIVE COSTS</b>	<b>\$ 21,805,000.00</b>	<b>\$ 21,805,000.00</b>	<b>\$ 882,200.68</b>	<b>\$ 15,826,580.20</b>	<b>\$ 6,978,419.80</b>
r. Federal loan to date					
97-01	\$ 9,900,000.00	\$ 9,900,000.00	\$ -	\$ 7,883,122.35	\$ 2,038,877.65
97-02 RF		\$ 1,709,484.20	\$ -	\$ 1,709,484.20	\$ -
97-02	\$ 4,300,000.00	\$ 2,590,516.80	\$ -	\$ -	\$ 2,590,516.80
97-03 RF		\$ 4,574,000.00	\$ -	\$ -	\$ -
97-04 B	\$ 7,605,000.00	## \$ 3,031,000.00	\$ 882,200.68	\$ 1,679,973.88	\$ 1,351,026.12
<b>TOTAL FEDERAL SHARE TO DATE</b>	<b>\$ 21,805,000.00</b>	<b>\$ 21,805,000.00</b>	<b>\$ 882,200.68</b>	<b>\$ 16,826,680.43</b>	<b>\$ 5,978,419.57</b>
s. Federal payments previously requested	\$ 21,805,000.00	\$ 21,805,000.00		\$ 14,944,379.75	
t. Amount requested for reimbursement	\$ 21,805,000.00	\$ 21,805,000.00	\$ 882,200.68	\$ 15,826,580.43	\$ 5,978,419.57
u. Percentage of physical completion	100%		3.84%	70.37%	

12. CERTIFICATION  
 I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.

<b>a. RECIPIENT</b> Signature of Authorized Certifying Official Travis Lakey <small>Digitally signed by Travis Lakey          DN: cn=Travis Lakey, o=USDA, email=travis.lakey@usda.gov, c=US</small> Date: 8/14/19		<b>b. AGENCY</b> Signature of Authorized Certifying Official  Date: 8/14/2019	
Travis Lakey (Typed or Printed Name and Title)		J. Michael Colbert (Typed or Printed Name and Title)	
530.336.7512 (Telephone)		530.233.4137 X 112 (Telephone)	



Rural Development

Alturas Field Office

221 W. 8<sup>th</sup> Street  
Alturas, CA  
96101-3211

Voice 530.233.4137  
Fax 844.206.6796

August 14, 2019

Mr. Travis Lakey, CFO  
Mayers Memorial Hospital District  
PO Box 459  
Fall River Mills, CA 96028

Subject: Hospital Expansion Project  
Application and Certificate for Payment No. 31

Dear Mr. Lakey:

Enclosed is a copy of the accepted Contractor's Application for Payment No. 31, reflecting total "Design-Build Costs" for the period of 6/1/2019 through 6/30/2019. Please let this letter serve as authorization to issue payment to Layton Construction Co., Inc. in the amount of \$736,407.57 from the project account.

The source of funds for this payment are as follows:

Mayers Memorial Hospital District	\$ .00
USDA Loan Funds:	\$736,407.57

The loan funds have been ordered and should be deposited into the project account within five business days of the date of this letter.

If you have any questions or need further information, please do not hesitate to contact me at (530) 233-4137, ext. 112 or [mike.colbert@ca.usda.gov](mailto:mike.colbert@ca.usda.gov).

Sincerely,

J. Michael Colbert  
Community Programs Specialist

Enclosures

cc: Jim Wiscombe Sr. Project Manager, Layton Construction Co., San Jose, CA  
Dave Lupton, Project Manager, Porter Consulting, Sacramento, CA

USDA is an equal opportunity provider, employer and lender

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)



**APPLICATION AND CERTIFICATE FOR PAYMENT**

INVOICE NO. 16234-20

TO (OWNER): Mayers Memorial Hospital  
 PO Box 459  
 Fall River Mills, CA 96028

PROJECT: Mayers Memorial Hospital APPLICATION NO. 31

FROM (CONTRACTOR): Layton Construction Co., Inc.  
 9080 So Sandy Parkway  
 Sandy, UT 84070

VIA: PERIOD TO: 6/30/2019  
 PROJECT NO: 16234  
 DATED: 6/30/2019

CONTRACT FOR: Hospital Building Design

Distributed to:  
 OWNER  
 ARCHITECT  
 X CONST. MAN.

Application is made for Payment as shown below, in connection with the Contractor's Continuation sheet as attached.

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by owner			
Totalling			
Number	Date Approved		
PCO 3	20-May-19	\$ 52,544.93	
PCO 9	28-Nov-18	\$ 13,273.65	
PCO 5	28-Nov-18		
PCO 10	28-Nov-18		
PCO 11	08-May-19	\$ 10,992.62	
PCO 12	08-May-19	\$ 5,178.28	
PCO 15	15-Feb-19	\$ 1,386.83	
PCO 18	09-May-19	\$ 7,994.25	
		\$ 195,495.31	
TOTALS		\$286,865.87	(\$29,228.81)
Net change by Change Orders			\$257,637.06

1 ORIGINAL CONTRACT SUM	\$	13,542,003.00
2 Net Change by Change Orders	\$	257,637.06
3 CONTRACT SUM TO DATE	\$	13,799,640.06
4 TOTAL COMPLETED & STORED TO DATE	\$	8,320,896.11
5 TOTAL RETAINAGE	\$	416,044.76
6 TOTAL EARNED LESS RETAINAGE	\$	7,904,850.35
7 LESS PREVIOUS CERTIFICATES FOR PAYMENT	\$	7,168,442.79
8 CURRENT PAYMENT DUE	\$	736,407.57
9 BALANCE TO FINISH, PLUS RETAINAGE	\$	5,894,789.71

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 the amounts have been paid by the Contractor for work for which previous Certificates for payment were received from the Owner, and that current payment shown herein is now due.

OWNER: Mayers Memorial Hospital  
 By: Travis Lakey Date: 8/6/19  
 By: [Signature] Date: 8/17/2019  
 CONSTRUCTION MANAGER: Porter Consulting  
 By: [Signature] Date: 7/30/2019

CONTRACTOR: Layton Construction Co., Inc.  
 By: Jim Wiscombe Date: 6/30/2019  
Jill Wiscombe, Sr. Project Manager



Rural Development

Alturas Field Office

221 W. 8<sup>th</sup> Street  
Alturas, CA  
96101-3211

Voice 530 233 4137  
Fax 844 206 6796

August 14, 2019

Mr. Travis Lakey, CFO  
Mayers Memorial Hospital District  
PO Box 459  
Fall River Mills, CA 96028

Subject: Hospital Expansion Project  
Partial Payment Estimate No. 28A

Dear Mr. Lakey:

Enclosed is a copy of the accepted Form RD 1924-18, Partial Payment Estimate No. 28A, reflecting total "Other Costs" of \$ 500.00 for the period of 6/1/2019 through 6/30/2019 as itemized on the attached Outlay Report.

Please let this letter serve as authorization to issue payments in the amount of \$ 500.00 from the project account.

The sources of funds for this payment are as follows:

Mayers Memorial Hospital District	\$ .00
USDA Loan Funds:	\$ 500.00

The loan funds have been ordered and should be deposited into the project account within five business days of the date of this letter.

If you have any questions or need further information, please do not hesitate to contact me at (530) 233-4137, ext. 112 or [mike.colbert@ca.usda.gov](mailto:mike.colbert@ca.usda.gov).

Sincerely,

J. Michael Colbert  
Community Programs Specialist

Enclosures

Form RD 1924-18 (Rev. 6-97)	UNITED STATES DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT FARM SERVICE AGENCY  <b>PARTIAL PAYMENT ESTIMATE</b>	CONTRACT NO.  PARTIAL PAYMENT ESTIMATE NO. 28A  PAGE 1 of 1  PERIOD OF ESTIMATE FROM 6/1/2019 TO 6/30/2019
OWNER: MAYERS MEMORIAL HOSPITAL DISTRICT	"NON-CONTRACTOR COSTS"	

**CONTRACT CHANGE ORDER SUMMARY**

NO.	Agency Approval Date	Amount			
		Additions	Deductions		
2	02/08/19		\$13,273.65	1. Original Contract .....	\$10,704,588.10
3	05/20/19	\$29,228.81		2. Change Orders .....	\$4,962.54
1-A	06/05/19		\$10,992.62	3. Revised Contract (1+2) .....	\$10,709,548.64
				4. Work Completed* .....	\$8,275,035.47
				5. Stored Materials* .....	
				6. Subtotal (4+5) .....	\$8,275,035.47
				7. Retainage* .....	
				8. Previous Payments .....	\$8,274,535.47
				9. Amount Due (6-7-8) .....	\$500.00
<b>TOTALS</b>		\$29,228.81	\$24,266.27	* Detailed breakdown attached	
<b>NET CHANGE</b>			\$4,962.54		

**CONTRACT TIME**

Original (days)	390		<input checked="" type="checkbox"/> Yes	Starting Date	6/11/2018
Revised		On Schedule	<input type="checkbox"/> No	Projected Completion	7/8/2019
Remaining	6				

APPROVED BY OWNER

Owner Travis Lakey  
Digitally signed by Travis Lakey  
DN: cn=Travis Lakey, o=Mayers Memorial Hospital  
Shore, st=North Carolina, c=US  
Date: 2019.08.14 11:14:02 -0700

By CFO  
 Date 08/14/2019

ACCEPTED BY AGENCY

The review and acceptance of this estimate does not attest to the correctness of the quantities shown or that the work has been performed in accordance with the contract documents.

By [Signature]  
 Title Community Programs Specialist  
 Date 8/14/2019

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0042. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

<b>OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS</b> (See Instructions on Back)	OMB Approval No. 0348-0002		Page 1 of 1
	1. Type of Request Final Partial <input checked="" type="checkbox"/>		2. Basis of Request <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
3. Federal Sponsoring Agency <b>USDA Rural Development</b>	4. Federal Grant ID Number		5. Partial Payment Request No. <b>28A &amp; 31</b>

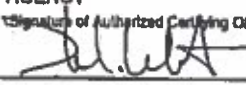
6. Employer ID Number <b>04-045-754413938</b>	<b>PERIOD COVERED BY THIS REQUEST</b>	
9. Recipient Organization Name: <b>Mayers Memorial Hospital District</b> No. and Street: <b>PO Box 459</b> City, State and Zip Code: <b>Fall River Mills, CA 96028</b>	From <b>6/1/2019</b>	To: <b>6/30/2019</b>

10. Payee Name: <b>Mayers Memorial Hospital District</b> No. and Street: <b>PO Box 459</b> City, State and Zip Code: <b>Fall River Mills, CA 96028</b>
---

**11 STATUS OF FUNDS**

CLASSIFICATION	PROGRAMS		FUNCTIONS		ACTIVITIES		TOTAL
	ORIGINAL BUDGET	REVISED BUDGET	COSTS THIS PERIOD	ACCUM TO DATE			
a. Administrative & Legal Expenses	\$ 100,000.00	\$ 100,000.00	\$ -	\$ 26,802.68			\$ 73,197.42
b. Land & Right-of-Ways	\$ 10,000.00	\$ 10,289.32	\$ -	\$ 10,289.32			\$ -
c. Bond Issuance Fees	\$ 130,000.00	\$ 74,700.00	\$ -	\$ 74,700.00			\$ -
d. Moving Expenses	\$ 25,000.00	\$ 25,000.00	\$ -	\$ -			\$ 25,000.00
e. DSHPD Fees	\$ 250,000.00	\$ 250,000.00	\$ 500.00	\$ 232,592.88			\$ 17,407.12
f. Consultants - Speciality	\$ 145,120.00	\$ 145,120.00	\$ -	\$ 48,495.72			\$ 96,623.28
- Project Management	\$ 254,880.00	\$ 737,839.60	## \$ -	\$ 737,839.60			\$ -
g. Special Inspection & IOR	\$ 505,000.00	\$ 178,574.71	\$ -	\$ 175,342.86			\$ 3,231.85
h. County & Local Fees, Testing	\$ 200,000.00	\$ 169,959.14	\$ -	\$ 138,557.90			\$ 31,401.24
i. Pre-Design Architectural		\$ 99,323.10	\$ -	\$ 99,323.10			\$ -
Seismic Demolition		\$ 46,937.38	\$ -	\$ 46,937.38			\$ -
j. Equipment District	\$ 1,804,000.00	\$ 1,581,486.10	\$ -	\$ 375,303.30			\$ 1,206,182.80
k. Refinance Debt 2011 COP	\$ 1,848,832.00	\$ 1,709,484.20	\$ -	\$ 1,709,484.20			\$ -
2011 GO Bond	\$ 4,832,668.00	## \$ 4,599,365.63	## \$ -	\$ 4,599,365.63			\$ -
l. Landscaping - District Forced Account		\$ 150,000.00	\$ -	\$ -			\$ 150,000.00
m. Contingencies	\$ 2,222,706.00	\$ 568,869.88	\$ -	\$ -			\$ 568,869.88
<b>TOTAL SOFT COSTS</b>	<b>\$ 12,128,206.00</b>	<b>\$ 10,448,949.04</b>	<b>\$ 500.00</b>	<b>\$ 8,276,036.47</b>			<b>\$ 2,171,913.67</b>
Design Build Contract - Design	\$ 1,080,000.00	\$ 1,239,760.00	\$ 6,690.55	\$ 1,103,199.84			\$ 138,560.16
- Construction	\$ 9,596,894.00	\$ 11,995,581.00	\$ 648,853.03	\$ 6,707,976.52			\$ 5,287,604.48
- Change Orders		\$ 257,637.06	\$ (13,938.01)	\$ (1,326.01)			\$ 258,963.07
- Contingency		## \$ 306,662.00	## \$ 85,000.00	\$ 85,000.00			\$ 211,662.00
<b>TOTAL DESIGN-BUILD COSTS</b>	<b>\$ 10,678,894.00</b>	<b>\$ 13,799,640.06</b>	<b>\$ 736,407.67</b>	<b>\$ 7,904,860.36</b>			<b>\$ 6,894,789.71</b>
<b>o. TOTAL CUMULATIVE COSTS</b>	<b>\$ 22,805,100.00</b>	<b>\$ 24,248,589.10</b>	<b>\$ 736,907.67</b>	<b>\$ 16,179,896.82</b>			<b>\$ 8,068,703.28</b>
p. Applicant Contributions	\$ 1,000,100.00	\$ 2,441,569.10	\$ -	\$ 1,235,506.30			\$ 1,208,062.80
<b>q. NET CUMULATIVE COSTS</b>	<b>\$ 21,805,000.00</b>	<b>\$ 21,805,000.00</b>	<b>\$ 736,907.67</b>	<b>\$ 14,944,378.62</b>			<b>\$ 6,860,620.48</b>
r. Federal loan to date							
97-01	\$ 9,900,000.00	\$ 9,900,000.00	\$ -	\$ 7,863,122.35			\$ 2,036,877.65
97-02 RF		\$ 1,709,484.20	\$ -	\$ 1,709,484.20			\$ -
97-02	\$ 4,300,000.00	\$ 2,580,515.80	\$ -	\$ -			\$ 2,580,515.80
97-03 RF		\$ 4,574,000.00	\$ -	\$ 4,574,000.00			\$ -
97-04 B	\$ 7,805,000.00	## \$ 3,031,000.00	\$ 736,907.57	\$ 797,773.20			\$ 2,233,228.80
<b>TOTAL FEDERAL SHARE TO DATE</b>	<b>\$ 21,805,000.00</b>	<b>\$ 21,805,000.00</b>	<b>\$ 736,907.67</b>	<b>\$ 14,944,378.75</b>			<b>\$ 6,860,620.25</b>
s. Federal payments previously requested	\$ 21,805,000.00	\$ 21,805,000.00		\$ 14,207,472.18			
t. Amount requested for reimbursement	\$ 21,805,000.00	\$ 21,805,000.00	\$ 736,907.67	\$ 14,944,378.75			\$ 6,860,620.25
u. Percentage of physical completion		100%		3.04%		66.73%	

**12. CERTIFICATION**  
 I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.

<b>a. RECIPIENT</b> Signature of Authorized Certifying Official <b>Travis Lakey</b> <small>Digitally signed by Travis Lakey          DN: cn=Travis Lakey, postalCode=Mayers Memorial Hospital District, ou=ambulatoryenvironmental, email=, c=US          Date: 2019.06.14 12:12:10 -0700</small>		Date  	
<b>b. AGENCY</b> Signature of Authorized Certifying Official 		Date <b>8/14/2019</b>	
<b>Travis Lakey</b> (Typed or Printed Name and Title)		<b>530.336.7512</b> (Telephone)	
<b>J. Michael Colbert</b> (Typed or Printed Name and Title)		<b>530.233.4137 X 112</b> (Telephone)	



Rural Development

Alturas Field Office

21W 8th Street  
Alturas, CA  
96101-3211

Voice 530.233.4137  
Fax 844.206.6796

June 5, 2019

Mr. Travis Lakey, CFO  
Mayers Memorial Hospital District  
PO Box 459  
Fall River Mills, CA 96028

**Subject: Hospital Expansion Project  
Contract Change Order - #10**

Dear Mr. Lakey:

USDA Rural Development has approved Contract Change Order No. 10 for the subject contract with Layton Construction Company, LLC. This change is for an Increase of \$36,759.59 in the construction contract. Based upon our records the new contract total including this and the previous Change Orders will be \$13,839,559.50.

The contract period provided for completion of the project is Unchanged.

This approval is subject to project costs not exceeding the available funding, and does not imply a commitment of any additional funds from this agency.

If you have any questions or need additional information, please do not hesitate to contact me at (530) 233-4137 x 112.

Sincerely,

J. Michael Colbert  
Community Programs Specialist

Enclosure: Form RD 1924-7, Contract Change Order

cc: David Lupton, Project Manager, Porter Consulting, LLC, Sacramento, CA  
Judy Moran, Architect, USDA Rural Development, Walnut Creek, CA

USDA is an equal opportunity provider, employer and lender

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (888) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U S Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S W, Washington, D C 20250-9410, by fax (202) 890-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)

Form RD 1924-7  
(Rev 2-97)

UNITED STATES DEPARTMENT OF AGRICULTURE  
RURAL DEVELOPMENT AND  
FARM SERVICE AGENCY  
**CONTRACT CHANGE ORDER**

ORDER NO. # 010

DATE 7/17/2019

STATE CA

COUNTY SHASTA

CONTRACT FOR HOSPITAL EXPANSION PROJECT

OWNER MAYERS MEMORIAL HOSPITAL DISTRICT

To LAYTON CONSTRUCTION COMPANY LLC

(Contractor)

You are hereby requested to comply with the following changes from the contract plans and specifications:

Description of Changes (Supplemental Plans and Specifications Attached)	DECREASE In Contract Price	INCREASE In Contract Price
Description of work:		
1. Purchase only, 5000 gal domestic water tank PCO 23		\$36,759.59
2.		
3.		
4.		
5.		
TOTALS	\$	\$36,759.59
NET CHANGE IN CONTRACT PRICE	\$	\$36,759.59

JUSTIFICATION: OSHPD Required the tank as part of code compliance interpretation

The amount of the Contract will be (Decreased)-(Increased) By The Sum Of: \$ Thirty Six Thousand Seven Hundred Fifty Nine & 59/100 Dollars (\$ 36,759.59)

The Contract Total including this and previous Change Orders Will Be: Thirteen Million Eight Hundred Thirty Nine Thousand Five Hundred Fifty Nine & 50/100 Dollars (\$13,839,559.50)

The Contract Period Provided for Completion Will Be (Decreased)-(Increased) -(Unchanged): 0 Days

The Contract Period Provided for Completion, including this and previous Change Orders, Will Be: (Decreased)-(Increased) -(Unchanged): 0 Days

This document will become a supplement to the contract and all provisions will apply hereto.

Requested Travis Lakey Digitally signed by Travis Lakey  
DN: cn=Travis Lakey, o=OSHPD, ou=OSHPD, email=travis.lakey@oshpd.ca.gov, c=CA  
Date: 2019.08.14 07:24:28 -0700 (Owner's Representative)

08/14/2019

(Date)

Recommended  (Owner's PM)

7/17/2019

(Date)

Accepted \_\_\_\_\_ (Date)

Accepted Jim Wiscombe (Contractor)

7/17/19

(Date)

Approved by Agency JUDITH MORAN Digitally signed by JUDITH MORAN  
MORAN  
Date: 2019.08.14 09:21:58 -0700 (Name and Title)

08/14/2019

(Date)



Rural Development

Alturas Field Office

21W 8th Street  
Alturas, CA  
96101-3211

Voice 530.233.4137  
Fax 844.206.6796

June 5, 2019

Mr. Travis Lakey, CFO  
Mayers Memorial Hospital District  
PO Box 459  
Fall River Mills, CA 96028

**Subject: Hospital Expansion Project  
Contract Change Order - #09**

Dear Mr. Lakey:

USDA Rural Development has approved Contract Change Order No. 09 for the subject contract with Layton Construction Company, LLC. This change is for an increase of \$3,159.85 in the construction contract. Based upon our records the new contract total including this and the previous Change Orders will be \$13,802,799.91.

The contract period provided for completion of the project is Unchanged.

This approval is subject to project costs not exceeding the available funding, and does not imply a commitment of any additional funds from this agency.

If you have any questions or need additional information, please do not hesitate to contact me at (530) 233-4137 x 112.

Sincerely,

J. Michael Colbert  
Community Programs Specialist

Enclosure: Form RD 1924-7, Contract Change Order

cc: David Lupton, Project Manager, Porter Consulting, LLC, Sacramento, CA  
Judy Moran, Architect, USDA Rural Development, Walnut Creek, CA

USDA is an equal opportunity provider, employer and lender

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)

Form RD 1924-7  
(Rev 2-97)

UNITED STATES DEPARTMENT OF AGRICULTURE  
RURAL DEVELOPMENT AND  
FARM SERVICE AGENCY

ORDER NO # 09

DATE 7/23/2019

STATE CA

CONTRACT CHANGE ORDER

COUNTY SHASTA

CONTRACT FOR HOSPITAL EXPANSION PROJECT

OWNER MAYERS MEMORIAL HOSPITAL DISTRICT

To LAYTON CONSTRUCTION COMPANY LLC

(Contractor)

You are hereby requested to comply with the following changes from the contract plans and specifications:

Description of Changes (Supplemental Plans and Specifications Attached)	DECREASE In Contract Price	INCREASE In Contract Price
Description of work:		
1. Change Patient Headwalls from Vertical to Horizontal units		\$3,159.85
2. PCO 24		
3.		
4.		
5.		
TOTALS	\$	\$3,159.85
NET CHANGE IN CONTRACT PRICE	\$	\$3,159.85

JUSTIFICATION: Hospital staff requested the change to better care for patients from either side of bed

The amount of the Contract will be (Increased) By The Sum Of: \$ Three Thousand One Hundred Fifty Nine & 85/100 Dollars (\$ \$3,159.85)

The Contract Total including this and previous Change Orders Will Be: Thirteen Million Eight Hundred Two Thousand Seven Hundred Ninety Nine & 91/100 Dollars (\$13,802,799.91)

The Contract Period Provided for Completion Will Be (Decreased)-(Increased)-(Unchanged): 0 Days

The Contract Period Provided for Completion, including this and previous Change Orders, Will Be: (Decreased)-(Increased)-(Unchanged): 0 Days

This document will become a supplement to the contract and all provisions will apply hereto.

Requested Travis Lakey Digitally signed by Travis Lakey  
DN: cn=Travis Lakey, o=Mayers Memorial Hospital District, ou,  
email=tlakey@mymemorial.com, c=US  
Date: 2019.08.14 10:57:26 -0700  
(Owner's Representative)

8/14/2019

(Date)

Recommended   
(Owner's PM)

7/23/2019

(Date)

Accepted \_\_\_\_\_

(Date)

Accepted Jim Wiscombe  
(Contractor)

7/23/19

(Date)

Approved by Agency   
(Name and Title)

8/14/2019

(Date)