

Capital Projects Advisory Review Board  
Project Review Committee  
Talia Baker  
Administrative Support  
talia.baker@des.wa.gov  
[PRC@des.wa.gov](mailto:PRC@des.wa.gov)

July 3, 2017

RE: Lake Chelan Community Hospital & Clinics  
Application for Project Approval  
GC/CM Contracting Procedure

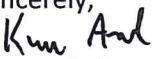
Dear Project Review Committee:

Please find attached the completed subject application document and associated information for review and approval to undertake the GC/CM Alternate Contract Delivery format for the development and construction of a new hospital facility in Lake Chelan.

Lake Chelan Community Hospital & Clinics [LCCHC] team is well qualified to manage the GC/CM contracting procedure under the guidelines stipulated by RCW 39.10. Please note that LCCHC previously received an approval letter from the PRC dated February 2, 2009 for a replacement hospital using the GC/CM procedure. That project was not developed in accordance with the original scope and timeline. A copy of this letter is included herein as Attachment A.

The proposed hospital Project Manager and design team presently under contract with LCCHC is the same PM and design team that provided project development information and preliminary design in 2009 and received subsequent PRC approval. This team in addition has the support of Dick Bratton as GC/CM Advisory for providing expertise and consultation during the GC/CM selection and contracting process through final design and the establishment of the MACC.

Thank you for consideration of this application. Please contact Dick Bratton at 425-894-4591 or email [dbrattonpmlc@aol.com](mailto:dbrattonpmlc@aol.com), if there are any questions or requested clarifications regarding this submittal.

Sincerely,  
  
Kevin Abel  
CEO

Lake Chelan Community Hospital & Clinics



## Lake Chelan Community Hospital & Clinics

Application for Project Approval  
GC/CM Contracting Procedure  
July 3, 2017

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State of Washington  
Capital Projects Advisory Review Board (CPARB)  
Project Review Committee (PRC)

**APPLICATION FOR PROJECT APPROVAL**

*To Use the General Contractor/Construction Manager (GC/CM) Contracting Procedure*

The CPARB PRC will only consider complete applications: Incomplete applications may result in delay of action on your application. Responses to Questions 1-8 and 10 should not exceed 20 pages (*font size 11 or larger*). Provide no more than six sketches, diagrams or drawings under Question 9

**1. Identification of Applicant**

- (a) Legal name of Public Body (your organization): **Chelan County Public Hospital District #2, Lake Chelan Community Hospital & Clinics**
- (b) Address: **503 East Highland Ave, Chelan, WA 98816**
- (c) Contact Person Name: **Kevin Abel** Title: **CEO**
- (d) Phone Number: **509-682-8501** Fax: **NA** E-mail: **KAbel@lcch.net**

**2. Brief Description of Proposed Project**

Please describe the project in no more than two short paragraphs.

**The Lake Chelan Community Hospital project is intended to replace the existing critical access hospital built nearly fifty years ago. At approximately 75,000 square feet, this replacement will double the size of the current facility and generally upgrade service capacity and capability in a building designed to follow today's codes and support the community's healthcare needs. Program elements include Emergency Department, Diagnostic Imaging, Inpatient Acute Care Beds, Labor & Delivery, Sanctuary Unit, a Procedure and Operating Room Suite, Therapy and Wellness spaces, a Rotating Physician Clinic, and various other administrative and support functions needed to operate the hospital. The new facility will be placed on a 12-acre site east of town, along Highway 97. The site is fairly flat and accessed from a signalized intersection.**

**3. Projected Total Cost for the Project:**

**A. Project Budget**

Costs for Professional Services (A/E, Legal etc.)	\$2,200,011
Estimated project construction costs (including construction contingencies):	\$25,416,028
Equipment and furnishing costs	\$2,000,000
Off-site costs	\$ in Constr \$
Contract administration costs (owner, cm etc.)	\$6,050,031
Contingencies (design & owner)	\$2,750,014
Other related project costs (briefly describe) [ <b>Inflation-5%/yr.</b> ]	\$4,050,020
Sales Tax	\$2,084,114
<b>Total</b>	<b>\$44,550,218</b>

**B. Funding Status**

Please describe the funding status for the whole project.

*Note: If funding is not available, please explain how and when funding is anticipated*

**A General Obligation Bond was approved on 4/25/2017 for \$20M.**

**A preliminary application to USDA for additional funding has been submitted with an Examined Financial Forecast for the USDA submitted in June 2017.**

#### 4. Anticipated Project Design and Construction Schedule

Please provide:

- The anticipated project design and construction schedule, including (1) procurement; (2) hiring consultants if not already hired; and (3) employing staff or hiring consultants to manage the project if not already employed or hired.

**The project is in early schematic design. The Project Manager, GC/CM Advisory Consultant, Counsel and the Architect of Record and prime design team engineers have been contracted. The GC/CM will be selected prior to the start of design development allowing sufficient time to review the GC/CM contract and preconstruction agreement before Design Development commences and to provide an initial baseline estimate to which design phasing forward may be monitored against budget advice.**

Item	Task	Schedule-Target dates
	Project Predesign and Financial Feasibility Study/Market Analysis	Completed (Jan/Feb 2017)
1	GC/CM PRC Application	July 3, 2017
2	LCCHC PRC Presentation	July 27, 2017
3	GC/CM Delivery Approval	July 28, 2017
4	Official State Authority Notice	August 7, 2017
5	GC/CM RFP	August 28, 2017
6	GC/CM Selection	Oct 07, 2017
7	Schematic Design Complete	Oct 27, 2017
8	Baseline Estimate	Oct 27, 2017
9	GC/CM Budget - 50% DD	Dec 15, 2017
10	VE/Constructability	Dec/Jan 2018
11	Design Development Complete	Jan 19, 2018
12	Construction Docs Complete	April 8, 2018
13	Mini MACC - 90% CDs	June 2018
14	Permitting	July 6, 2018
15	MACC	Sept 4, 2018
16	Site Mobilization	Sept 2018
17	Construction	Feb 4, 2019

#### 5. Why the GC/CM Contracting Procedure is Appropriate for this Project

Please provide a detailed explanation of why use of the contracting procedure is appropriate for the proposed project. Please address the following, as appropriate:

- If implementation of the project involves complex scheduling, phasing, or coordination, what are the complexities?

**Key coordination and phasing of the new facility construction will enable LCCHC to manage the evolution from the existing hospital facility to the new facility with minimal disruption to the important ongoing health care services both at the hospital primary and the adjacent clinics. The GC/CM schedule and coordination of FFE and IT procurement early in the design phase is essential for long lead purchasing staging and transition move in planning.**

**The project is scheduled to be constructed through two winter seasons, the GC/CM strategy in sequencing of construction activities, pre-planning and budget allowance for essential weather protection to be implemented during the traditional harsh weather months will be of significant benefit to the project.**

**The coordination and solicitation of key material suppliers and subcontractors interested and qualified in working in the remote Chelan area will provide LCCHC confidence of receiving broad input from all trades during the establishment of the MACC.**

- If involvement of the GC/CM is critical during the design phase, why is this involvement critical?  
**Involvement of the GC/CM during design is critical for the following reasons:**

- Development of phasing plans for the safety of patients and staff to minimize the total cost of construction and disruption to operations while move into the new facility may be staged for departmental functions.
- Involvement early in the design process to ensure materials/systems selections and project scheduling are well-prepared to address seasonal weather conditions and overall schedule maintenance.
- Having a GC/CM throughout the design phase will provide accurate and detailed cost information as the design progresses. The GC/CM will also provide input into the products and materials used to optimize the return on investment.
- Having a qualified GC/CM on board will provide accurate cost estimates throughout the duration of design and help to address the ability to recruit and capitalize on current market conditions for well-qualified subcontractors.
- Design needs to allow constructability and schedule management by integrating thoughtful systems, site integration and overall jurisdictional and design team performance. These are all benefitted with the integration of a GC/CM.
- Design remains at a predesign/schematic level and the timing is ideal to introduce a GC/CM to this project.

## 5. Public Benefit

In addition to the above information, please provide information on how use of the GC/CM contracting procedure will serve the public interest. For example, your description must address, but is not limited to:

- How this contracting method provides a substantial fiscal benefit; or

The GC/CM alternative contractive method provides a significant benefit to the public entity in the surrounding geographic area in terms of delivering an essential, modern, and accessible new hospital facility in a schedule representative for public uses at the earliest possible time. This enhanced delivery schedule is supplemented by the team of Project Manager, AOR and GC/CM to completely define the project scope and costs of construction early in the design phase and the ability to select subcontractors based on competitive and qualified bid responses. The construction industry is currently at a peak load throughout the western US and it is very difficult to find available and competent sub trades in many contract categories of construction expertise in the near term. The new LCCHC facility will benefit from the ability to select the contracting entities based on a qualified and competitive selection criterion.

In summary the GC/CM will provide the following benefits as compared to the traditional DBB method of contract delivery:

- Scope review and constructability analysis from the GC during the preconstruction phase, site utilization and logistics planning and coordination by the GC/CM with Chelan Public Works can occur during the design phase
- Design details reviewed by the GC team during design development, unknowns are mitigated
- Cost budget information at the DD phase of design
- Early establishment of a MACC for financing commitment and control
- Reduce RFIs and potential change orders
- Public agency funding budget control will be established at the outset of early schematic design estimate prepared by the GC/CM team and tracked and elaborated throughout the design phase to the implementation of a GMP MACC contract amount.
- Early contractor input relevant to logistics critical in efficient scheduling and building in a rural area.
- Potential MEPS input during design development with the contact and coordination of subcontractors for systems analysis and budget advice.

- **GCCM selected on the basis of qualifications and not simply a low lump sum bid. The Owner/Architect/Contractor team will be established at the onset of Design Development. The Contractor [GC/CM] relationship and confidence with the team will enhance the project confidence as a known and trusted stakeholder in the project success.**

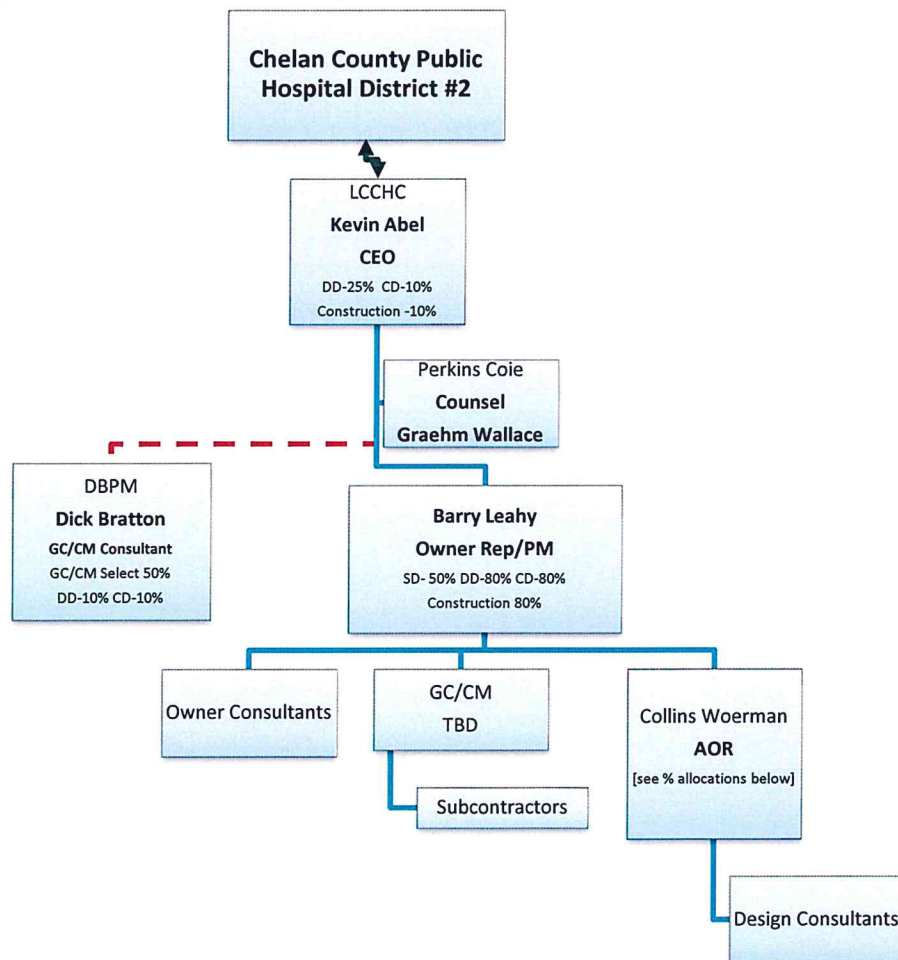
## 6. Public Body Qualifications

Please provide:

- A description of your organization's qualifications to use the GC/CM contracting procedure.

**Chelan County Public Hospital District No 2 was authorized to utilize the GC/CM alternative contracting procedure for the new Lake Chelan Community Hospital [LCCHC] in a determination letter issued by the CPARB dated February 2, 2009 [please see attachment A]. However, the project was not developed at that time, due to the bond issue election did not pass with the required 60% approval. Barry Leahy provided project development services to the hospital during the above mentioned process as did the design firm of Collins Woerman. Both of these GC/CM experienced entities are again contracted by LCCHC for developing and managing the new hospital design and construction project for. In addition, Dick Bratton will provide specific GC/CM Advisory services for the GC/CM application to the CPARB as well as orchestrating the GC/CM selection process and GC/CM contract format and working with Counsel of Perkins Coie. Dick has recently managed a similar process for a rural Acute Care Hospital and meeting the criteria established in RCW 39.10.**

- A **Project** organizational chart, showing all existing or planned staff and consultant roles.



- Staff and consultant short biographies (*not complete résumés*).

**Project Manager: Barry Leahy.** Barry has provided professional real estate development expertise to corporations, partnerships, joint ventures, public and private entities for the past 35 years. With a unique background in development, construction, and brokerage,

Barry is well qualified to provide creative solutions for the individual needs of each specific assignment. His diverse range of services has included project feasibility, due diligence, property acquisition, entitlements, approvals/permitting, project management and construction management. Recent projects have included single family subdivisions, for sale condominiums, apartments, assisted living centers, office buildings, retail centers, medical facilities, and industrial parks and warehouses.

**GC/CM Advisory Consultant:** Dick Bratton, Dick Bratton Project Management (DBPM) DBPM was established in 2003 for the expressed purpose of providing building Owners specific Owner Representation and Construction Management for the successful development and completion of projects in the construction community throughout the western US. Mr. Bratton's past experience includes a combination of General Contracting, Construction Management and Project Management, with experience in the health care, commercial, retail, industrial and institutional sectors of the building industry over the past 40+ years. Notable projects include commercial headquarters, large stand-alone health care MOBs, and developments, green field hospitals and hotels, retail malls and centers, multifamily new and renovation developments. The majority of Mr. Bratton's project management has been for Design Build and Construction Management at Risk project delivery methods over the past twenty years. Mr. Bratton completed the June 2016 GC/CM workshop conducted by the AGC Education Foundation and has provided this expertise for a recent healthcare facility GC/CM selection and contract negotiations.

**Architect of Record:** Collins Woerman has extensive corporate and staff experience in designing health care projects and working as a collaborative team member in the GC/CM process during the design phase of project development. The Collins Woerman approximate staffing percentages are as follows:

Lori Epler Hout:	SD 40%; DD 30%; CD 10%; CA 5%
Donald McLaughlin:	SD 70%; DD 50%; CD 10%; CA 5%
Kris Paulson:	SD 20%; DD 30%; CD 30%; CA 5%
Gemma Mechure:	SD 50%; DD 100%; CD 100%; CA 10%
Frank Tran:	DD 50%; CD 100%; CA 20%
Brynn Cummings:	SD 50%; DD 100%; CD 100%; CA 80%

**Counsel:** Graehm Wallace, Partner, Perkins Coie

LCCHC will be utilizing Perkins Coie and Graehm Wallace to assist them with GC/CM related issues for this project. Mr. Wallace and his firm are highly respected throughout the industry for their knowledge in RCW 39.10. They have advised school and hospital districts across the State on the details and aspects of alternative delivery methods.

- Provide the ***experience and role on previous GC/CM projects delivered*** under RCW 39.10 or equivalent experience for each staff member or consultant in key positions on the proposed project. **Please refer to Attachment C**
- The qualifications of the existing or planned project manager and consultants.  
**Please refer to the above biographies and Attachment C**
- If the project manager is interim until your organization has employed staff or hired a consultant as the project manager, indicate whether sufficient funds are available for this purpose and how long it is anticipated the interim project manager will serve.

**NA**

- A brief summary of the construction experience of your organization's project management team that is relevant to the project.

A Project Management exhibit herein as Attachment B defines specific tasks and responsibilities that the LCCHC project management team will undertake for the new hospital project. Both Barry Leahy and Dick Bratton have extensive experience in successfully managing the design and construction of health care related facilities, green field builds as well as additions to existing facilities. Many of these projects, as provided in Attachment C, are GC/CM contract delivery.

- A description of the controls your organization will have in place to ensure that the project is adequately managed.

The LCCHC new hospital facility project team comprised of Barry Leahy, Dick Bratton, Collins Woerman, and Perkins Coie are all proven experts in developing and implementing project controls and procedures to guide the project to a successful and timely completion. A specific project plan task matrix will be drafted to outline critical project team responsibilities and procedures for budget, schedule and change of work controls.

Project budgets, schedules and VE in progress will be established and updated throughout the design phases. Each phase of design will be reviewed for scope and budget and will be approved by LCCHC before moving into the next design phase. Contingencies will be comprised of both statute driven contractor contingencies and Owner contingencies to provide budget cushion beyond the MACC allowance provided in the GC/CM contract.

Once construction has commenced the work will be documented daily by the project management team and weekly meetings held on site to review and facilitate the progress of the work. The GC/CM will be held accountable to provide Owner approved safety and QA/QC strategic plans as well as project reporting provision for documentation. Schedules will be tracked on a weekly basis and budget updates will be required monthly. On-site inspections conducted by LCCHC project management will be documented on a daily basis.

The table below provides a perspective of the team roles related to the GC/CM selection and implementation process.

	Task	LCCHC Owner	Owner PM	GC/CM Advisor	A/E, Legal
Key to Abbreviations:		A=Approve L=Lead R=Review S=Support			
1	Application to PRC	A	R	L	S
2	Draft GC/CM Contract	A	L	R	S
3	GC/CM RFQ development	A	R	L	S
4	GC/CM Selection procedures	A	R	L	S
5	LCCHC Conduct Site Visit	S	L	S	S
6	GC/CM Selection Phase 1 RFP/RFQ	S	R	L	S
7	GC/CM Selection Phase 2 Interviews	S	R	L	S
8	GC/CM Selection Phase 3 RFFP	S	R	L	S
9	Final Proposals for FEE/Specified GCs	A	R	L	S
10	Preconstruction Work Plan/Agreement	A	L	R	S
11	Consultation During Precon	S	L	R	S
12	MEP Selection [if elected and eligible]	A	L	R	S
13	Subcontract Plan	A	L	R	S
14	Subcontractor Buyout	A	L	R	S
15	MACC Negotiations and GC/CM Contract	A	L	R	S
16	LCCHC Approval MACC	A	L	R	S
17	Construction - Completion	A	L	S	S



- Description of your planned GC/CM procurement process.  
**LCCHC will contract for GC/CM services in accordance with the process outlined by RCW 39.10.210 through 39.10.410. The RFP will be advertised in local publications and will require responses based on a select set of criteria and consistent with RCW 39.10. An informational meeting will be held and proposals submitted for SPMC review. Notification of most qualified firms will be extended for shortlisting firms to receive the final Request for Proposal, RFFP. Selection of the GC/CM firm will be based on highest total score with scoring tabulated in three phases of GC/CM evaluation: Qualifications Submittal, Interview and Cost Proposal based on fee of cost of construction and cost of General/Special Conditions.**  
**The selected firm will be required to enter into a GC/CM agreement based on the AIA 133 GC/CM-Owner Agreement with modified AIA 201 General Conditions.**
- Verification that your organization has already developed *(or provide your plan to develop)* specific GC/CM or heavy civil GC/CM contract terms.  
**The AIA A133 GC/CM-Owner Agreement with modified AIA A201 General Conditions has been drafted for use for this project.**

**7. Public Body (your organization) Construction History:**

Provide a matrix summary of your organization’s construction activity for the past six years outlining project data in content and format per the attached sample provided:

Project Number, Name, and Description: **1 project only for a Modular Building Business Office**  
 Contracting method used: **Design Bid Build**  
 Planned start and finish dates: **Start Dec 2013 – Finish Jan 2015**  
 Actual start and finish dates: **Start Dec 2013 – Finish Jan 2015**  
 Planned and actual budget amounts: **Planned \$158,873 – Actual \$167,706**  
 Reasons for budget or schedule overruns: **Change orders due to meet city design requirements for foundation**

**8. Preliminary Concepts, sketches or plans depicting the project**

To assist the PRC with understanding your proposed project, please provide a combination of up to six concepts, drawings, sketches, diagrams, or plan/section documents which best depict your project.





**9. Resolution of Audit Findings on Previous Public Works Projects**

If your organization had audit findings on *any* project identified in your response to Question 8, please specify the project, briefly state those findings, and describe how your organization resolved them.

**The project described above in item #8 resulted in no project audit findings that required owner resolution. The audit performed by The Office of Washington State Auditor for the period of January 1, 2014 through December 31, 2015 and upon project completion was determined acceptable with no further actions required.**

**CAUTION TO APPLICANTS**

The definition of the project is at the applicant’s discretion. The entire project, including all components, must meet the criteria to be approved.

**SIGNATURE OF AUTHORIZED REPRESENTATIVE**

In submitting this application, you, as the authorized representative of your organization, understand that: (1) the PRC may request additional information about your organization, its construction history, and the proposed project; and (2) your organization is required to submit the information requested by

the PRC. You agree to submit this information in a timely manner and understand that failure to do so shall render your application incomplete.

Should the PRC approve your request to use the GC/CM contracting procedure, you also understand that: (1) your organization is required to participate in brief, state-sponsored surveys at the beginning and the end of your approved project; and (2) the data collected in these surveys will be used in a study by the state to evaluate the effectiveness of the GC/CM process. You also agree that your organization will complete these surveys within the time required by CPARB.

I have carefully reviewed the information provided and attest that this is a complete, correct and true application.

Signature: Kevin Abel

Name (please print): Kevin Abel

Title: Chief Executive Officer

Date: 6-19-2017



STATE OF WASHINGTON  
Capital Projects Advisory Review Board

February 2, 2009

David M. Bernier  
Chelan County Public Hospital District No 2  
503 E Highland Ave  
PO Box 908  
Chelan, WA 98816

**Re: Public Body Project Approval Determination**

Dear Mr. Bernier:

The Capital Projects Advisory Review Board's Project Review Committee has determined that the Chelan County Public Hospital District No. 2 has met the criteria established in RCW 39.10 for public body Project Approval.

Chelan County Public Hospital District No. 2 is hereby authorized to utilize the GCCM alternative contracting procedure for the Lake Chelan Community Hospital project located in Chelan, Washington.

Under the terms of the law you will be required to submit project data to CPARB during the delivery of the project. Please identify your point of contact for supplying required project data information to CPARB staff person, Robyn Hofstad, at [rhofsta@ga.wa.gov](mailto:rhofsta@ga.wa.gov).

Congratulations on the approval of your application and good luck with your project!

Please contact Bob Dixon at (360) 902-7265 if you have any questions regarding this process.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Smith".

Eric Smith, Chair  
Project Review Committee

cc: Phil Lovell, Vice Chair  
Bob Dixon, GA

## **Attachment B**

### **LCCHC Project Management Expertise**

The LCCHC Project Management team led by Barry Leahy and supported by Dick Bratton provides a pragmatic strategic working plan for the new hospital facility, addressing roles and responsibilities for all team members and effectuating the development/construction process advising that the following attributes are clearly incorporated into the project operating paradigm.

#### **Project Management Planning**

- Understand LCCHC Vision/Mission/Goals for the Project
- Develop Strategic Project Working Plan
- Define Responsibilities and Management Structure of the Project Team
- Organize and Lead team with Project Controls/Project Master Schedule
- Develop Communication Protocols
- Develop Risk Management Procedures
- Define FFE Requirements
- Develop Project Budget Proforma
- Define Project Financing
- Formulate move in plan strategy check list
- Assess Infrastructure capacity for the new Project
- Design Firm Scope and Contract Reconciliations
- Develop RFP-GC/CM Solicitation
- Prequalify Contractors
- Select GC/CM General Contractor through the RCW 39.10 Alternative Contract Delivery process
- Develop Contractor's scope of Work

#### **Design Management**

- Review Master Plan Concept
- Review City/Agency Requirements
- Review Existing Geo Tech Information
- Review Project Schedule
- Schematic Design Review/Scope Review
- Assess/Select MEPS Design Providers
- Provide and Facilitate Design Coordination at Required Frequency w/Consultants
- Design Development Review/Scope Review
- Constructability Analysis/Phasing Strategy
- Review Civil Infrastructure Tie - In
- Review Overall Site Management Plan
- Assess Energy Related Issues
- Conduct GC/CM Budget Estimate Associated with 30% DD
- Determine Design Consultant Import and Schedule/Scope
- Design Contract Documents/Specifications/Details/Project Manual
- Review Coordinated Design per Systems

#### **Cost Management**

- Develop/Review Overall Project Proforma
- Conduct Schedule based Budget Updates per Design Phases
- Budget Updates and Tracking
- Value Engineering and Constructability Analysis

Define Diff/Doc for FFE

Establish RFI/CO Procedures

### **Time Management**

Define Master Project Schedule

Detail Design Schedule

Define Long Lead Items

Develop CPM Schedule

Require/Review Contractor Three Week Look Ahead Schedule

Review Acquisition Plan and Constructability Performance Periods

### **Quality Management**

Manage Work to Conformance of Contract Documents

Monitor Risk Management and Implement Safety Plan

Monitor Effectiveness of QA/QC Team

### **Contract Administration**

Insure Contractor Compliance with Contract Documents

Organize and Lead team Interactions

Define Partnering Process

Develop Contract Procurement Plan; design/consultant/contractor/suppliers

Develop Contracting Methods

Develop Requirements for Occupancy and Start Up

### **Safety Management**

Establish Project Emergency Plan

Coordinate Life Safety Measures

Review Contractor's Safety Plan

### **Construction Management**

Assure GC/CM Understand Scope and Schedule

Establish Best Practices for Environmental Quality Control and Recycle Measures

Deliver Timely and Concise Reports to Owner

Report on Progress/Milestones

Provide site logistics plan to maintain operations and insure safety and security

Provide Efficient CO Management

Manage Construction Process/Progress, Keep Work Flowing

Provide onsite observation and representation minimum of 3 days per week

Administer Progress Payments

Monitor Special Inspections

Oversee Project Commissioning Plan

Assure GC/CM Provides a Safe Workplace

Conduct Weekly on Site OAC Meetings

Establish Action Plan Protocol for OAC Follow-up Tasks

Coordinate Final Stages of Construction

### **Close Out**

Assist with punchlist development

Insure warranties/manuals are submitted properly

Review as-built drawings

Final accounting, reporting

**Attachment C** - Project Staff Experience

Firm: Barry Leahy-Owner Project Manager				Role During Project Phases			
Name	Summary of Experience	Project Names	Project Size	Type	Planning	Design	Construction
1. Barry Leahy	Overlake Hospital Bellevue WA	Surgery Remodel	25MM	GC/CM	PM	PM	PM
	"	Medical Office Bldg.	75MM	GC/CM	PM	PM	PM
	"	Parking Garage	10MM	GC/CM	PM	PM	PM
	"	Lobby Building	5MM	GC/CM	PM	PM	PM
	"	1201 Building	1MM	GC/CM	PM	PM	PM
	Pullman Regional Hospital	Replacement Hospital	33MM	GC/CM	PM	PM	PM
	Weyerhaeuser Corporation	Corporate Data Center	75MM	GC/CM	PM	PM	PM
	Seattle Academy	Science/Engrs Lab	22MM	GC/CM	PM	PM	PM

Firm: Dick Bratton Project Management-GC/CM Selection Advisory				Role During Project Phases			
Name	Summary of Experience	Project Names	Project Size	Type	Planning	Design	Construction
1. Dick Bratton	Owner of Dick Bratton Project Management LLC specializing in GC/CM Healthcare Projects	Summit Pacific Medical Center Wellness Center	\$30M	GC/CM RCW 39.10	PM PIC	PM PIC	PM PIC
		PICC	\$5M	GC/CM	PM PIC	PM PIC	PM PIC
		St Joseph's Hospital	\$25M	GC/CM	PM PIC	PM PIC	PM PIC
		Summit Pacific Medical Center Hospital	\$20M	DBB	PM	PM	PM
		DOE Headquarters	\$40M	D/B	CM	CM	CM
		Lincoln Square	\$400M	GC/CM	PIC	PIC	PIC

Firm: Collins Woerman-Architect of Record				Role During Project Phases			
Name	Summary of Experience	Project Names	Project Size	Type	Planning	Design	Construction
1. Lori Epler Hout	Healthcare Market Leader and Senior Medical Planner at Collins Woerman	Swedish Issaquah Digestive Health Clinic	\$2M	GC/CM	Project Manager / Medical Planner	Project Manager / Medical Planner	Project Manager

			Evergreen Health IR/Cath Expansion & Renovation	\$2M		GC/CM	Project Executive	Project Executive	Project Executive
	Associate Vice President and Senior Medical Planner at CannonDesign		Kettering Cancer Center	\$50M		GC/CM	Senior Medical Planner	Senior Medical Planner	Senior Medical Planner
2. Phil Giuntoli	Principal at Collins Woerman		Multi Care Covington Hospital	\$65M		GC/CM	Principal in Charge	Principal in Charge	Principal in Charge
			Jefferson Health Emergency & Special Services Building	\$20M		Design Bid Build	Principal in Charge	Principal in Charge	Principal in Charge
			Smokey Point Behavioral Health Hospital	\$19M		GC/CM	Principal in Charge	Principal in Charge	Principal in Charge
3. Donald McLaughlin	Senior Design Architect at Collins Woerman Senior Architect at Overland Partners		Smokey Point Behavioral Health Hospital	\$19M		GC/CM	Senior Designer	Senior Designer	Senior Designer
			Davidson-Gundy Alumni Center	\$15M		GC/CM	Senior Architect/Designer	Senior Architect/Designer	Senior Architect/Designer
			Grande Corporate Home Office	\$35M		GC/CM	Senior Architect/Designer	Senior Architect/Designer	Senior Architect/Designer
4. Kris Paulson	Senior Project Manager at Collins Woerman		Multi Care Covington Hospital	\$65M		GC/CM	Project Manager	Project Manager	Project Manager
			Group Health Burien Clinic	\$10M		GC/CM	Project Manager	Project Manager	Project Manager
	Associate at NBBJ		South Central Foundation Primary Care	\$24M		GC/CM	Project Manager	Project Manager	Project Manager