

Project Review Committee (PRC)
GC/CM Project Evaluation Sheet

Date: June 27, 2024
 PRC Member: Brian Holecek
 Public Agency: King County Public Health District
 Project Name: Snogualmie Valley Health Project
 Requesting Alternative Subcontractor Selection? Yes No
 Subcontractor/Subcontract Package(s): Electrical & Mechanical

Approved
 Denied
 Approve ASSP (y/n) Y

**Project Evaluation Criteria
 General Contractor/Construction Manager**

Determine that the Agency's proposed use of GC/CM on the project meets the requirements for alternative contracting procedures:

- A. Provides substantial fiscal benefit or traditional delivery method is not practical.
- B. Project meets qualifying criteria under RCW 39.10.340. Public bodies may utilize the GC/CM procedure for public works projects where at least one of the following is met: *(Pass if meets 1 of 6)*
 - 1. Implementation of the project involves complex scheduling, phasing, or coordination, or
 - 2. The project involves construction at an occupied facility which must continue to operate during construction; or
 - 3. The involvement of the GC/CM during the design stage is critical to the success of the project; or
 - 4. The project encompasses a complex or technical work environment; or
 - 5. The project requires specialized work on a building that has historic significance; or
 - 6. The project is, and the public body elects to procure the project as, a heavy civil construction project. However, no provision of this chapter pertaining to a heavy civil construction project applies unless the public body expressly elects to procure the project as a heavy civil construction project.
- C. Public Body has necessary experience or team: *(must meet all 6 to pass; 1 fail fails all)*
 - 1. Project delivery knowledge and experience
 - 2. Sufficient contract administration personnel with construction experience
 - 3. Written management plan with clear & logical lines of authority
 - 4. Necessary & appropriate funding and time to carry out the project
 - 5. Continuity of project management team with project type & scope experience
 - 6. Necessary and appropriate construction budget
- D. Public Body has resolved any audit findings relative to previous projects.

Pass	Fail
X	
X	
X	
X	X
	X
	X
X	
X	
X	
X	
X	
X	
X	

Alternative Subcontractor Selection Process

Determine that the Public Agency's proposed use of alternative subcontractor selection by the GC/CM on the project meets the requirements for alternative subcontracting procedures: *(must meet all 6 to pass; 1 fail fails all)*

- E. Public Benefit
 - a. Benefits of alternative subcontractor selection versus low bid selection
 - b. Process for determining if alternative subcontractor selection is in the best interest of the public
- F. Public Body Engagement/Knowledge
 - a. Participation in the alternative subcontractor selection process
 - b. Oversight of the GC/CM during the alternative subcontractor selection process
 - c. Knowledge of Public Body responsibilities
 - d. Knowledge of audit requirements

Pass	Fail
X	
X	
X	
X	
X	
X	

Reason for Determination Observations/Concerns:

Project meets the requirements and project team supports the project

Brian Holecek
 Signature

Project Review Committee (PRC)
GC/CM Project Evaluation Sheet

Date: 06/27/2024
 PRC Member: Garett Buckingham
 Public Agency: King County Public Hospital District – Snoqualmie Valley Health
 Project Name: MOB/Wellness GC/CM Project w/ASSP
 Requesting Alternative Subcontractor Selection? Yes X No _____
 Subcontractor/Subcontract Package(s): Mechanical/Electrical

Approved X
 Denied _____
 Approve ASSP (y/n) X

**Project Evaluation Criteria
 General Contractor/Construction Manager**

Determine that the Agency's proposed use of GC/CM on the project meets the requirements for alternative contracting procedures:

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- B. Project meets qualifying criteria under RCW 39.10.340. Public bodies may utilize the GC/CM procedure for public works projects where at least one of the following is met: *(Pass if meets 1 of 6)*
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- C. Public Body has necessary experience or team: *(must meet all 6 to pass; 1 fail fails all)*
 - 1. Project delivery knowledge and experience
 - 2. Sufficient contract administration personnel with construction experience
 - 3. Written management plan with clear & logical lines of authority
 - 4. Necessary & appropriate funding and time to carry out the project
 - 5. Continuity of project management team with project type & scope experience
 - 6. Necessary and appropriate construction budget
- D. Public Body has resolved any audit findings relative to previous projects:

Pass	Fail
X	
X	
X	
X	
X	
X	
X	
X	

Alternative Subcontractor Selection Process

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 - b. Oversight of the GC/CM during the alternative subcontractor selection process
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 - d. Knowledge of audit requirements

Pass	Fail
X	
X	
X	
X	
X	
X	

Reason for Determination Observations/Concerns:

Team is very experienced and answered questions well. Be very diligent in your use of the MCCM and ECCM. Those subs need to be active participants and not just ride along subs

Garett Buckingham
 Signature

Project Review Committee (PRC)
GC/CM Project Evaluation Sheet

Date: 6/27/2024
 PRC Member: Jeff Gonzalez
 Public Agency: King County Public Hospital District
 Project Name: Snoqualmie Valley Health MOB/Wellness GC/CM Project w/ASSP
 Requesting Alternative Subcontractor Selection? Yes X No _____
 Subcontractor/Subcontract Package(s): Mechanical and Electrical

Approved X
 Denied _____
 Approve ASSP (y/n) Y

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Pass	Fail
X	
X	
X	
X	
X	
X	
X	
X	
X	
X	
X	
X	
X	

Alternative Subcontractor Selection Process

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 - d. Knowledge of audit requirements

Pass	Fail
X	
X	
X	
X	
X	
X	
X	

Reason for Determination Observations/Concerns:

Applicant met requirements. Well prepared!


 Signature

Project Review Committee (PRC)
GC/CM Project Evaluation Sheet

Date: June 27, 2024
 PRC Member: Karl Kolb
 Public Agency: Public Hospital District #4, King County
 Project Name: SVH MOB/Wellness Project
 Requesting Alternative Subcontractor Selection? Yes X No _____
 Subcontractor/Subcontract Package(s): EC/CM, MC/CM

Approved X
 Denied _____
 Approve ASSP (y/n) Y

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Pass	Fail
X	
X	
X	
X	
X	
X	
NA	
X	
X	
X	
X	
X	
X	
X	
X	

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 - d. Knowledge of audit requirements

Pass	Fail
X	
X	
X	
X	
X	
X	

Reason for Determination Observations/Concerns:

Satisfies RCW 39.10

Karl Kolb

Signature

**Project Review Committee (PRC)
GC/CM Project Evaluation Sheet**

Date: June 27, 20244
 PRC Member: Catina M Patton
 Public Agency: King County Public Health District
 Project Name: Snoqualmie Valley Health Project
 Requesting Alternative Subcontractor Selection? Yes X No _____
 Subcontractor/Subcontract Package(s): Mechanical

Approved X
 Denied _____
 Approve ASSP (y/n) X

**Project Evaluation Criteria
General Contractor/Construction Manager**

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 - 6. Necessary and appropriate construction budget
- D. Public Body has resolved any audit findings relative to previous projects.

Pass	Fail
X	
X	
X	
X	
X	
X	
X	
X	
X	
X	
X	

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 - d. Knowledge of audit requirements

Pass	Fail
X	
X	
X	
X	
X	
X	

Reason for Determination Observations/Concerns:

Fits the GC/CM criteria's.

Catina M Patton
Signature

Project Review Committee (PRC)
GC/CM Project Evaluation Sheet

Date: 6-27-24
 PRC Member: KEVIN THOMAS
 Public Agency: KING COUNTY PUBLIC HEALTH DISTRICT
 Project Name: SNOWYALMIE VALLEY HEALTH PROJECT
 Requesting Alternative Subcontractor Selection? Yes X No _____
 Subcontractor/Subcontract Package(s): Edcm mc/cm

Approved X
 Denied _____
 Approve ASSP (y/n) X

**Project Evaluation Criteria
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Pass	Fail
X	
X	
X	
X	
X	
	X
X	
X	
X	
X	
X	
X	

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Pass	Fail
X	
X	
X	
X	
X	
X	

Reason for Determination Observations/Concerns:

PROJECT FOCUS ON COMMUNITY NEEDS, ECONOMIC DEVELOPMENT OPPORTUNITIES, PROJECT SITE COMPLEXITIES, FITS GC/CM

Kevin Thomas
 Signature

Project Review Committee (PRC)
GC/CM Project Evaluation Sheet

Date: 6/27/2024
 PRC Member: MIKE D SHINN
 Public Agency: KING COUNTY PUBLIC HEALTH
 Project Name: SNOQUALMIE VALLEY PROJECT
 Requesting Alternative Subcontractor Selection? Yes X No _____
 Subcontractor/Subcontract Package(s): PLUMBING & ELECTRICAL HVAC

Approved X
 Denied _____
 Approve ASSP (y/n) _____

**Project Evaluation Criteria
 General Contractor/Construction Manager**

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	Pass	Fail
A.	X	
B.	X	
1.	X	
2.	X	
3.	X	
4.	X	
5.	X	
6.	X	
C.	X	
1.	X	
2.	X	
3.	X	
4.	X	
5.	X	
6.	X	
D.	X	

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 - d. Knowledge of audit requirements

	Pass	Fail
E.	X	
a.	X	
b.	X	
F.	X	
a.	X	
b.	X	
c.	X	
d.	X	

Reason for Determination Observations/Concerns:

HAS THE RIGHT TEAM

Mike D Shinn
 Signature

Project Review Committee (PRC)
GC/CM Project Evaluation Sheet

Date: June 27, 2024
 PRC Member: Becky Barnhart
 Public Agency: King County Public Health District
 Project Name: Snoqualmie Valley Health Project
 Requesting Alternative Subcontractor Selection? Yes X No _____
 Subcontractor/Subcontract Package(s): MC and EC

Approved X
 Denied _____
 Approve ASSP (y/n) YES

**Project Evaluation Criteria
 General Contractor/Construction Manager**

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Pass	Fail
X	
X	
x	
x	
x	
NA	
NA	
NA	
X	
x	
x	
x	
x	
x	
x	
X	

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Pass	Fail
X	
x	
X	
x	
x	
x	

Reason for Determination Observations/Concerns:



 Signature