

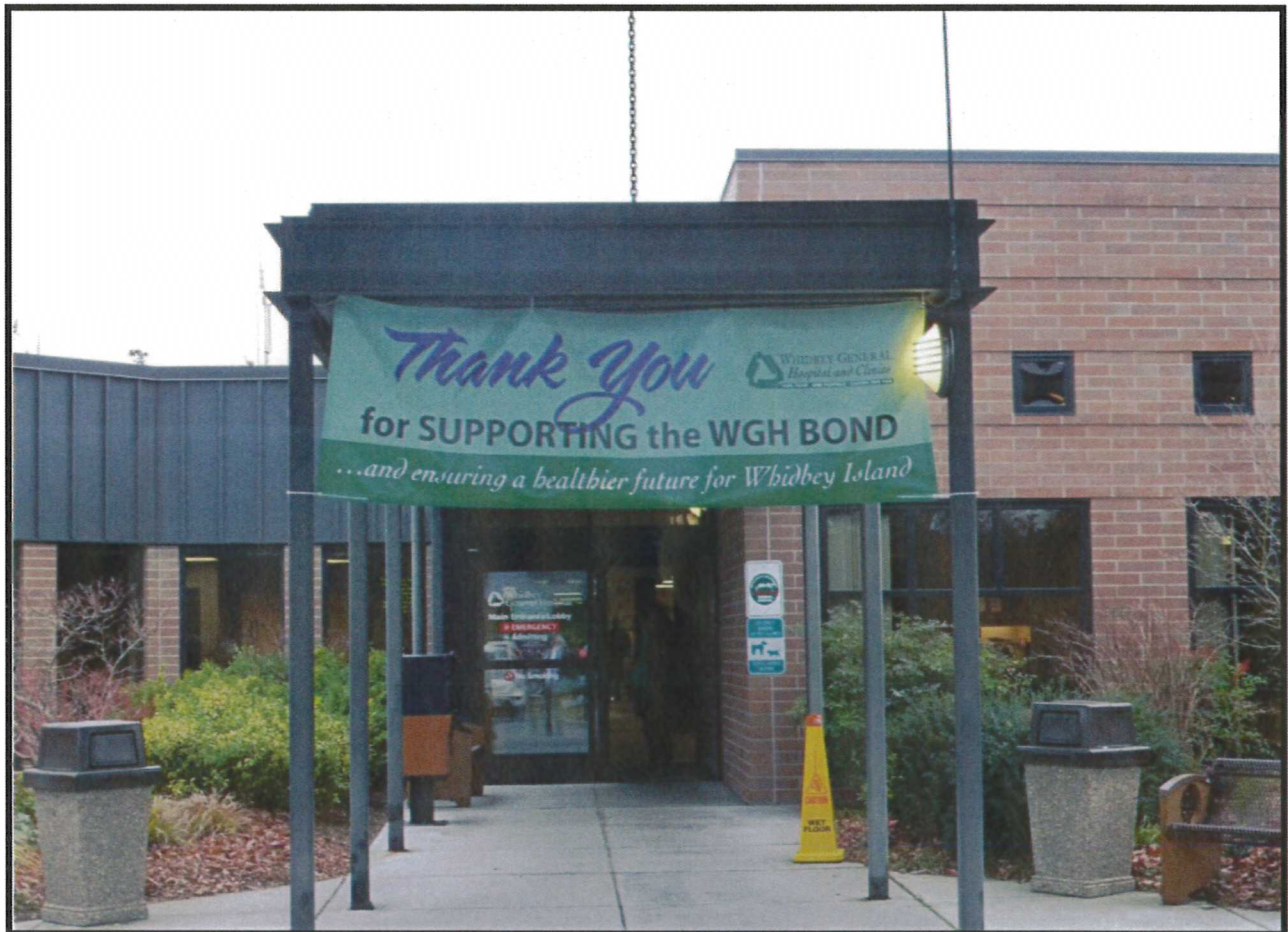
Application for Project Approval
GC/CM Construction Delivery Method

State of Washington
Capital Projects Advisory Board
Project Review Committee

Whidbey General Hospital Addition and Renovation

Coupeville, Washington

April 29, 2014





April 29, 2014

Project Review Committee
Attn: Robyn Hofstad
P.O. Box 41476
Olympia, WA 98504-1476

RE: ***Whidbey General Hospital request for use of the GC/CM Alternative Construction Delivery Method.***

Dear Project Review Committee,

In November 2013, voters of Whidbey Island Public Hospital District agreed to a property tax increase to fund significant improvements to Whidbey General Hospital (WGH). These improvements include a new Patient Wing, renovation of existing pre & post-operative areas, as well as renovation and expansion of Lab and Pharmacy. As required of good stewards of public resources, we have performed substantial research to determine the construction delivery method that will most likely insure an overall positive outcome for this large public investment. When discussing this project with our hospital administration peers and professionals in the construction industry, we have been consistently advised to use the GC/CM construction delivery method.

WGH is a small, rural hospital which offers a full complement of inpatient and outpatient services. As such, it is critical to our community that we maintain 24/7 functionality throughout the duration of the construction period. The project we propose will have multiple phases and require complex levels of coordination. By its very nature, this endeavor will completely disrupt site circulation and affect not only staff and visitors but emergency response access as well. Existing utility taps and services modifications will need to be accomplished in a way as not to disrupt continual service. Substantial renovation work will need to be completed in and around a functioning operating theater where dust, vibration and excess noise are intolerable. It is a very discomforting thought to have the major criteria for the selection of our contractor rely solely on that entity being the lowest bidder.

Understanding early on that the GC/CM process was the best approach for these complex circumstances led us to select a team that are not only experts in healthcare design and construction, but also have a depth of experience in the successful use of the GC/CM process. Both our Architect and Project Manager have successfully completed multiple projects using the GC/CM alternate construction delivery method as allowed under RCW 39.10.

I would like to thank you for this opportunity to present our qualifications for your consideration, if you have any questions please contact me at any time.

Sincerely,

A handwritten signature in black ink that reads "Tom Tomasino".

Tom Tomasino
Chief Executive Officer
Whidbey General Hospital

101 North Main Street
Coupeville, Washington 98239-3413
(360) 678-5151 • (360) 321-5151
Fax: (360) 678-0945

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)*

1. Identification of Applicant:

(a) Legal name of applicant:	Whidbey Island Public Hospital District d.b.a. Whidbey General Hospital
(b) Address:	101 N Main Street, Coupeville WA 98239-3413
(c) Contact Person Name:	Marc L. Estvold
(d) Title:	Project Manager
(e) Phone:	360-770-3994
(f) E-mail:	mestvold@comcast.net

2. Brief Description of Proposed Project

This project includes construction of a new two story, 50,000 sq ft patient wing connected to an existing operating hospital. This building will house Medical/Surgical, Critical Care, and LDRP patients in approximately 39 beds. A portion of this new building is expected to be unfinished shelled space to accommodate future growth. It appears from early studies that the location of this new wing, whether to the north, east or south of the existing building will displace needed parking. In order to replace lost parking in advance of construction, an early Parking Lot Expansion bid package will need to be prepared and administered. This expanded parking lot will need to be completed prior to the start of construction on the Patient Wing expansion project.

After completion of the new patient wing, the hospital will relocate services and start the renovation of approximately 11,000 square feet of peri-procedural services area within the existing operating Hospital. Also included in the project will be an expanded Laboratory and renovation of the Pharmacy. All of this work will need to be completed in a manner to allow the hospital to remain in full operation during the construction.

3. Projected Total Cost for the Project:

A. Project Budget

Costs for Professional Services (A/E, Legal, etc.)	\$ 3,350,000
Estimated project construction costs (including site improvements)	\$ 33,500,000
Equipment and furnishing costs	\$ 2,250,000
Off-site costs	\$ 0
Contract administration costs (owner, bond, CM etc)	\$ 1,200,000
Contingency, Owners General Contingency 7.5%	\$ 2,950,000
Other related project costs (Ins., Permits, Fees, Testing, Inspections, Commissioning, Survey, Computer/Tel., Wayfinding	\$ 3,100,000
Washington State Sales Tax (8.7% Coupeville)	\$ 3,650,000
Total (with sales tax & contingency)	\$ 50,000,000

B. Funding Status

Financing for this project will be through a bond funded by a fall 2013 voter approved property tax increase.

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 Manager was selected in January 2014 and the Architect in February, both were selected with a strong priority of having significant experience in the GC/CM process. HDR Architecture has commenced conceptual work to validate the Campus Master Plan and initiated the space programming process. The project manager and HDR Architecture are working together to assist WGH in completing the GC/CM application process and anticipate completing the selection of the GC/CM early in the Schematic design phase.

Schedule Milestones: (Also see attached Exhibit "A")

- | | |
|---|-----------------------------|
| ○ Selection of the Project Manager | January 2014 |
| ○ Select project design team | February 2014 |
| ○ WGH Resolution to use GC/CM Process | March 10, 2014 |
| ○ Programming & Master Plan validation: | April 2014 – July 2014 |
| ○ GC/CM selection process: | May 2014 – August 2014 |
| ○ Start Pre-Con Services W/ GC/CM: | August 2014 |
| ○ Schematic Design: | July 2014 – October 2014 |
| ○ Early parking lot bid package | December 2014 – July 2015 |
| ○ Design Development | October 2014 – January 2015 |
| ○ Construction Documents | January 2015 – June 2015 |
| ○ 90% CDs Complete | June 2015 |
| ○ GMP/MACC Established | June 2015 |
| ○ Permitting, Bid package procurement | July 2015 – September 2015 |
| ○ Completion of Parking lot package | July 2015 |
| ○ Construction start New Wing | September 2015 |
| ○ Substantial Completion New Wing | September 2016 |
| ○ Renovation Construction Start | September 2016 |
| ○ Renovation Substantial Completion | April 2017 |

The goal is to bring the GC/CM contractor into the project during early Schematic Design, while the design is still very flexible, in order to take maximum advantage of the contractor's constructability and value engineering expertise. The process of selecting the GC/CM contractor will start immediately after approval of the Plan Review Committee to use the GC/CM process.

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:

- **Complex scheduling, phasing, or coordination**
 - This project will require at least 3 phases and 2 public bids
 - 1st Phase: 1st Bid will be an early bid package for an additional parking lot.
 - 2nd Phase: 2nd Bid will be the additional of the new 50,000 sf patient wing.
 - 3rd Phase: 2nd Bid will be the renovation of approximately 11,000 sf of existing hospital space including pre and post-operative areas, Lab and Pharmacy.
 - There may be the requirement of additional sub phases as the program is better determined. The contractor would be instrumental in identifying the need and helping to properly sequence.
 - Disruption planning and sequencing of utility installation and relocation in preparation of the new wing construction in and around an operating hospital.
 - Assistance in determining proper traffic revisions on site to allow safe vehicle, staff and public access in and around the site.
 - Assistance in determining the best strategy, size and location for the laydown area - will one serve the entire project or will multiple areas need to be sequenced on the site?
 - Utility tie-ins to existing hospital utilities and coordination of utility disruptions
 - Close coordination and scheduling with hospital engineering with regard to construction effects on hospital systems, including nurse-call, security, fire alarm, fire-protection, building controls, mechanical, electrical and emergency power.
 - Disruption planning for delivery and installation of medical equipment.
 - Coordination of foundation systems adjacent to existing structure and impacts to existing structures as well as noise and vibration control.
 - Coordination of early demolition packages for utility work and hazardous materials abatement as required.
 - Continual coordination with Hospital departments so impacts due to construction activities can be anticipated and mitigated in advance.
 - Advance scheduling and coordination with staff to assure proper exits and safety measures are in place during construction, both for the additional and interior renovation.
 - Because of the phased construction and renovation work in and around functioning health-care areas, strategizing and aligning construction sequencing during the design phase is essential to minimize shut downs and operational disruption during construction.
 - Understanding of new construction impacts on helipad location and use.
- **Operational impacts from construction at a 24/7 existing facility that must continue to operate during construction**
 - It is essential that WGH remain fully operationally during construction. GC/CM involvement during the design phase will be critical in assisting the design team and maintenance staff in minimizing shut downs and disruptions of service. Given that infrastructure and systems connections will be expanded and integrated with the systems of the existing hospital, GC/CM participation will enable upfront understanding of the complexity required to maintain facility operations.
 - Coordination and careful planning with the Hospital's infection control officer is necessary to develop and manage an infection control plan during construction.

- Renovation of the existing pre and post operation areas will take place very near the operating rooms. Much care and coordination will need to be taken to insure noise and vibration are kept to acceptable minimums.
 - Patient safety and privacy will need to be very carefully coordinated.
 - Coordination of service shutdowns and commissioning for utility tie-ins.
 - Noise, dirt, dust, ICRA concerns, disruption to adjacent nursing units maintaining privacy for patients/families by construction crew.
 - Security/access to facility.
 - Strategizing of construction staging and building access will be required to maintain safe public & staff pedestrian and vehicular access to the hospital. GC/CM knowledge, design participation in development and endorsement of contract documents will favorably affect schedule, budget and risk.
- ***Involvement of the GC/CM is critical during the design phase***
 - Construction cost estimating to manage capital resources.
 - Layout, coordination and access to staging area.
 - Neighborhood and Jurisdictional liaison
 - Having the GCCM at the table throughout the design process providing continual value engineering and constructability reviews will be critical to overcoming the complexities of this project and assuring success.
 - Strategizing of construction staging and building access will be required to maintain safe public and staff pedestrian and vehicular access to the hospital. GC/CM knowledge, design participation in development and endorsement of contract documents will favorably affect schedule, budget and risk.
 - Sequencing & construction of walkway connection to inpatient facility.
 - Major medical equipment utility coordination and installation.
 - Sequencing of early bid packages associated with schedule management.
 - Ability to take advantage of ongoing and early construction added value analysis, value engineering and constructability reviews.
 - Achieve better quality construction and attention/management of trades.
 - The GC/CM's ability to provide constructability, sequencing and scheduling information will influence design decisions made early in the schematic design phase. This upfront coordination will favorably affect schedule, budget and risk.
 - The GC/CM will have familiarity and in-depth knowledge of the facility conditions and operational requirements prior to bidding and construction. This early design involvement is critical to maintaining the construction schedule, construction budget and quality of conditions with much more certainty than a low-bid scenario.
- ***Complex and technical work environment***
 - Interface with acute inpatient healthcare environment for: (utility tie-ins, ICRA, HIPAA, noise, dirt, physical services disruption, neighborhood disruption).
 - Sensitivity of working within/around an operating hospital, understanding the complexities and importance of maintaining all systems fully operational.
 - Challenges of demolition and renovating areas connected to the existing hospital Operating Rooms.
 - Building foundations installed adjacent to and near existing hospital foundations, whether driven / drilled pile or traditional spread footings required concern for vibration, excessive noise, damage to existing foundations, construction access, staging, means and methods, and patient privacy issues.
 - Installation of major medical equipment and systems.
 - Challenges of site grading connection to existing site.

- **Historical significance**
 - All work on the exterior of the building will require approvals of the Coupeville Historical Society.
 - Having the contractor on board during the early phases of working with the Architect and the local jurisdiction will be very helpful in assuring the Coupeville Historical Society, that the Design / Construction team understand their concerns.

6. 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. Your description must address, but is not limited to:

- **How this contracting method provides a substantial fiscal benefit;**
 - Early and continuous monitoring of project budget against construction budget and estimate.
 - Early and ongoing value added engineering.
 - Efficient construction phasing and site sequencing strategy provided during design phase offers quantifiable savings.
 - Minimize and mitigate shut-downs and interruptions in existing hospital services.
 - Constructability review to assure cost effective design and efficient use of materials, means and methods.
 - Experienced healthcare construction contracting for competitive bidding of sub-contractors and quality assurance in means and methods.
 - Quality of construction performance and warranty work.
 - Management of the sub-trade contractors on behalf of the owner, and maintaining the level of quality anticipated by owner.
 - Predictability and control of construction schedule and risk.
 - Minimize construction claims and disputes at end of project.
 - In summary the fiscal benefit to the hospital and community will be provided through having a predictable schedule, guaranteed price, high quality of construction and a facility that is able to operate at 100% during the construction period. The degree of financial risk with the GC/CM process is reduced compared to low-bid. The hospital and community will receive the most for the money available to the project.
- **How the use of the traditional method of awarding contracts in a lump sum (the "design-bid-build method") is not practical for meeting desired quality standards or delivery schedules.**
 - Lowest apparent successful bidder in traditional D/B/B delivery method does not assure depth and experience in complex construction projects involving work within and around a 24/7 hospital facility of continuous operation.
 - Lowest apparent successful bidder in traditional D/B/B delivery method does not assure pre-qualification of general contractor or construction manager with experience in complex construction projects involving work within and around 24/7 facility of continuous operation.
 - GC/CM involvement in pre-design services and providing preliminary construction cost estimates at various stages of design development minimizes unforeseen surprises when project is bid.
 - Does not assure understanding and adherence to ICRA criteria and standards, nor HIPAA practices.

- GC/CM delivery methods assist in allowing team to project construction funds needed to complete project.
 - Less focus on budget and schedule in order to attain lowest successful bid resulting in delays or cost overruns due to bidding structure.
 - Greater potential for increase in change order requests for work not fully documented, or otherwise reflected in the contract documents.
 - Greater potential for post construction claims or disputes for additional costs not reviewed and approved thru the change order process.
 - The selected GC/CM can be qualified to have specific hospital experience of similar or greater complexity. This experience can be weighted as part of the selection process to ensure that the GC/CM has the expertise to manage construction within an operating healthcare environment. A lump sum to low bidder does not provide the same level of control to ensure a high level of prior healthcare experience. Coordination of shut downs, infection control, integrated systems, schedule and budget all will be placed at a higher level of risk.
- **Other public benefits:**
 - Improved relationship with surrounding neighborhood & local jurisdictions having authority over the project.
 - Faster delivery of project enables faster delivery of healthcare services to community.
 - Intangible collaborative and integrated delivery fosters a team approach to problem solving rather than adversarial finger pointing.
 - Substantial fiscal benefit will be provided by predictability and control of schedule, budget and risk. The result is a high quality product delivered to an agreed upon schedule and managed within a fixed budget providing the public with maximized investment. A low bid lump sum scenario places schedule and budget at higher level of risk with greater potential for overrunning the budget.
 - The GC/CM process minimizes exposure to construction claims when compared to a low bid lump sum contract.
 - The GC/CM process increases the ability to award elements of the contract to local businesses.

7. **Public Body Qualifications**

A description of your organization's qualifications to use the GC/CM contracting Procedure

Over the past 20 years WGH has successfully completed a number of projects, both large and small. Please see Public Body Construction History section for a listing of projects. During the selection process for the project manager and the design team, the hospital carefully considered the track record and credentials of each of the applicants with regard to the use of the GC/CM process. Not only did the hospital look at the credentials of the firms, but also the individuals within the firm that would be assigned to this project. As a result of this high level of scrutiny, the Hospital has assembled a team in the Architect and Project Manager that has a significant amount of experience and expertise in construction in general and specifically in the use of the GC/CM process.

In addition to the number of successfully completed GC/CM projects by both the Architect and the Project Manager, the Hospital has added to the team the services of Greg Guedel, attorney with Foster Pepper. Mr. Guedel (Bio included in this package) has a significant track record of participation in the use of the GC/CM Alternative Construction Delivery method.

WGH is proposing a highly qualified and experienced team to implement and manage the GC/CM process, a team that has proven their ability on multiple projects to lead the process to successful completion.

A Project organizational chart, showing all existing or planned staff and consultant roles is included:

Please see Attachment "B" Project Organizational Chart

Staff and consultant short biographies:

- **Tom Tomasino, Superintendent and Chief Executive Officer, WGH**

Mr. Tomasino is a summa cum laude graduate of Chapman University and has over 25 years leadership experience. He has served as WGH's Chief Information Officer, Chief Operations Officer and was appointed Chief Executive Officer in 2008. During his career he has overseen a variety of hospital construction projects including: (1) the site selection, contract negotiation and daily oversight of a 14,000 sq ft professional medical building housing a Rural Health Clinic, Radiology, Laboratory, Rehabilitation Services and Sleep Center; (2) a 6000 sq ft EMS/ Fire Station; and (3) a 4500 sq ft EMS Station. Mr. Tomasino also oversaw a 25,000 sq ft hospital remodel that included a new Medical Ambulatory Clinic, Cardiac Rehab Unit, Emergency Department expansion, Rehabilitation Services expansion, Radiology expansion adding MRI, CT and a women's health suite to the department. In addition he was the project lead on developing the hospital's master building plan and initial programming for this project.

- **Troy Holmes, Plant Operations Manager, WGH**

Mr. Holmes has been employed at the hospital district for 20 years, the last nine as Plant Operations Manager. He was very involved in the 25,000 square foot hospital expansion and renovation project in 2001 and was the Ops Mgr during the \$3.5 million Ambulance Quarters construction. Mr. Holmes has also overseen a number of smaller remodel projects within the Hospital facility. His knowledge of existing conditions and systems at the hospital will be invaluable in successfully managing this project.

- **Marc L. Estvold, AIA, LEED AP, Owner's Project Manager/Representative**

Owner of Marc L Estvold, AIA Inc, a 28 year old firm located in Anacortes, WA. Marc became a State of Washington licensed Architect in 1986. Marc's previous publicly funded projects delivered through the GC/CM process include McIntyre Hall Performing Arts and Conference Center (\$18 M), Island Hospital Renovation and Addition (\$40M), and the Island Hospital Medical Arts Pavilion (\$10M). Each of these projects were administered under the requirements of RCW 39.10.

Marc's management responsibilities for these projects included liaison between the Owner, Architect and the Contractor, with full responsibility for management of the Project, including Architect selection, contract negotiations, schedule and budget through final occupancy. All three GC/CM projects were completed on schedule and within the approved budgets.

In addition to these three GC/CM projects, Marc's recent Healthcare project management responsibilities have included managing four renovation projects at Island Hospital, all in the \$500,000 range, successfully completed using the traditional D/B/B construction delivery process. Additionally Marc has recently completed on schedule and under budget, two Medical Office buildings for Skagit Valley Hospital, one valued at \$18M at Smokey Point and one valued at \$15M in Mount Vernon.

- **Marjorie Eliason Brown, AIA, NCARB, LEED AP, Principal in Charge, HDR Architecture.** Marjorie Brown is a Vice President and Principal with HDR and the Principal in Charge for the WGH Patient Wing project. She has over 30 years of experience in the design and construction industry and is a registered architect in Washington, Nebraska, Iowa, Wisconsin, Minnesota, Kansas, South Dakota, Illinois, and Oregon.

Ms. Brown served as the Project Manager on the GC/CM project at Central Washington Hospital, 190,000 sq ft, \$117,000,000, located in Wenatchee, WA. In the PM role she participated in the GC/CM and major subcontractor selection process. She participated throughout the project from master plan concept development through the warranty period where the GC/CM performed pre-con through construction services.

Ms. Brown is the Principal in Charge for the University of Washington's Fluke Hall Renovation project of 40,000 sq ft, \$31,000,000 located in Seattle WA. The project is currently in the Construction Document Phase. In her role she participated in the GC/CM selection process.

- **Thom Keyes, Project Manager, HDR Architecture**
Thom Keyes is a Project Manager and Contract Construction Administrator. He was Contract Construction Manager on the Central Washington Hospital Project with a \$117 million budget in Wenatchee WA and was a GC/CM Project. Mr. Keyes was the Contract Construction Manager on the MultiCare Mary Bridge Milgard Pavilion Expansion, the MultiCare Tacoma General Rainier Tower Expansion and the MultiCare Rainier Pavilion Renovation. All were GC/CM projects.
- **Bart Carrothers, AIA, Project Architect, HDR Architecture**
Bart Carrothers is a Senior Project Architect with HDR Architecture. He has experience in all aspects of architectural design and production processes. Mr. Carrother's strength in project management issues translates to a strong focus on active and consistent project communication. He bears ownership for project direction and outcome for all of his assignments. Mr. Carrothers was the Project Lead for the GC/CM process with Central Washington Hospital in Wenatchee, WA. The project budget was \$117 million and included approximately 190,000 sq ft of new construction and 48,000 sq ft of renovation. In addition, he was the Project Lead for the GC/CM process with MultiCare Milgard Addition in Tacoma, WA. This project budget was \$28 million and included approximately 63,000 sq ft of new construction and renovation. Mr. Carrothers participated throughout the entire design process and much of the construction administration.
- **Peter Damento, AIA, LEED BD+C, Project Designer, HDR Architecture**
Peter Damento is a Senior Project Designer with HDR Architecture and has been a licensed Architect in the State of Washington since 1988. He has experience in all aspects of the design process with a holistic perspective, placing emphasis on the strength of technical, design and management practices. Mr. Damento's design exploration is drawn over 36 years of healthcare facility design, working with clients to envision architecture that serves the mission, function and life of the project. He was the Project Design Lead for the GC/CM process with Central Washington Hospital in Wenatchee, WA., with a project budget of \$117 million. In addition, he was the Project Design Lead for the GC/CM process with MultiCare's Mary Bridge Milgard Pavilion, with a budget of approximately \$28 million, and the Rainer Tower and Pavilion, with budgets of approximately \$70 and 23 million in Tacoma, WA. Mr. Damento participated throughout the entire design process and much of the construction administration.

W. Gregory Guedel, Attorney and Member, Foster Pepper PLLC

Greg Guedel is a Member of the Municipal and Construction Practice Groups at the 120+ attorney law firm Foster Pepper PLLC in Seattle, Washington. He has been assisting clients with public works construction contracting since 1996, and with GC/CM contracting projects under RCW 39.10 since the law first opened this alternative procurement method option to all municipalities in 2007. Since then, Mr. Guedel has provided legal assistance for nearly \$500 million in public GC/CM projects throughout the state, helping municipal clients successfully construct schools, hospitals, event centers, airports, and public utilities. He has assisted Public School Districts, Public Facilities Districts, Port Districts, Public Hospital Districts, Public Utilities, and Public Housing Authorities in obtaining GC/CM project approval from CPARB's Project Review Committees. He has assisted in the drafting of legislative updates to RCW 39.10, and successfully guided public agencies through the CPARB system from initial project application through appeals. Mr. Guedel provides legal and risk management guidance to municipalities in all aspects of their public works programs, including bidding, contracting, project management, regulatory compliance, and claims resolution. He is a member of the Construction Law Section of the American Bar Association and Washington State Bar Association, and previously served as an officer in the US Army Corps of Engineers.

The qualifications of existing or planned for project manager and consultants

Project Manager, Marc L Estvold and the architectural firm of HDR were selected partially because of their extensive experience in the application of the Washington State Statute RCW 39.10 for GC/CM construction delivery method. Please see their experience elaborated upon above and below.

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.

A project manager consultant has been hired and will be fully funded from the construction budget.

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

In the selection of the Project Manager and the Architect, one of WGH's key consultant selection criteria was successful completion of GC/CM projects. Both the Project Manager and Architect have substantial experience in the GC/CM process. In addition to the experience of the selected firm, WGH paid special attention to the qualifications of the people within the firm that would be assigned to this project and who will work with the team on a daily basis. Marc Estvold, WGH Project Manager, Marjorie Brown, HDR Principal in Charge and Thom Keys, HDR Project Manager all have significant successful experience in project management of the GC/CM process. Additionally each has excellent references from past clients and representatives of the construction community in the GC/CM construction delivery process. Equal care will be taken when it comes to selection of the GC/CM to assure a successful team.

A description of the controls your organization will have in place to ensure that the project is adequately managed. Experience and role on previous GC/CM or D-B projects:

Please see attachment "C" Team Experience

Marc Estvold will have day-to-day project management responsibilities as the owner's representative and will be located near the site throughout design and construction. Marc will maintain continual contact with HDR through design phase by attending regularly scheduled design team meetings. The GC/CM will also participate in these design team meetings. HDR will maintain meeting notes and provide regular updates as to status of schedule and budget, which Marc will relay back to the WGH Management Team. This status check will also be verified by the GC/CM at regular stages to assure buy in by the contractor. During construction, weekly construction team meetings will be required with the Project Manager, Architect, Applicable Consultants, Hospital Engineering Representative(s) and the Contractor each in attendance.

WGH and HDR will work as a coordinated team along with the GC/CM in the implementation and management of the GC/CM construction method. The project will be managed by joint development and buy-in of scheduling, budget, communication guidelines, issues management and dispute resolution. Communication and issues tracking will occur during regularly scheduled project team meetings and weekly construction meetings. A key to a successful GC/CM project is a commitment by the Owner, Architect, and GC/CM to identify and solve project issues together with cooperation and effective communication.

As adherence to budget is a critical component of the project, a professional cost estimating firm will establish a realistic capital cost of construction at the beginning of this project and then continue to monitor the financial management of the design along with the GC/CM. This will enable high quality parallel cost estimates that will be reconciled with the GC/CM budget estimate helping to assure the project's completion within the approved cost structure.

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

At the March 10, 2014 board meeting, the WGH Board of Commissioners voted unanimously to seek approval of the GC/CM Alternative Construction Delivery method. Once the Hospital receives approval from the Project Review Committee to proceed, they will immediately start the RFQ publication process. Contractors will have three weeks from publication of the ad to prepare and submit their Statement of Qualifications (SOQs). During the second week of that 3 week period, a tour of the facilities will be offered to interested Contractors.

Similar to the Architect selection process, a selection committee will be assembled and given a week to review the Contractors' submitted SOQs. An evaluation form will be provided to the selection committee to evaluate the SOQs and select a short list of three Contractors to interview and request proposals from. The short listed contractors will be given 4 weeks to prepare their proposals and interview in front of the selection committee.

At the time of the interview, contractors will be asked to submit sealed bid proposals for general conditions and fee. Contractors will be interviewed and evaluated based upon a pre-determined criteria, including, but not limited to: experience in healthcare construction, experience by specific individuals within the proposed team, the contractor's record for maintaining schedule and budget, their experience with the GC/CM process, references, their proposed management of the project site, staging, neighborhood liaison, as well as other criteria including their bid for general conditions and fee. A weighting / score will be assigned to the GC and fee submittal ranking and they will be opened publicly and read aloud. The GC and Fee score will then be added to the interview and SOQ scoring to determine the selected GC/CM.

Verification that your organization has already developed (or provide your plan to develop) specific GC/CM contract terms.

WGH and its selected GC/CM will use an up to date contract complying with RCW 39.10. This agreement between the Hospital and the contractor will be facilitated by the services of Mr. Greg Guedel of Foster Pepper LLC. A copy of the Agreement will be included in the GC/CM short-listed solicitation for interview & sealed bids. The short-list of contractors will be able to review the proposed agreement prior to the interview, and will be asked to submit any comments to the proposed Agreement in writing prior to their scheduled interview. WGH will negotiate a fee for pre-construction services with the highest ranked proposer. Negotiation of the Maximum Allowable Construction Cost (MACC) will be conducted following issuance of the 90% construction documents & a construction agreement executed at that time.

8. Public Body Construction History in the last 6 years:

WGH has had one significant construction project in the last 6 years, the Bayview EMS Quarters. The small number of projects is mainly because they have been working on the recently voter approved bond since 2008 and have had all other projects on hold. Included below is a listing of significant projects completed by WGH since 2000 to show they have successfully completed a number of projects, all of which were completed with no significant schedule or budget changes.

Project	Contracting Method	Construction Start, Planned (P) & Actual (A)	Construction Finish, Planned (P) and Actual (A)	Budget, Planned (P) and Actual (A)
1. Freeland Medical Office Building	D/B/B	P-March 1999 A-March 1999	P-January 2000 A-January 2000	P- A-\$846K
2. EMS Quarters	D/B/B	P-March 2000 A-March 2000	P-November 2000 A-November 2000	P- A-\$928K
3. WGH Coupeville	D/B/B	P-July 2001 A-July 2001	P-March 2003 A-May 2003	P- A-\$2.4M
4. Whidbey General North	D/B/B	P-January 2004 A-January 2004	P-November 2004 A-November 2004	P- A-\$2.7M
5. Bay View EMS Quarters	D/B/B	P-November 2008 A-November 2008	P-July 2009 A-July 2009	P-\$3.5M A-\$3.5M

-Note on project #3 above, there was a 2 month delay in construction due to high concrete moisture levels delaying the installation of flooring.

-For projects 1 through 4 above, the (A) actual budgets are from historic records, due to age of the projects the (P) planned budget information is not available, to the best of our memory there was not a significant variation in any of the projects between planned and actual budgets.

9. **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. Some examples are included in attachments E1 thru E6. At a minimum, please try to include the following:

- *A overview site plan (indicating existing structure and new structures)*
- *Plan or section views which show existing vs. renovation plans particularly for areas that will remain occupied during construction.*

The preliminary concept drawing, attachment "D", represents a general overview of the proposed project location, size, scope and attributes defining its complexity. This Application is submitted early in the design process (Programming / Master Plan validation phase) such that the building design is not yet developed to a schematic design level. We are starting the GC/CM application process very early with the goal of having the GC/CM contractor on board early in Schematic Design while the design is still very pliable and the contractor's input can be easily acted upon.

The preliminary concept drawing includes a representation of the project's proximity and adjacency to the existing hospital building, the location of existing Helistop and location of possible connections to the existing hospital. It is yet to be finalized whether the new Patient Wing will be located to the south, east or north of the existing hospital, but as you can see, in any of these scenarios it will have a major impact on the operations of the hospital. As previously mentioned there will also be significant renovation within the existing operating Hospital.

10. **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.

WGH has not had any audit findings on previous public works projects.

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.

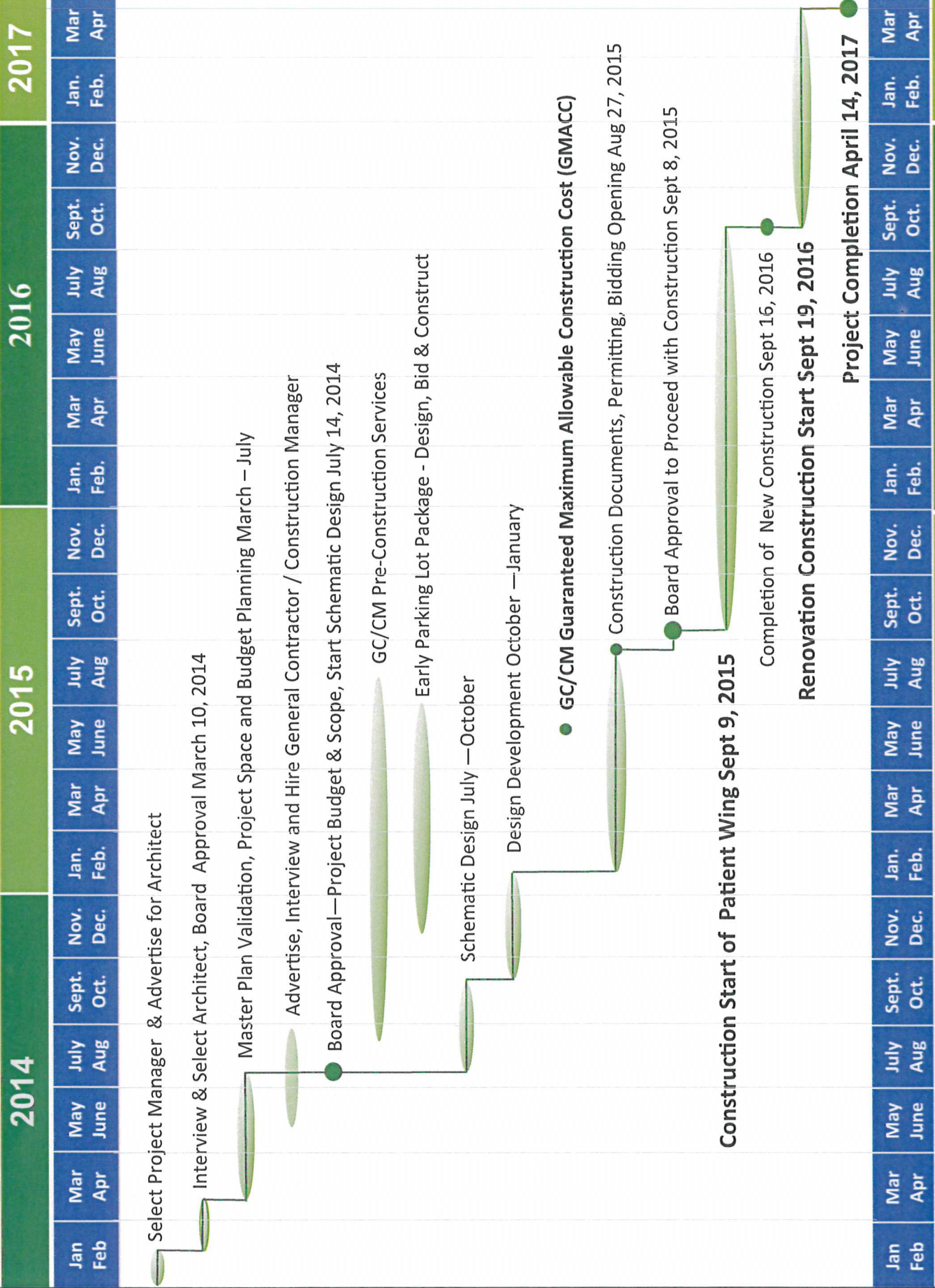
Should the PRC approve your request to use the GC/CM or D-B contracting procedure, you also understand that: (1) your organization is required to participate in brief, state-sponsored surveys at the beginning and the end of your approved project; and (2) the data collected in these surveys will be used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

Print Name Tom Tomasino

Signature Tom Tomasino

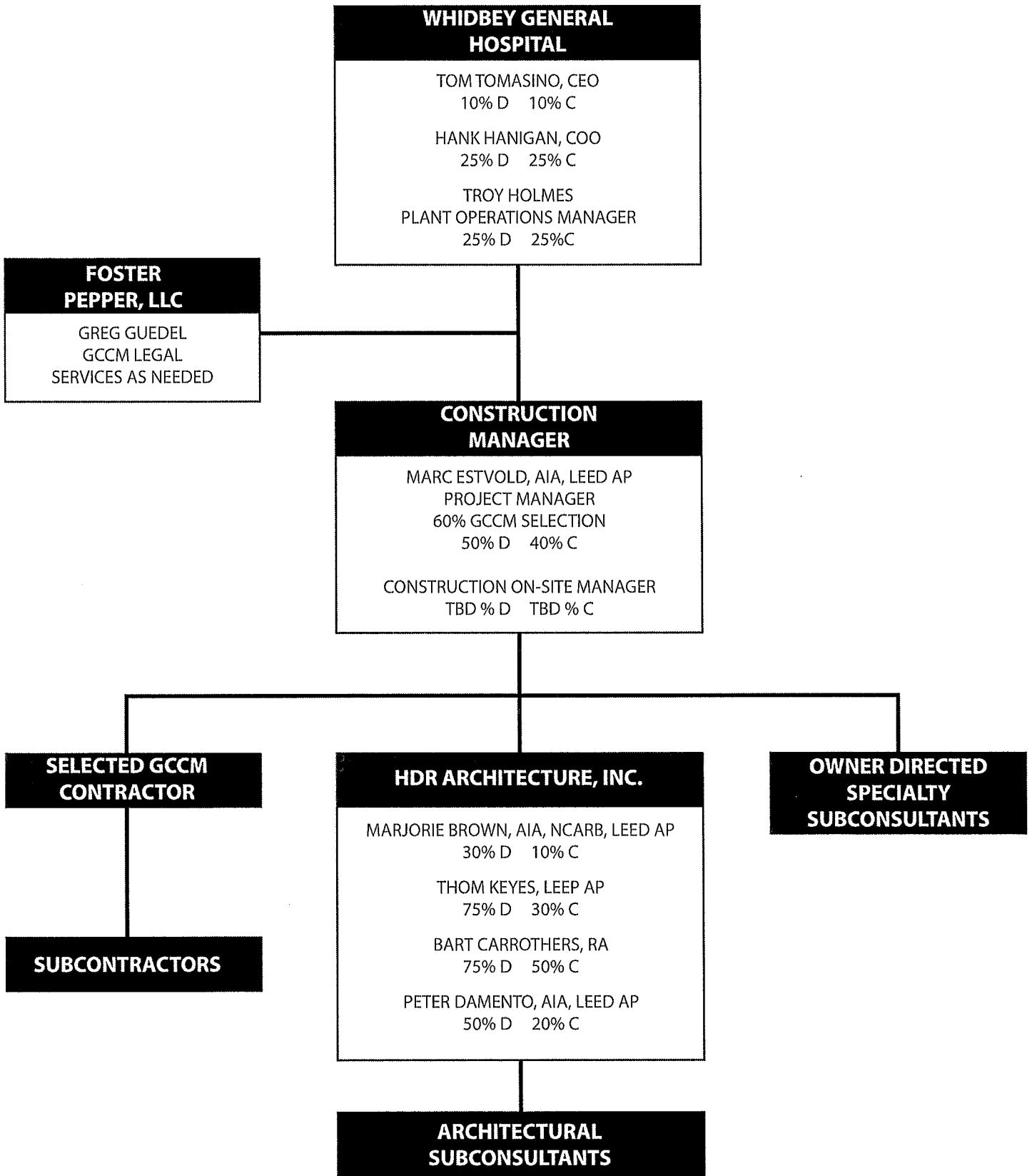
Title: CEO Date: 4/29/14

Project Schedule - Whidbey General Hospital Addition and Renovation - Exhibit A



2014			2015			2016			2017						
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar	Apr

WHIDBEY GENERAL HOSPITAL ADDITION AND RENOVATION PROJECT ORGANIZATIONAL CHART ATTACHMENT B



GCCM = GENERAL CONTRACTOR/CONSTRUCTION MANAGER
 D = DESIGN C = CONSTRUCTION



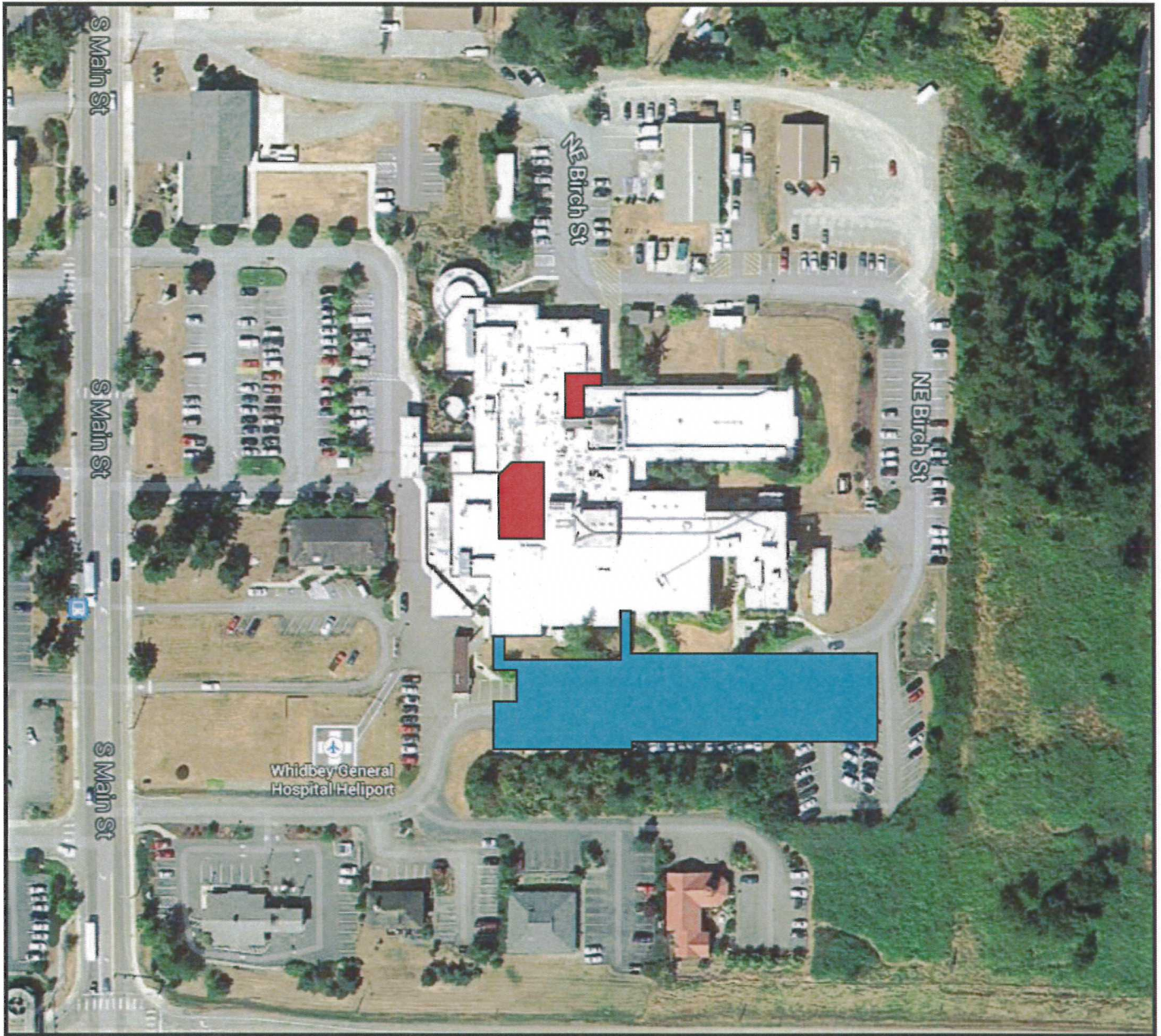
Attachment "C" Team Experience

Name	Project Role	Project	Project Budget	Procurement Type	Role During Project Phases		
					Pre-Design	Design	Construction
Tom Tomlinson	WGH Chief Ex. Officer	Freeland Medical Office Building	\$846K	D/B/B	COO	COO	COO
		EMS Quarters	\$928K	D/B/B	COO	COO	COO
		Whidbey General Hospital Coupeville	\$2.4M	D/B/B	COO	COO	COO
		Whidbey General Hospital North	\$2.7M	D/B/B	COO	COO	COO
Troy Holmes	WGH Plant Ops Manager	Bay View EMS Quarters	\$3.5 M	D/B/B	CEO	CEO	CEO
		Freeland Medical Office Building	\$846K	D/B/B	POE	POE	POE
		EMS Quarters	\$928K	D/B/B	POE	POE	POE
		Whidbey General Hospital Coupeville	\$2.4M	D/B/B	POE	POE	POE
Marc Estvold AIA LEED AP	MLE Inc. Project Manager	Whidbey General Hospital North	\$2.7M	D/B/B	POE	POE	POE
		Bay View EMS Quarters	\$3.5M	D/B/B	POM	POM	POM
		McIntyre Hall Performing Arts & Conference	\$18.0 M	GC/CM	PM	PM	PM
		Island Hospital Renovation & Expansion	\$40.0 M	GC/CM	PM	PM	PM
Marjorie Brown AIA LEED AP	HDR Principal IN Charge	Cascade Skagit Health Alliance	\$18.0 M	D/B/B	PM	PM	PM
		Island Hospital Medical Arts Pavilion	\$10.0 M	GC/CM	PM	PM	PM
		Skagit Valley Hospital Riverbend	\$16.0 M	D/B/B	PM	PM	PM
		Central Washington Hospital	\$117M	GC/CM	PM	PM	PIC
Thom Keyes LEED AP	HDR Project Manager	Mary Bridge Milgard Pavilion	\$28M+	GC/CM	PIC	PIC	PIC
		MultiCare Rainier Tower	\$70M+	GC/CM	PIC	PIC	PIC
		MultiCare Rainier Pavilion	\$23M+	GC/CM	PIC	PIC	PIC
		U. of Oregon Lewis Integrated Science Bldg.	\$69M	GC/CM	PIC	PIC	PIC
Bart Carrothers RA	HDR Project Architect	UW Fluke Hall Renovation	\$31M	GC/CM	PIC	PIC	PIC
		Central Washington Hospital	\$117M	GC/CM	PA	PA	PM
		Mary Bridge Milgard Pavilion	\$28M+	GC/CM	PA	PA	PA
		MultiCare Rainier Tower	\$70M+	GC/CM	PA	PA	PA
Peter Damento AIA LEED AP BD+C	HDR Project Designer	MultiCare Rainier Pavilion	\$23M+	GC/CM	PA	PA	PA
		Central Washington Hospital	\$117M	GC/CM	PA	PA	PA
		Mary Bridge Milgard Pavilion	\$28M+	GC/CM	PA	PA	PA
		MultiCare Rainier Tower	\$70M+	GC/CM	PA	PA	PA
Peter Damento AIA LEED AP BD+C	HDR Project Designer	MultiCare Rainier Pavilion	\$23M	GC/CM	PA	PA	PA
		Central Washington Hospital	\$117M	GC/CM	Designer	Designer	Designer
		Mary Bridge Milgard Pavilion	\$28M+	GC/CM	Designer	Designer	Designer
		MultiCare Rainier Tower	\$70M+	GC/CM	Designer	Designer	Designer

POE = Plant Operations Engineer

POM = Plant Operations Manager

WHIDBEY GENERAL HOSPITAL ADDITION AND RENOVATION
SITE GRAPHIC
ATTACHMENT D



KEY

-  51,200 SF NEW CONSTRUCTION
-  11,000 SF MISCELLANEOUS RENOVATION

*NEW PARKING LOTS WILL OCCUR TO ACCOMODATE DISPLACED PARKING SPACES AND NEW CONSTRUCTION

