

TRANSMITTAL

**TO: Capital Projects Advisory Review Board
Project Review Committee
PO Box 41012
Olympia, WA 98504-1012**

Date: May 20, 2019

**RE: Grant County Public Hospital District #1
Samaritan Healthcare
Application for Alternative Contracting GC/CM**

Content:

Cover Letter
Application Document

Actions:

Request PCARB review of the Application in preparation for June 27, 2019 Samaritan Healthcare presentation.

Dick Bratton Project Management
1017 91st Ave NE
Bellevue, WA 98004
425-894-4591, dbrattonpmlc@aol.com

DICK BRATTON PROJECT MANAGEMENT
BELLEVUE, WA

May 20, 2019

Capital Projects Advisory Review Board
Project Review Committee
PO Box 41012
Olympia, WA 98504-1012

**RE: Application for Alternated Delivery Contracting – GC/CM
Grant County Public Hospital District #1
Samaritan Healthcare
New Replacement Hospital, Moses Lake, WA**

Project Review Committee:

Samaritan Healthcare is please to submit the enclosed Application for Alternate Delivery Contracting for GC/CM services for the New Replacement Hospital project in Moses Lake, WA. This document is submitted in confirmation of a request to present the project scope of work and team to the PRC Board on June 27, 2019.

The project team assembled includes firms well experienced in the State RCW 39.10 provisions for GC/CM contracting including: The Healthcare Collaborative Group, Dick Bratton Project Management LLC, ZGF Architects and Foster Pepper. The New Replacement Hospital project is comprised of new construction incorporating 147,000 SF and is a strong applicant for utilizing the benefits of GC/CM contracting.

On behalf of Samaritan Healthcare please contact Dick Bratton, dbrattonpmlc@aol.com, 425-894-4591, with any questions you may have regarding the subject project and Application.

Thank you for this consideration.

Regards,

Dick Bratton

Dick Bratton
Dick Bratton Project Management LLC

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)
Alternative Contracting Procedure

The CPARB PRC will only consider complete applications: Incomplete applications may result in delay of action on your application. Responses to Questions 1-7 and 9 should not exceed 20 pages (*font size 11 or larger*). Provide no more than six sketches, diagrams or drawings under Question 8.

Identification of Applicant

- a) Legal name of Public Body (your organization): **Grant County Public Hospital District #1 Samaritan Healthcare**
- b) Address: **801 East Wheeler Road, Moses Lake, WA 98837**
- c) Contact Person Name: **Theresa Sullivan** Title: **CEO**
- d) Phone Number: **509-765-5606** E-mail: **tsullivan@samaritanhealthcare.com**

1. Brief Description of Proposed Project

- a) Name of Project: **Samaritan Healthcare Replacement Facility**
- b) County of Project Location: **Moses Lake, WA**
- c) Please describe the project in no more than two short paragraphs. (*See Example on Project Description*)
The proposed project is a 50-Bed Replacement Hospital on a site located approximately two miles from the existing campus. The approximate 147,000 square foot new facility will include diagnostic and treatment as well as ancillary, administrative and support services as follows:
50-Bed Inpatient Medical/Surgical/Critical Care Services
Labor and Delivery Services (included in 50 beds)
Emergency Department – 14 Exam/Treatment Rooms including 1 Trauma Bay and 2 Behavioral Health Exam/Treatment Rooms
Surgical Services – 6 Operating Rooms for inpatient and outpatient services, 2 Gastrointestinal/Procedure Suites and 16 Pre/Post Recovery Positions, as well as Central Sterile Processing
Diagnostic Imaging – 1 magnetic resonance imaging, 1 computed tomography, 3 radiology/fluoroscopy, 4 ultrasound, 2 mammogram and 1 bone density scan rooms
Ancillary Services – Lab, Inpatient Pharmacy, Inpatient Physical Therapy, Cardiac Rehabilitation, Dietary, Information Technology, Materials Management, Administrative Offices and Patient Admitting Services
The overall campus will be developed to include utilities, infrastructure and parking to fully support the new hospital on the site. Planning includes provisions for a future Medical Office Building of approximately 30 – 40,000 square feet and associated parking to be located on the site.

2. Projected Total Cost for the Project:

A. Project Budget

Costs for Professional Services (A/E, Legal etc.)	\$7,003,593
Estimated project construction costs (including construction contingencies):	\$90,853,600
Equipment and furnishing costs	\$20,000,000
Off-site costs	\$500,000
Contract administration costs (owner, cm etc.)	\$2,620,670
Contingencies (design & owner)	\$8,402,650
Other related project costs (briefly describe)	\$9,031,792
Sales Tax	\$incl above line
Total	\$138,412,305

B. Funding Status

Please describe the funding status for the whole project.

Samaritan Healthcare (SH) has a number of options for financing and will be simultaneously pursuing these options and choose the best plan of finance given rates and terms at the time monies are needed for construction. Specifically, SH may utilize the USDA Community Facilities Loan Direct and Guaranteed Loans, General Obligation Bonds and Revenue Bonds or some combination thereof.

The Organization conducted a request for proposal process with 10 lenders responded as interested in providing financing. As of April 2019, the rate on the debt is currently in a range of 4.35-4.55% amortized over an average of 32 years. The process of evaluating lender responses and meeting with firms is currently underway and Samaritan Healthcare will be choosing one lender to work on the dual financing track by September 2019. The Organization has set criteria for evaluating lenders on their ability and track record to finance rural hospitals of similar size with both the USDA program and tax-exempt bond offerings. Preparations for financing will begin after the final lender choice is made with the intention of being ready for funding on schedule with the final Guaranteed Maximum Price contract and the subsequent onset of construction.

3. Anticipated Project Design and Construction Schedule

Please provide:

The anticipated project design and construction schedule, including:

a) Procurement;

Item	Task	Date
1	GC/CM PCARB Application Submittal	May 20, 2019
2	SH PRC Presentation	June 27, 2019
3	GC/CM Delivery Approval	June 27, 2019
4	Official State Authority Notice	June 28, 2019
5	GC/CM RFQ Due	July 30, 2019
6	GC/CM Interviews	August 20, 2019
7	GC/CM RFFP-Selection	Sept 12, 2019
8	Schematic Design Complete	July 13, 2019
9	Baseline Estimate	Oct 1, 2019
10	GC/CM Budget - 70% DD	Nov 1, 2019
11	VE/Constructability	July - Sept 2019
12	Design Development Complete	November 16, 2019
13	Baseline MACC 90% Construct Docs	March 1, 2020
14	Construction Docs 100%	April 24, 2020
15	Permitting-Site/Building	April/May 2020
16	Final MACC	April 20, 2020
17	Site Mobilization	April 1, 2020
18	Construction Completion	February 28, 2022

- b) Hiring consultants if not already hired; and
Prime consultants have been selected and procured for the project. As design progresses toward construction additional consultants will be engaged to provide: Commissioning, Special Inspections.
- c) Employing staff or hiring consultants to manage the project if not already employed or hired
Staff and consultants required to manage the project are on board.

The project is in early program design. The Project Director Owner Rep/Construction Manager, Counsel and the Architect of Record and prime design team of engineers have been contracted. The GC/CM will be select shortly after the completion of schematic design 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.

4. 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 SH 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 coordination and solicitation of key material suppliers and subcontractors interested and qualified in working in the remote Moses Lake area will provide SH confidence of receiving broad input from all trades during the establishment of the MACC.

The GC/CM will be integral in developing the Subcontractor bid package plan during the design phase and working with both SH and the design team. Select bid packages will require pre-bid determination for subcontractor eligibility.

SH will work with the GC/CM during the preconstruction phase to determine the benefit of using the MCCM/ECCM process under the RCW 39.10.385 guideline for these significant portions of the scope of work. Having MC/EC on board during design will enable critical BIM evaluation and clash detection early in the detail design phase.

The operational conversion from the existing hospital facility and clinics to the new building will required considerable schedule coordination in advance of the project construction. Having the GC/CM integral during design will enhance schedule advice opportunities critical for SH internal planning for a successful transition.

- If the project involves construction at an existing facility that must continue to operate during construction, what are the operational impacts on occupants that must be addressed?

NA

- 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:

1. 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.

2. 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.

3. 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.

4. 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 in an extremely tight construction products and material supply market.

5. 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.

6. The GC/CM will work with the design team and SH to develop a specific FFE procurement plan and assist in assignment of FOIC/FOIO FFE items which will enhance both budget and schedule advice.

7. Design at the completion of schematic level is preferred and ideal timing to introduce a GC/CM to this project.

- If the project encompasses a complex or technical work environment, what is this environment?

NA

- If the project requires specialized work on a building that has historical significance, why is the building of historical significance and what is the specialized work that must be done?

NA

- If the project is declared heavy civil and the public body elects to procure the project as heavy civil, why is the GC/CM heavy civil contracting procedure appropriate for the proposed project?

NA

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 Director, 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 SH facility will benefit from the ability to select the contracting entities based on a qualified and competitive selection criterion.

- How the use of the traditional method of awarding contracts in a lump sum is not practical for meeting desired quality standards or delivery schedules.

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

1. **Scope review and constructability analysis from the GC during the preconstruction phase, site utilization and logistics planning and coordination by the GC/CM with Moses Lake Public Works can occur during the design phase**
2. **Design details reviewed by the GC/CM team during design development, unknowns are mitigated**
3. **Cost budget information at the DD phase of design**
4. **Early establishment of a MACC for financing commitment and control**
5. **Reduce RFIs and potential change orders**
6. **Public agency funding budget control will be established at the outset of an early 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.**
7. **Early contractor input relevant to logistics critical in efficient scheduling and building in a rural area.**

8. Potential MEPS input during design development with the contact and coordination of subcontractors for systems analysis and budget advice.

9. 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 assurance as a known and trusted stakeholder in the project success.

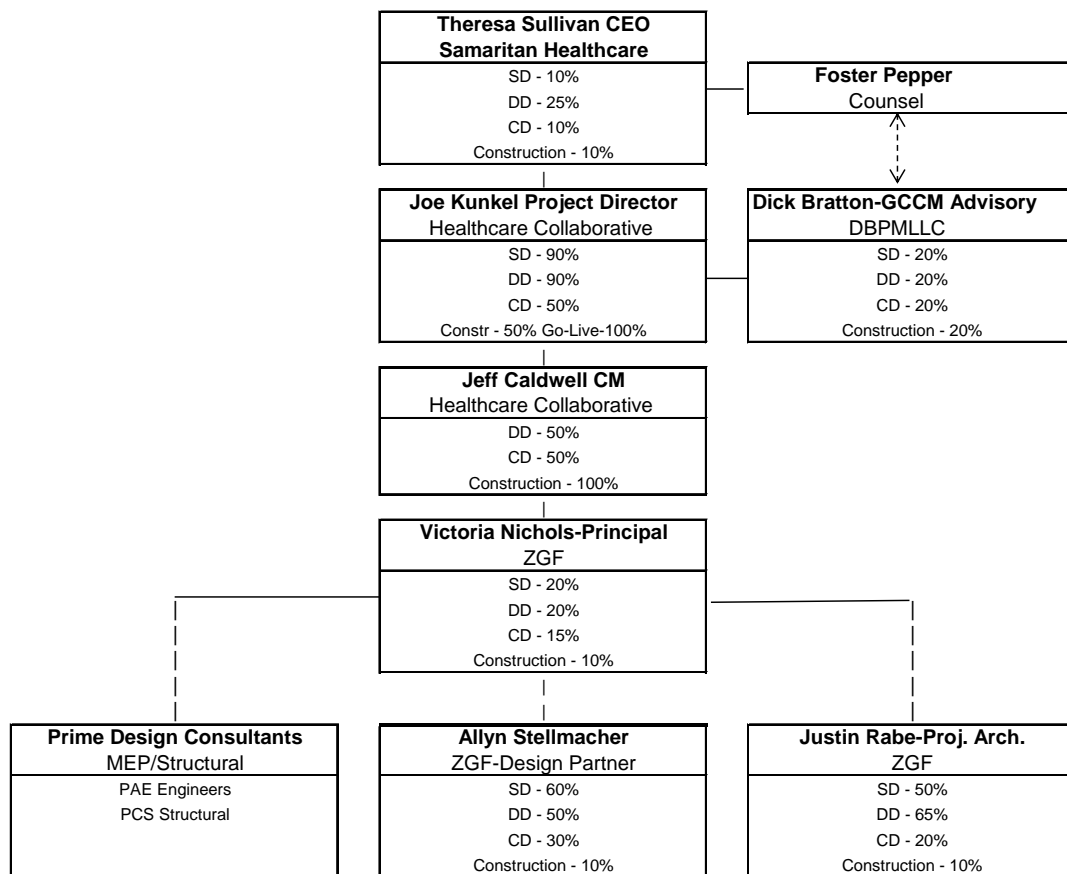
- In the case of heavy civil GC/CM, why the heavy civil contracting procedure serves the public interest.
NA

6. Public Body Qualifications

Please provide:

- A description of your organization's qualifications to use the GC/CM contracting procedure.
The Owner [SH] has retained the services of Dick Bratton to manage the project GC/CM solicitation and selection process and provide GC/CM advisory management from the inception of planning through final completion of the construction phase. Dick has managed similar projects utilizing the GC/CM contracting delivery method as noted below in his qualifications. The Healthcare Collaborative Group with Principal Joe Kunkel serving as Project Director and Jeff Caldwell as Construction Manager are both well experienced in managing GC/CM firms in preconstruction design phases as well as negotiating final GMP contracts and provide expert construction oversight during the construction phase. In addition, the selected Architect of Record, ZGF, has considerable Healthcare related projects with GC/CM applications.
- A **Project** organizational chart, showing all existing or planned staff and consultant roles.

Project Organization Chart
Samaritan Healthcare



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

The Healthcare Collaborative Group

Joe Kunkel Project Director:

The Healthcare Collaborative Group, as the project director draws from a multitude of resources that enables a close working relationship with the client from the very start to finish of each project. This creates proactive opportunities for problems to be identified and solved, making healthcare facility development a fun and exhilarating experience.

The Healthcare Collaborative Group provides an integrated project management approach with the unique ability to integrate strategic planning, operations, master planning, design, and entitlement/preconstruction services.

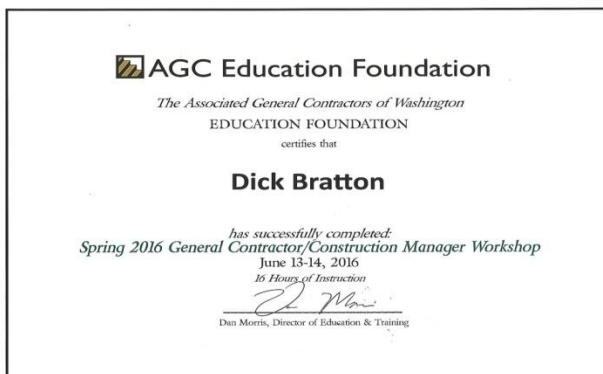
Jeff Caldwell Construction Manager:

An expert in delivering state-of-the-art facilities, Jeff brings over 21 years of experience in leading design and construction of large-scale projects with varying degrees of complexity. Jeff has devoted most of his career to specializing in project delivery in a wide variety of market sectors with a focus on Healthcare. Possessing strong organizational and leadership skills, Jeff's involvement in the project life-cycle has encompassed all facets of the design and construction process, with an emphasis in site selection, construction management, cost and schedule analysis, bid proposals, contracts, equipment and furniture procurement, commissioning, project closeout, and operations management

Dick Bratton Project Management [DBPM]

GC/CM Advisory Consultant:

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 in managing the selection of the GC/CM firm, directorial of the integrated design process and supervising the construction for a recently completed healthcare facility utilizing the GC/CM alternative delivery under the guidelines of RCW 39.10.



Foster Pepper

Counsel

Foster Pepper attorneys work with many public sector clients to ensure legal compliance for their project design, public works construction, and equipment and services procurement programs. Our multidisciplinary team is well-versed in the best practices of alternative public works contracting under RCW 39.10. Since the statute first authorized the use of alternative procurements by all municipalities in 2007, our firm has maintained a highly successful track record for municipal clients in obtaining design-build and GC/CM project approvals from the Project Review Committees of the state Capital Projects Advisory Review Board (CPARB).

ZGF

Architect of Record

Victoria Nichols, AIA, LEED AP®

Partner-in-Charge/Project Manager/Medical Planner

Victoria has 21 years of experience working on healthcare facilities, participating in every phase of healthcare design projects from programming and design initiation to contract drawings and construction administration. She will be the day to day contract for the project, responsible for managing the design team. She has had primary responsibility for budgeting, scheduling, planning, design, specifications, and preparing working drawings for projects. Victoria's skills include project management, medical planning, maintaining client relationships, quality review and oversight, and construction cost estimating.

Allyn Stellmacher, AIA, LEED AP®

Design Partner

Allyn is a design partner with over 34 years of experience leading the programming, siting, and design of numerous award-winning projects. Since joining the firm in 1989, he has led ZGF's design on a wide variety of buildings, including new hospitals and clinics, major hospital additions and renovations, and projects for major medical centers. Allyn's design approach has demonstrated his sensitivity to sites, the use and detailing of appropriate materials, building systems, and technologies that optimize costs while producing quality sustainable design solutions. He has led Integrated Project Delivery teams in programming and designing projects for healthcare providers, institutional clients, corporate clients, and government agencies.

Justin Rabe, PE

Project Architect

Justin is a project architect with over 14 years of experience on a wide variety of projects in the public and private sectors, most recently on the Critical Care Tower Expansion at Cincinnati Children's Hospital Medical Center. He has worked closely with design partners and project team members to develop design and phasing strategies for both large and small projects. Justin has worked with consultants to coordinate building system installation and to ensure the chosen systems are compatible with the overall design and energy goals of the project. As a project architect, Justin has been responsible for assembling and coordinating construction documents to ensure constructability, and has lead construction administration efforts, working closely with the contractor throughout construction to ensure design intent is met.

- 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.

Firm: Dick Bratton Project Management – GC/CM Consultant					Role During Project Phases		
Name	Summary of Experience	Project Names	Project Size	Type	Planning	Design	Construct
1. Dick Bratton	Owner of Dick Bratton Project Management LLC specializing in GC/CM Healthcare Projects	Summit Pacific Medical Center Wellness Center Elma, WA	\$30M	GC/CM RCW 39.10	PM PIC	PM PIC	PM PIC
		Lake Chelan Hospital Chelan, WA	\$52M	GC/CM RCW 39.10	PM lead in GC/CM selection	PM Consultant	Pending
		Klickitat Valley Health Goldendale, WA	\$19M	GC/CM RCW 39.10	PM lead	PM Lead	Pending
		PICC Kent, WA	\$5M	GC/CM	PM PIC	PM PIC	PM PIC
		St Joseph's Hospital, CA	\$45M	GC/CM	PM PIC	PM PIC	PM PIC
		Summit Pacific Medical Center Hospital, Elma, WA	\$20M	DBB	PM	PM	PM
		DOE Headquarters, Lacey	\$40M	D/B	CM	CM	CM
		Lincoln Square, Bellevue	\$400M	GC/CM	PIC	PIC	PIC
Firm: The Healthcare Collaborative – Project Director and CM					Role During Project Phases		
Name	Summary of Experience	Project Names	Project Size	Type	Planning	Design	Construct
1. Joe Kunkel	President, The Healthcare Collaborative Group, Inc.	Samaritan Pacific Communities Hospital, Newport, OR	\$79M	D/B	PM	PM	PM
		CHI St Anthony Hospital, Pendleton, OR	\$107M	CMGC	PM	PM	PM
		Trios Hospital, Kennewick, WA	\$140M	GC/CM, D/B	PM	PM	
		Swedish Hospital, Issaquah, WA	\$400M	GC/CM	PM	PM	
		Peace Island Hospital	\$35M	GC/CM	PM	PM	
		St Elizabeth Hospital, Enumclaw, WA	\$75M	GC/CM	PM/OR	PM/OR	
		St Anthony Hospital, Gig Harbor, WA	\$200M	GC/CM	PM/OR	PM/OR	
		Legacy Salmon Creek	\$200M	GC/CM	PM/OR	PM/OR	
2. Jeff Caldwell	President-Klosh Group/Project Dir.	Kaiser Permanente Beaverton Medical & Dental Center	\$96M	GC/CM	PD	PD	PD
	Program/Executive Director Healthcare-Vanir CM	Dignity Health-Build Environment Improvement Program	\$235M	GC/CM	PD	PD	PD
	Project Mgr.-Skanska	Providence Health & Services-Willamette Falls Medical Center	\$40M	GC/CM	PM	PM	PM
	Associate Director-Jones Lange LaSalle	Salem Regional health-Patient Care Tower Addition	\$350M	GC/CM	SPM	SPM	SPM
	Sr. Project Manager-Kaiser Permanente	Kaiser Permanente-Northwest Region D.I. and Radiology/Oncology Ctr.	\$77M	GC/CM	SPM	SPM	SPM
Firm: ZGF - Architect of Record					Role During Project Phases		
Name	Summary of Experience	Project Names	Project Size	Type	Planning	Design	Construct
1. Victoria Nichols	Partner, Project Manager	Critical Care Building Addition & Expansion, Cincinnati Children's Hospital	\$328M	Negotiated	Arch PIC	Arch PIC	Arch PIC
		Building Care, Seattle Children's Hospital	\$395M	Negotiated	Arch PIC	Arch PIC	Arch PIC
		St. Joseph Replacement Hospital, SCL National Jewish Health	\$340M	Negotiated	Arch PM	Arch PM	Arch PM
2. Allyn Stellmacher	Design Partner	Paul Allen Global Animal Health, WSU	\$44M	GC/CM RCW 39.10	Arch PM	Arch PM	Arch PM
		Molecular Sciences, UW	\$77M	GC/CM RCW 39.10	Arch PM	Arch PM	Arch PM
		King Street Station Renovation	\$50M	GC/CM RCW 39.10	Arch PM	Arch PM	Arch PM

		Helen Sommers Building, State of Washington	\$68M	Public D/B	Arch PM	Arch PM	Arch PM
		Digital Classroom Building, WSU	\$80M	Public D/B	Arch PM	Arch PM	Arch PM
3.Justin Rabe	Project Architect	Purce Lecture Hall Renovation & Addition, Evergreen State College	\$17.5M	GC/CM	Arch PA	Arch PA	Arch PA
		Engineering Building, University of Wyoming	\$40M	GC/CM	Arch PA	Arch PA	Arch PA
		Federal Center South Building 1202, GSA	\$78M	Public D/B	Arch PA	Arch PA	Arch PA
		The Biomedical Discovery District, University of Minnesota	\$200M	GC/CM	Arch PA	Arch PA	Arch PA

- The qualifications of the existing or planned project manager and consultants.

The Healthcare Collaborative Group, as the project director and construction manager draws from a multitude of resources that enables a close working relationship with the client from the very start to finish of each project. This creates proactive opportunities for problems to be identified and solved, making healthcare facility development a fun and exhilarating experience.

The Healthcare Collaborative Group provides an integrated project management approach with the unique ability to integrate strategic planning, operations, master planning, design, and entitlement/preconstruction services.

Dick Bratton Project Management [DBPM] will direct the solicitation and selection of the GC/CM firm for the project and continue project involvement from the outset of design through construction completion as a facilitator and advisory capacity within the integrated team profile. DBPM will lead the development and negotiations of the GC/CM precon agreement as well as providing key oversight on the terms and conditions and MACC for the GC/CM AIA A133 contract. Frequent on site reviews of construction will enhance the project team with QA/QC management as well as approvals of each monthly pay application issued by the GC/CM.

- 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.

The SH new hospital project is a significant undertaking in terms of program, budget and schedule scope, critical management of design and construction and the tactful and planned transition of the hospital staff from the existing facility to the new hospital. The blend of the management experience and team of resources engaged by The Healthcare Collaborative Group to direct the development from early inception and design through construction completion and transitional move/relocation is profound. DBPM provides an organized means of facilitating the Agency's certification for utilizing the GC/CM alternate contracting delivery as well as orchestrating the three step process in the selection of the right GC/CM firm for this important assignment.

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

The SH new hospital facility project team comprised of Dick Bratton, The Healthcare Collaborative, ZGF, and Foster Pepper 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 SH 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 SH 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	SH Owner	Project Dir/Owner CM	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	SH 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	SH Approval MACC	A	L	R	S
17	Construction - Completion	A	L	S	S

- A brief description of your planned GC/CM procurement process.

SH will contract for GCCM 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:

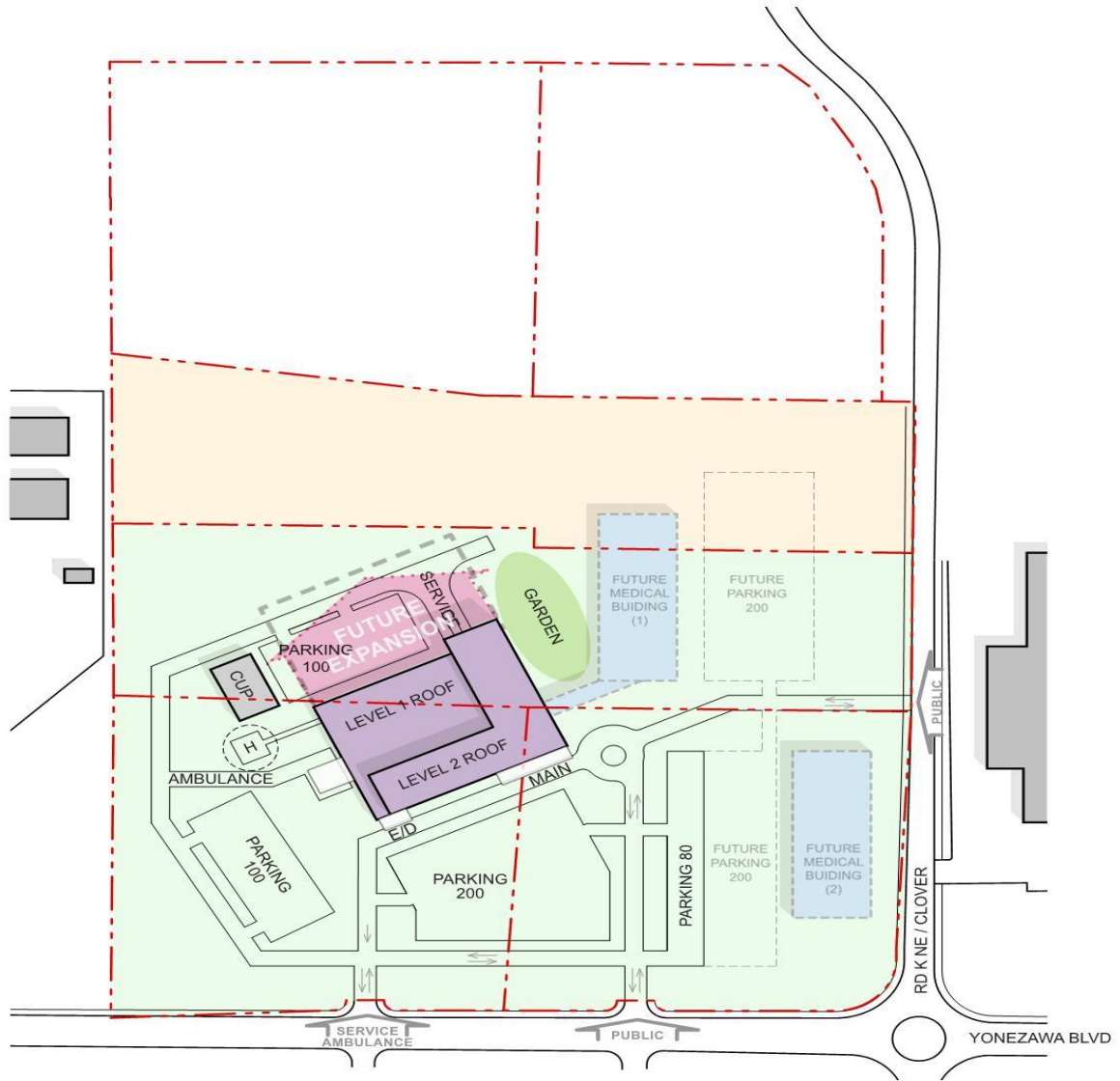
Project Name DOH Project #	Description	Contracting Method Design Bid Build (DBB)	Planned Start	Planned Finish	Actual Start	Actual Finish	Planned Budget	Actual Budget	Reason for Budget or Schedule overrun
60709278 Samaritan Clinic	Clinic 1 st First Floor Corridor & Lobby & Waiting Area Reno	DBB	Fall 2017	Spring 2018	9/18/2017	3/21/2018	1,350,000	1,111,941	No Comment
60680932 Hospital	Emergency , Emergency Admitting & Flex Care Renovation & Modification	DBB	N/A	N/A	12/2016	9/5/2017	775,000	850,252	Budget revision from 825k to 775k. Scope changed to add flexcare. Budget not revised. Asbestos found not discovered in environmental assessment.
60647181 Hospital	Cardiac Rehab, Ultrasound, Echo Remodel	DBB	N/A	N/A	3/22/16	6/2/2016	70,452	89,844	Budget Overrun due to scope change for Lead envelope cladding
60585699 Hospital	Operating Room 1,3,4,& 5 Renovation	DBB	N/A	N/A	10/2015	6/2016	405,600	437,642	Budget: Overrun due to engineering issues with booms infrastructure & ceiling clearances
Samaritan Clinic	Suite 150 File Room Conversion	Small Works	N/A	N/A	10/2014	12/2014	Quoted	14,685.75	N/A
Samaritan Professional Building	Accounting 1 st & 2 nd Floor Renovation	DBB	N/A	N/A	8/6/2014	12/19/2014	194,641	216,696	No comments on file
60378420 Hospital	Materials Management Expansion	Small Works	N/A	N/A	7/2013	8/2013	Quoted	22,396	N/A

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. In electronic submissions these documents must be provided in a PDF or JPEG format for easy distribution.

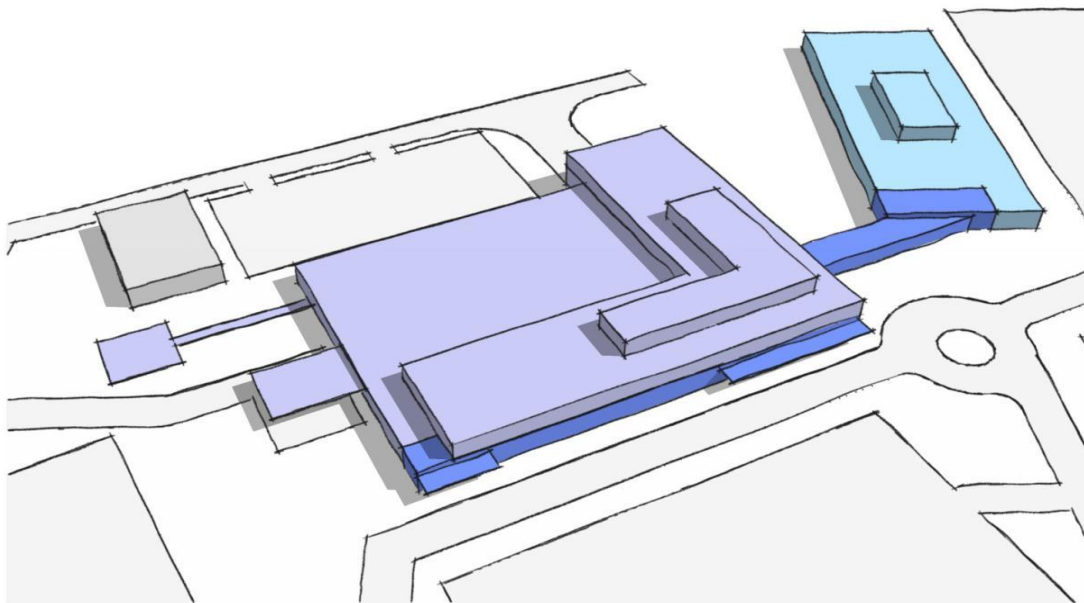
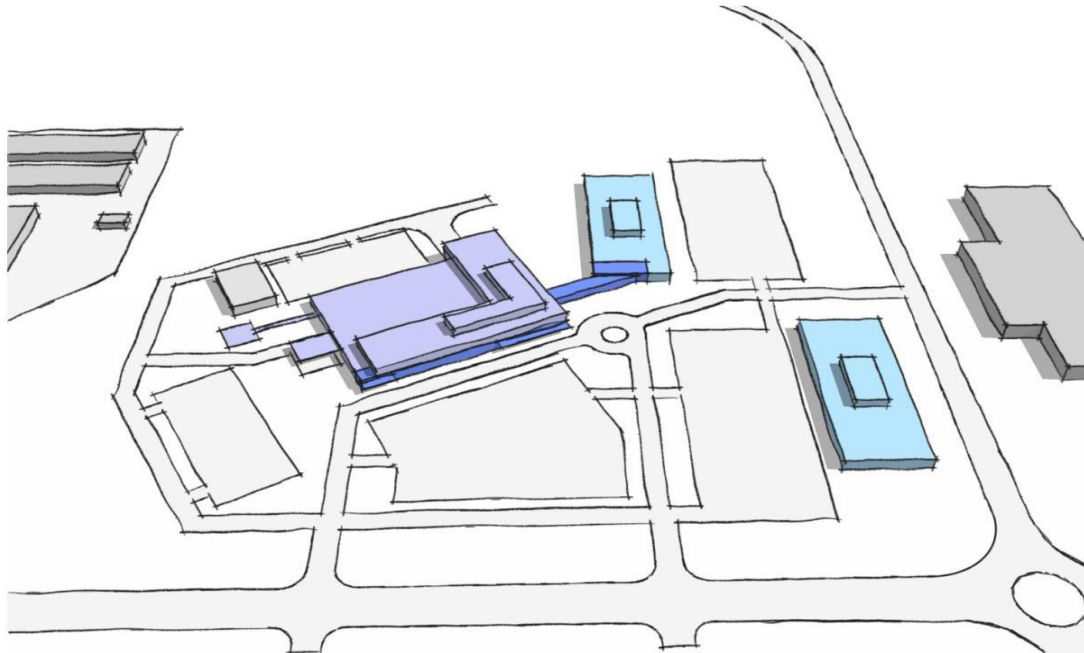
Concept Plans are illustrated on the following pages to include:

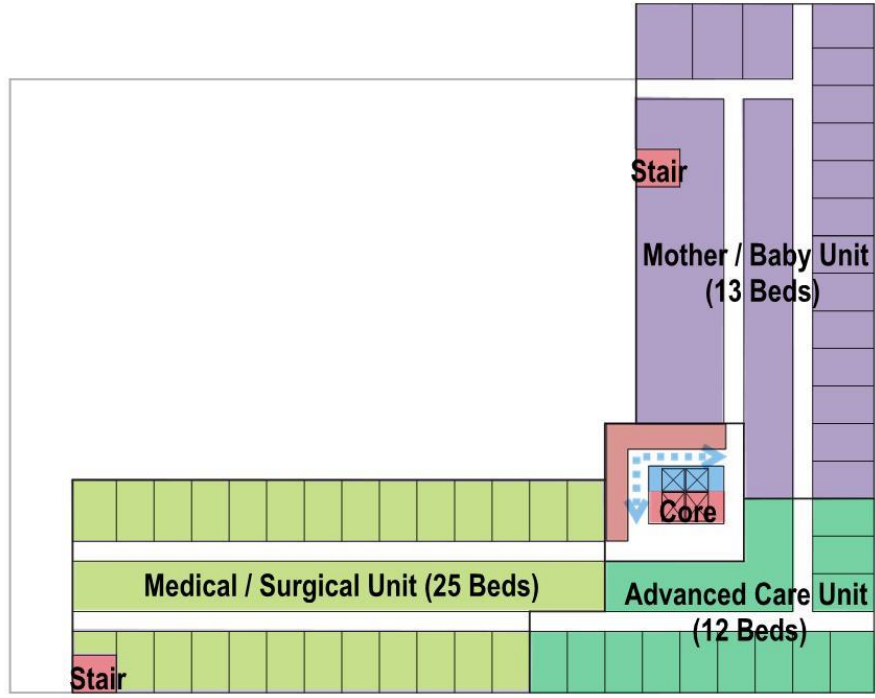
1. **Aerial Plan (1 each)**
2. **Site Plans (2 each)**
3. **Floor Plans (2 each)**



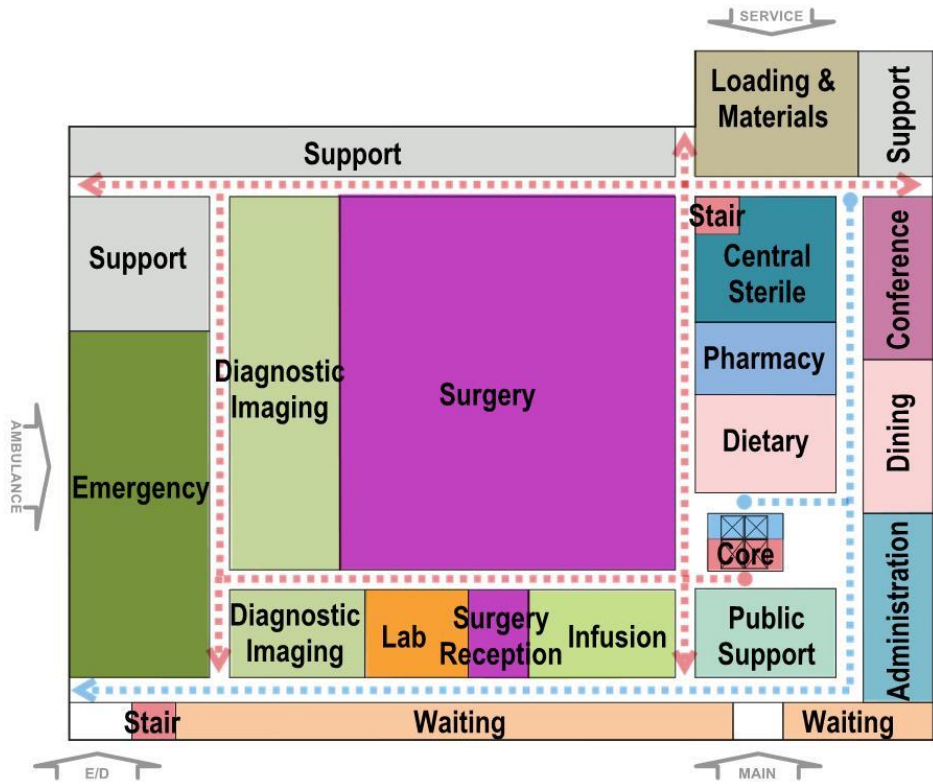
SITE: 25.59 ACRES, 1,114,700 SF
 BUILDING AREA: 132,000 - 140,000 SF
 PARKING:
 HOSPITAL - 480 (@ 3.5/1000)
 MEDICAL BUILDING (1) - 200 (@ 5/1000)
 MEDICAL BUILDING (2) - 200 (@ 5/1000)







LEVEL 2



LEVEL 1

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 7, please specify the project, briefly state those findings, and describe how your organization resolved them.
No audit findings on the projects listed as a response to Question 7.

10. Subcontractor Outreach

Please describe your subcontractor outreach and how the public body will encourage small, women and minority-owned business participation

The GC/CM will work with SH during the preconstruction phase to identify specific MWBE and DBE opportunities to meet goals and requirements. The GC/CM will be requested to develop a subcontracting plan that establishes the MWBE, DBE and apprenticeship utilization goals. NADBE, NAME and WA State Office of Minority and Women's Business Enterprises [OMWBE] will be contacted for listings of eligible firms. Outreach efforts will continue throughout the bidding process to solicit competitive bidding and strive to meet recommended % goals for M/WBE and DBE participation which will be outlined in the instructions for GC/CM RFQ which would be reasonable and representative of the specific geographic area of Moses Lake. SH also maintains a small works roster as an information resource during the GC/CM bidding sequence. Outreach efforts shall include:

- **Informational meetings in Moses Lake and Wenatchee and Spokane prior to bidding to generate interest among the MWBE, DBE, and all local trade partners**
- **Issue advanced notice to include bidding timelines and critical dates**
- **Develop bid packages aligned with the capabilities of local and regional MWBE and DBE firms**
- **Thoroughly advertise the project and make available access to all documents**

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 may delay action on your application.

If the PRC approves 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. Additionally, responding to the 2013 Joint Legislative Audit and Review Committee (JLARC) Recommendations is a priority and focus of CPARB. Data collection shall include GC/CM project information on subcontract awards and payments, and if completed, a final project report. For each GC/CM project, documentation supporting compliance with the limitations on the GC/CM self-performed work will be required. This information may include, but is not limited to: a construction management and contracting plan, final subcontracting plan and/or a final TCC/MACC summary with subcontract awards, or similar.

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

Signature: Theresa C. Sullivan

Name (please print): Theresa Sullivan (public body personnel)

Title: Chief Executive Officer

Date: 05/15/2019