Project Review Committee
Project Approval Client: Dayton Community Hospital
Project: Expansion and Renovation Project

Panel questions on the CVSD Project Application.

With applicant responses in Brown

1) Page 6 – GC/CM Project Manager: There is a statement that refers to the involvement of Derek Rae from OAC as "project manager". However, the org chart on page seven does not include Mr. Rae and identifies Carl Moses as project manager. Please clarify.

Response: Derek Rae is a Senior Associate that leads our healthcare group in the Seattle office. He is available for assistance and expertise where healthcare experience beyond what Jeff has is needed. He lives in Seattle which makes it very difficult to cost effectively get to Dayton. Mr. Jurgensen will lead the process through the GCCM selection and GMP agreements. Mr. Moses will be more involved during the construction activities with site visits and weekly meetings.

2) Page 7 Org Chart: The application indicates that Jeff Jurgensen as the Program Manager will commit 5% of his time during construction. Carl Moses as Project Manager is scheduled to commit 50% of his time during construction. Please clarify who will be overseeing the project during the remaining 45%.

Response: Mr. Jurgensen intends to be involved mostly during the RFQ, RFP and GMP negotiations and then be less involved during construction and instead have Mr. Moses monitor the construction activities and weekly meetings. We are trying to be extremely cost conscious as the owner has a limited budget therefore will be planning our trips to the site very carefully.

3) Mr. Jurgensen's resume includes a complement of GC/CM work. However, no healthcare experience is listed. In light of the need for the infection control protocols mentioned on page 2 of the application, please provide additional information on the team's healthcare construction experience and the experience of the project team will participate in development of the infection control risk assessment and management of the resulting plan. Derek Rae who is mentioned in the application has extensive healthcare experience. Was Mr. Rae inadvertently left off the org chart?

Mr. Rae will be called upon during times when Mr. Jurgensen is not available or his expertise is requested. He leads our healthcare group and is currently working at Swedish Medical Center and other locations. However, Mr. Jurgensen has 9 healthcare projects from previous employers in various capacities. The following

examples are just a few them, North Valley Hospital Expansion, Kalispell MT; University of Montana Pharmacy Building Expansion, Missoula MT; Samaritan House of Kalispell MT; Hospice House & Administration Building for Hospice of Spokane (GCCM 2004).

4) The application indicates that Mr. Moses has been with OAC for just one year and states that he has worked on multiple GC/CM projects while working with a GC. Please identify the specific GC/CM projects that Mr. Moses has worked on, the project value and the role(s) that Mr. Moses played on each of those projects.

Response: Mr. Moses experience with GCCM was in the private sector and therefore not official GCCM projects as the state would define them. However, he was the project manager on several projects;

- Kalispel Tribe Project – expansion of parking and casino operations 10 Story 295,000 sf. $250M. Parking Garage 6 levels at $17M
- Colville Tribal Corporation – New Indian Health Centers building, 15,000 sf. $6.5M
- Colville Tribal Corporation – Bureau of Indian Affairs New Detention Center, 44,000 sf. $15.5M

5) Please discuss/explain the means/methods and processes in place to ensure the GC/CM and Design team work interactively and to ensure that there is enough time in the preconstruction effort to provide document review at every stage of design development, constructability, accurate budget updates and marketing of the project to a busy contracting community. Who ensures this?

Response: DGH has completed predesign and is currently at the onset of schematic design. Timing is opportune for team integration of the overall project solution, planning and delivery. Blue Room delivers the majority of their projects utilizing integrated models of delivery and is a proponent of ongoing general contractor involvement as well as defined periodic design, constructability and budget review workshops. These are currently anticipated to occur monthly to achieve a realistic summer ’16 construction start date. Primary goals of early integration and routine design/constructability checkpoints include owner coordination of internal readiness and required state approval of clinical practices during intensely phased construction, staffing coordination and public education. The architect and contractor shall work together to define an attainable base bid scope of work, additive alternates, disruption avoidance, economically-viable phasing and clinical coordination plans. GCCM will afford the project the ability to conduct detailed

MEP systems subcontractor inspections and engineering coordination for associated phased shut down and improvement.

The architect and general contractor shall be expected to jointly coordinate this effort with the project manager overseeing and ensuring the process.