

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

Date: 7/25/24  
 PRC Member: Alexis Blue  
 Public Agency: LAKE CHELAN HEALTH – GC/CM  
 Project Name: EMS and Admin Building  
 Requesting Alternative Subcontractor Selection? Yes \_\_\_\_\_ No X  
 Subcontractor/Subcontract Package(s): \_\_\_\_\_

Approved X  
 Denied \_\_\_\_\_  
 Approve ASSP (y/n) \_\_\_\_\_

**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	
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X	
X	
X	
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**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

**Reason for Determination Observations/Concerns:**

Meets criteria

  
 Signature

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

Date: 7/25/24  
 PRC Member: Tom Golden  
 Public Agency: Lake Chelan Health  
 Project Name: EMS and Administration Building  
 Requesting Alternative Subcontractor Selection? Yes \_\_\_\_\_ No X  
 Subcontractor/Subcontract Package(s): \_\_\_\_\_

Approved X  
 Denied \_\_\_\_\_  
 Approve ASSP (y/n) N/A

**Project Evaluation Criteria  
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Pass	Fail
X	
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X	
X	
	X
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  - d. Knowledge of audit requirements

Pass	Fail

**Reason for Determination Observations/Concerns:**

Occupied site and adverse soil conditions are just two of the reasons this project would benefit from GCCM. Also, very recent experience with a major building project provides many lessons learned that will only serve to improve the process.

  
 Signature

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

Date: 7/25/24  
 PRC Member: DAVE JOHNSON  
 Public Agency: LAKE CHARLES HEALTH  
 Project Name: EMS + ADMIN BLDG PROJECT  
 Requesting Alternative Subcontractor Selection? Yes  No   
 Subcontractor/Subcontract Package(s): \_\_\_\_\_

Approved   
 Denied   
 Approve ASSP (y/n) \_\_\_\_\_

**Project Evaluation Criteria  
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Pass      Fail

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**Alternative Subcontractor Selection Process**

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  - d. Knowledge of audit requirements

Pass      Fail

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**Reason for Determination Observations/Concerns:**

PROJECT IS GOOD CANDIDATE FOR GC/CM AND AGENCY HAS SUCCESSFUL EXPERIENCE EXECUTING GC/CM.

  
 Signature

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

Date: 7/25/2024  
 PRC Member: Jeff Jurgensen  
 Public Agency: Lake Shelton Health  
 Project Name: EMS Admin Building project  
 Requesting Alternative Subcontractor Selection? Yes  No   
 Subcontractor/Subcontract Package(s): \_\_\_\_\_

Approved X  
 Denied \_\_\_\_\_  
 Approve ASSP (y/n) \_\_\_\_\_

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

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- D. Public Body has resolved any audit findings relative to previous projects.

Pass Fail

X	
X	
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X	
X	
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X	

**Alternative Subcontractor Selection Process**

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Pass Fail


**Reason for Determination Observations/Concerns:**

Solid team : presented the need very well.

Signature \_\_\_\_\_



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

Date: 7.25.24  
 PRC Member: LANCE THOMAS  
 Public Agency: LAKE CHELAN HEALTH  
 Project Name: EMS + ADMINISTRATION BUILDING PROJECT  
 Requesting Alternative Subcontractor Selection? Yes \_\_\_\_\_ No X  
 Subcontractor/Subcontract Package(s): \_\_\_\_\_

Approved X  
 Denied \_\_\_\_\_  
 Approve ASSP (y/n) \_\_\_\_\_

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Pass	Fail
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**Alternative Subcontractor Selection Process**

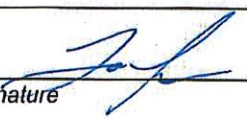
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  - d. Knowledge of audit requirements

Pass	Fail

**Reason for Determination Observations/Concerns:**

GREAT CANDIDATE FOR GC/CM. WISH YOU SUCCESS ON THE PROJECT.

  
 \_\_\_\_\_  
 Signature

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

Date: 7/25/24  
 PRC Member: Kyle Twohig  
 Public Agency: Lake Chelan Health  
 Project Name: EMS and Administration Building Project  
 Requesting Alternative Subcontractor Selection? Yes \_\_\_\_\_ No x  
 Subcontractor/Subcontract Package(s): \_\_\_\_\_

Approved \_\_\_\_\_  
 Denied X

Approve ASSP (y/n) \_\_\_\_\_

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

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- D. Public Body has resolved any audit findings relative to previous projects.

**Pass    Fail**

X	
X	
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**Alternative Subcontractor Selection Process**


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  - d. Knowledge of audit requirements

**Pass    Fail**


**Reason for Determination Observations/Concerns:**

Owner has experience, and project will benefit greatly from a qualified Gc/CM contractor on a difficult project.

 Digitally signed by Twohig, Kyle  
 Date: 2024.07.25 13:12:54-07'00'  
 \_\_\_\_\_  
 Signature

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

Date: 7/25/2024  
 PRC Member: Eza Agoes  
 Public Agency: Lake Chelan Health (LCH)  
 Project Name: EMS and Administration Building  
 Requesting Alternative Subcontractor Selection? Yes \_\_\_\_\_ No x  
 Subcontractor/Subcontract Package(s): \_\_\_\_\_

Approved x  
 Denied \_\_\_\_\_  
 Approve ASSP (y/n) \_\_\_\_\_

**Project Evaluation Criteria  
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Pass	Fail
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<b>x</b>	
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<b>x</b>	
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<b>x</b>	

**Alternative Subcontractor Selection Process** N/A

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Pass	Fail
N/A	
N/A	
N/A	
N/A	
N/A	
N/A	
N/A	

**Reason for Determination Observations/Concerns:**

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Digitally signed by Eza Agoes  
 Date: 2024.07.29 08:10:07-07'00'

Signature