State of Washington
Capital Projects Advisory Review Board (CPARB)
PROJECT REVIEW COMMITTEE (PRC)

GC/CM PROJECT APPLICATION

To Use the General Contractor/Construction Manager (GC/CM) Alternative Contracting Procedure

The 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 #2, dba Quincy Valley Medical Center**
b) Mailing Address: **908 Tenth Avenue Southwest, Quincy WA 98848**
c) Contact Person Name: **Glenda Bishop** Title: **CEO**
d) Phone Number: **509-787-5368** E-mail: **glenda.bishop@quincyhospital.org**

1. Brief Description of Proposed Project

a) Name of Project: **QVMC Replacement Hospital**
b) County of Project Location: **Grant**
c) Please describe the project in no more than two short paragraphs. *(See Example on Project Description)*

QVMC will construct a replacement hospital on its current site, and upon completion will demolish the old facility to make room for appropriate parking for patients, families and staff. The new hospital is expected to have 6 inpatient beds, emergency services, diagnostic imaging, physical therapy, a Rural Health Clinic and helipad. As planned, the new facility will not provide surgical services.

A master facilities plan was completed in 2021 to provide estimated square footage (50,000), program, equipment needs and general site planning.

2. Projected Total Cost for the Project:

A. Project Budget - **The budget for this project was established with the help of a handful of consultants focused on their areas of expertise. Construction costs were estimated by Cumming Corporation. Medical Equipment from SourceBlue after a detailed inventory of current equipment, and IT/LV from a consultation with MGAC.**

Costs for Professional Services (A/E, Legal etc.)	$2,760,797
Estimated project construction costs (including construction contingencies):	$35,649,361
Equipment and furnishing costs	$7,807,819
Off-site costs	$100,000
Contract administration costs (owner, cm etc.)	$2,620,670
Contingencies (design & owner)	$2,157,525
Other related project costs (jurisdictional costs)	$329,454
Sales Tax	$3,563,489
Total	**$52,518,445**

B. Funding Status

Please describe the funding status for the whole project. *Note: If funding is not available, please explain how and when funding is anticipated*

On August 2, 2022 the voters of the District approved a $55Million tax levy to provide funding for the replacement hospital. Estimates are showing this amount is sufficient to fund the entire project. Initial funds from this levy will be available to QVMC in December 2022.

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**	**Oct 20, 2022**
2	**SH PRC Presentation**	**Dec 1, 2022**
3	**GC/CM Delivery Approval**	**Dec 1, 2022**
4	**Official State Authority Notice**	**Dec 15, 2022**
5	**GC/CM RFQ Due**	**Jan 20, 2023**
6	**GC/CM Interviews**	**Feb 1, 2023**
7	**GC/CM RFFP-Selection**	**Feb 5, 2023**
8	**Schematic Design Complete**	**Feb 15, 2023**
9	**Baseline Estimate**	**Mar 1, 2023**
10	**GC/CM Budget - 70% DD**	**May 1, 2023**
11	**VE/Constructability**	**April – May 2023**
12	**Design Development Complete**	**May 2023**
13	**Baseline MACC 90% Construct Docs**	**July 2023**
14	**Construction Docs 100%**	**Aug 2023**
15	**Permitting-Site/Building**	**May/July 2023**
16	**Final MACC**	**Sept 2023**
17	**Site Mobilization**	**Sept 2023**
18	**Construction Completion**	**March 2024**

b) *(including the use of alternative subcontractor selection, if applicable)*

Hiring consultants if not already hired

Prime consultants (Architects, engineers, project management) 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 pre-schematic 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 selected during schematic design allowing sufficient time to review the GC/CM contract and preconstruction agreement and to provide an initial baseline estimate against which evolving design may be monitored against budget.

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? Complexities include not only the ones inherent in a health care facility, but the need to construct the facility adjacent to an operating hospital (24/7) will require coordination with the operating hospital leadership to ensure patient care is not compromised.

Key coordination and phasing of the new facility construction will enable QVMC to manage the evolution from the existing hospital facility to the new facility with minimal disruption to the important ongoing health care services at the hospital. 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 Quincy area will provide QVMC 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 QVMC and the design team. Select bid packages will require pre-bid determination for subcontractor eligibility.

QVMC 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 clinic 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 QVMC 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?

  While the new facility is technically a completely new and distinct building, it will be adjacent to the current facility on the same land. Impacts on current occupants, patients and families will require safe access and egress to the existing hospital be maintained – especially for emergency vehicles. During construction, the site logistics of constructing a new hospital on the site of an existing hospital will be critical to not disrupt existing hospital operations. The coordination required at the end of construction is significant, as the new hospital will open its doors at the same time as the existing hospital closes. This will require coordination of equipment installation, training, and movement of patients and materials from the old to the new.

  We anticipate the relocation of some support services currently housed in structures on site which will be removed prior to new hospital construction. This includes IT management, supply chain storage, and accounting.

  Note: *Please identify functions within the existing facility which require relocation during construction and how construction sequencing will affect them. As part of your response, you may refer to the drawings or sketches that you provide under Question 8.*

- If involvement of the GC/CM is critical during the design phase, why is this involvement critical?

  The current market only makes the need for early involvement of the GC/CM more relevant than ever before. Involvement of the GC/CM during design is critical for the following reasons:

  1. **Involvement early in the design process to ensure material selections and project scheduling are well-prepared to address overall schedule maintenance. Given the escalation in today's market and significant lead times, a tight delivery schedule is imperative.**
  2. **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.**
  3. **Having a GC/CM throughout the design phase will provide accurate and detailed cost information as the design progresses. The project intends to employ the use of 'target value' design. Having the GC/CM involved in that process will lend greater expertise to the target values.**
  4. **The GC/CM will also provide input into the products and materials used to optimize the return on investment.**
  5. **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.**

6. 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.

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

8. Design in the middle of schematic design is the ideal time to engage a GC/CM to this project

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

- 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?
  N/A

- 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?
  N/A

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 Public Benefit related only to Alternative Subcontractor Selection, use Supplement A or Supplement B, if your organization decides to use this selection process. Refer to Question No. 11 of this application for guidance)*. 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 experiencing major issues regarding escalation, material availability and lead times, as well as labor shortages in key areas. The new QVMC facility will benefit from the ability to select the contracting entities based on a qualified and competitive selection criterion. The risks of reverting back to a 'hard bid' process represents too much risk to the project.

- 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 Quincy 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 (and potential "mini-MACC's) 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 during Schematic Design. 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.
  N/A

6. Public Body Qualifications

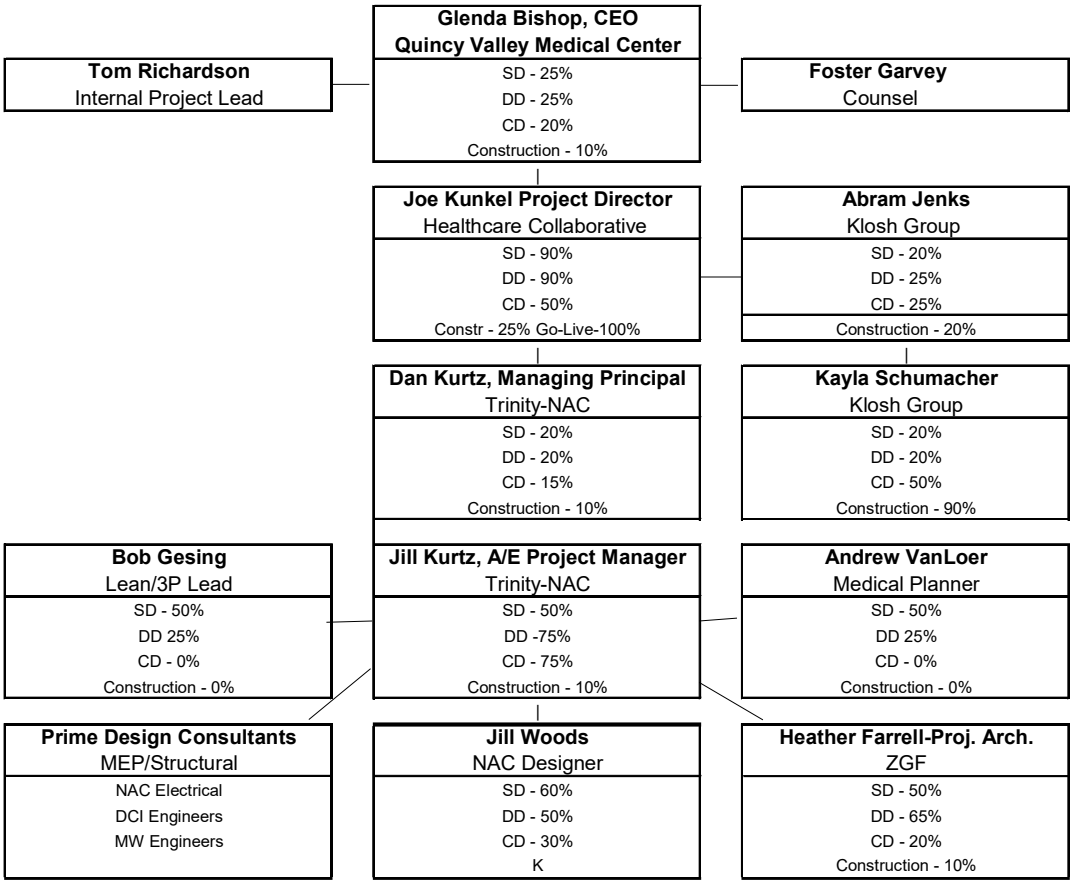
Please provide:

- A description of your organization's qualifications to use the GC/CM contracting procedure.
  The Owner [QVMC] has retained the services of The Healthcare Collaborative Group (in partnership with Klosh Group) to manage the project GC/CM solicitation and selection process and provide GC/CM management from the inception of planning through final completion of the construction phase. The Healthcare Collaborative Group with Principal Joe Kunkel serving as Project Director and Abram Jenks 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 expect construction oversight during the construction phase. In addition, the selected Architect of Record, NAC, has considerable Healthcare related projects with GC/CM applications.

- A ***Project*** organizational chart, showing all existing or planned staff and consultant roles.
  Note: *The organizational chart must show the level of involvement and main responsibilities anticipated for each position throughout the project (for example, full-time project manager). If acronyms are used, a key should be provided. (See Example on Project Organizational Chart)*

Project Organization Chart

Quincy Valley Medical Center



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

The Healthcare Collaborative Group

Joe Kunkel (President THCG) 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. THCG provides an integrated project management approach with the unique ability to integrate strategic planning, operations, master planning, design, and entitlement/preconstruction services. THCG has a deep list of experience in the delivery of new and replacement hospital projects throughout the pacific northwest. QVMC represents the 11th new hospital Joe Kunkel has been in involved with in his career. THCG has a specific focus on rural healthcare, having managed the design/construction of 6 critical access hospitals.

Klosh Group (Project Management Partner)

Abram Jenks (Klosh Group) Construction Project Manager:

Abram has 17 years of construction experience ranging from complex, occupied education projects, to hospitality, and healthcare. Prior to joining Klosh Group Abram worked for a large general contractor for 13 years managing all aspects of on-site project coordination and quality inspection. Owners have benefited from Abram's construction and leadership experience during the construction phase, but also through the design and procurement project phases.

Kayla Schumacher (Klosh Group) Construction Manager

Kayla has 12 years of experience in the construction ranging from heavy civil, bridges and infrastructure, to healthcare and multi-family projects. She is currently working with Providence Healthcare on a large campus expansion project. Prior to joining Klosh Group, Kayla worked for a large general contractor for 11 years and served a variety of roles from office/schedule engineer, field engineer, project engineer, design/permit coordinator, superintendent, and project manager. She works closely with clients, designers, and various authorities to ensure clear communication and coordination takes place, ultimately keeping projects moving forward.

Foster Garvey

Counsel

Foster Garvey attorneys work with many public sector clients to ensure legal compliance for their project design, public works construction, and equipment and services procurement programs. Their 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).

Trinity/NAC – Design Team

Dan Kurtz, AIA, LEED AP

Principal-In-Charge

Dan has been doing exclusively health care facilities for over 25 years. He will be the primary point of contact for Quincy Valley Medical Center and the entire project team from NAC. He will ensure active and productive communication among the team members to facilitate cohesive, coordinated efforts toward a common goal. His dedication to healthcare design ranges from tenant improvements, major additions and renovation to hospital covering all types of patients, clinical and support spaces. Dan's primary focus is to create the most value for QVMC while providing the best environment for patients and staff.

Jill Kurtz, AIA

Project Manager

Jill will ensure active and productive communication among the team members to facilitate cohesive, coordinated efforts toward a common goal. Jill brings organizational, communication and team building skills to every project. Jill's dedication and experience with healthcare facility design ranges from tenant improvements to major additions and renovations covering all types of patients, staff and support spaces.

Andrew vol Lohr, AIA, NCARB

Medical Planner

Andrew brings a highly adaptable skill set to every planning, design and architectural project. His healthcare facility delivery knowledge is evident in complex undertakings where he managers intricate schedules, budgets and large project teams. As an integrative team player, he provides leadership and support throughout the process. Andrew values relationships and consensus building and views them as paramount to the success of every project.

Jill Woods, IIDA, LEED AP

Experiential Planning and Design

Jill has spent her 25+ year career focusing on improving the healthcare experience through design. The passion began as a result of many years spent in these environments as a family member and recognizing the impact a facility can have on the health and well-being, not only of the patients, but

also the family and those working to provide care. Jill tunes in to empathy and guide planning, lighting, wayfinding, and all elements of design to foster the best possible healthcare.

Bob Gesing, AIA, LEED AP

Lean/3P Leadership

For more than 37 years, Bob has served the healthcare industry providing analysis, programming, planning, and design services on over 2,000 engagements for more than 150 healthcare organizations across the United States. Guided by his deep background in Lean operations, Bob is passionate about creating actionable planning strategies and designing beautiful yet efficient spaces for people to work and heal.

Heather Farrell

Project Architect

Heather is a Project Architect and BIM Coordinator with expertise focusing on internal coordination, consultant engagement, schedule coordination, and deliverables documentation. Heather excels on projects that require rigorous and detailed coordination among equipment vendors, consultants, and team members, being well organized and detail oriented.

- 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. *(See Example Staff\Contractor Project Experience and Role. The applicant shall use the abbreviations as identified in the example in the attachment.)*

Firm: The Healthcare Collaborative & Klosh Group– Project Director and CM					Duration	Role During Project Phases		
Name Type	Summary of Experience	Project Names	Project Size			Planning	Design	Construct
1.Joe Kunkel	President, The Healthcare Collaborative Group, Inc.	Samaritan Pacific Communities Hospital, Newport, OR	$79M	D/B	2017-2021	PM	PM	PM
		Samaritan Healthcare, Moses Lake WA	$156M	CMCG	2018 - Current	PM	PM	PM
		CHI St Anthony Hospital, Pendleton, OR	$107M	CMGC	2007-2012	PM	PM	PM
		Trios Hospital, Kennewick, WA	$140M	GC/CM, D/B	2009-2013	PM	PM	
		Swedish Hospital, Issaquah, WA	$400M	GC/CM	2013-2015	PM	PM	
		Peace Island Hospital	$35M	GC/CM	2012-2014	PM	PM	
		St Elizabeth Hospital, Enumclaw, WA	$75M	GC/CM	2008-2012	PM/OR	PM/OR	PM
		St Anthony Hospital, Gig Harbor, WA	$200M	GC/CM	2005-2007	PM/OR	PM/OR	
		Legacy Salmon Creek	$200M	GC/CM	2003-2005	PM/OR	PM/OR	
2. Abram Jenks	Senior PM – Klosh Group	Samaritan Healthcare, Moses Lake WA	$156M	GC/CM	2020-Current	PM	PM	Sr. PM
	Klosh	Chase Gardens Medical Office	$8.9M	CM/GC	2019-2020	PM	PM	PM
	Klosh	North Lancaster Medical Office Building	$9.5M	CM/GC	2019-2021	PM	PM	PM
	Skanska	OHSU Data Center, Portland OR	$12.4M	CM/GC	2013-2014	GC PM	GC PM	GC PM
	Skanska	Porter Hotel	$89M	CM/GC	2015-2018	GC Sr PM	GC Sr PM	GC Sr PM
	Skanska	Banfield Corporate Office	$98M	GCCM	2014-2015	GC Sr PM	GC Sr PM	GC Sr PM
3. Kayla Schumacher	PM – Klosh Group	SR520 Floating Bridge Replacment	$750M	DB	2010-2016	PE	PE	PE/Supt
	Kiewit Corp	Sound Transit – E360 Light Rail	$330M	DB	2016-2020	PE	Design/Permit Coord	Supt
	Kiewit Corp	RTS Pedestrian Bridge	$180 M	DB	2020-2021	PM	PM	PM
	Klosh	St Peter's Hospital Modernization	$200M	CM/GC	2021-2022	PM	PM	PM
	Klosh	Providence CT Upgrades	$6M	GMP	2021-2022	PM	PM	PM
	Klosh	Providence Echo Relocation and Upgrade	$2M	GMP	2021-2022	PM	PM	PM
	Klosh	River Trail Apartment Renovation	$3M	LS	2022	N/A	N/A	PM
Firm: NAC - Architect of Record					**Duration**	**Role During Project Phases**		
Name Type	**Summary of Experience**	**Project Names**	**Project Size**			**Planning**	**Design**	**Construct**
1.Dan Kurtz	Principal	Heart Center Addition and Renovation, Kootenai Health	$27M	GC/CM	2021-Current	Arch PIC	Arch PIC	Arch PIC
		Community Hospital of Anaconda – Addition & Remodel	$12.2M	GC/CM	2011-2015	PM	PM	PM
		Kootenai Health – East Expansion	$43M	CM Risk	2014-2016	PM	PM	PM
		Kootenai Health – Phase 2 Surgery Expansion	$16M	GC/CM	2014-2019	PM	PM	PM
		Kootenai Health – ER Addition/Renovation	$12.4M	GC/CM	2015-2018	PIC	PIC	PIC
2.Jill Kurtz	Project Manager	Kootenai Health – ER Addition/Renovation	$12.4M	GC/CM	2015-2018	PM	PM	PM
		Tri-State Memorial Hospital – Inpatient ICU wing Addition	$29.6M	GC/CM	2020-Current	PM	PM	PM
		Whitworth University Health Science Bldg	$15M	Private DB	2019-2022	Med Planner	Med Planner	Med Planner
		Spokane Teaching Health Clinic	$13.2M	D/B RCW 39.10	2014-2016	PM	PM	PM

3.Andrew von Lohr	Medical Planner	Genesis Hospital Consolidation	$110M	CM at Risk	2012-2015	Medical Planner	Medical Planner	Med Planner
		Avita Ontario Hospital	$28M	CM at Risk	2015-2018	Medical Planner/PM	Medical Planner/PM	Med Planner/PM
		Nationwide Children's Hospital Radiology Renovation	$4M	GC/CM	2018-2020	PM	PM	PM
		Toledo Clinic Cancer Center	$25M	CM at Risk	2020-2022	PM	PM	PM
		Piedmont Patient Tower Expansion	$156M	Cm at Risk	2018-2022	Medical Planner/PM	Medical Planner/PM	Medical Planner/PM
		Bronson Ambulatory Surgery Center	$10M	CM at Risk	2019-Current	Medical Planner/PM	Medical Planner/PM	Medical Planner/PM
		Genesis MOB	$10.8M	D/B	2014-2015	Medical Planner	Medical Planner	Medical Planner
4.Jill Woods	Interior Designer	Toledo Clinic Cancer Center	$25M	CM at Risk	2020-2022	Interior Designer	Interior Designer	Interior Design
		Piedmont Patient Tower Expansion	$156M	CM at Risk	2018-2022	Interior Designer	Interior Designer	Interior Design
		Bronson Ambulatory Surgery Center	$10M	CM at Risk	2019-Current	Interior Designer	Interior Designer	Interior Design
5.Bob Gesing	LEAN/3P Lead	Genesis Hospital Consolidation	$110M	CM at Risk	2012-2015	Planning PIC	Planning PIC	Plan PIC
		Piedmont Patient Tower Expansion	$156M	CM at Risk	2018-2022	Planning PIC	Planning PIC	Plan PIC
		Toledo Clinic Cancer Center	$25M	CM at Risk	2020-2022	Planning PIC	Planning PIC	Plan PIC
		Madison Health Bed Tower	$40M	CM at Risk	2022-Current	Planning PIC	Planning PIC	Plan PIC
		Memorial Athens Health Campus	$121M	CM at Risk	2021-Current	Planning PIC	Planning PIC	Plan PIC
		Frederick Regional Health Modernization	$160M	CM at Risk	2019-2022	Planning PIC	Planning PIC	Plan PIC
		MedStar Health Ambulatory Centers	$250M	CM at Risk	2013-2017	Planning PIC	Planning PIC	Plan PIC
6.Heather Farrell	Project Architect	Heart Center Addition & Renovation, Kootenai Health	$27.5M	GC/CM	2021-Current	Project Architect	Project Architect	Project Arch
		Bonner General Hospital Cancer Services Pharmacy	$.5M	GC/CM	2018-2020	Project Architect	Project Architect	Project Arch
		Providence Sacred Heart MC Outpatient Clinic	$2.2M	GC/CM	2021-2022	Project Architect	Project Architect	Project Arch
		Kootenai Health Kitchen Renovation	$1.6M	GC/CM	2017-2020	Project Architect	Project Architect	Project Arch

- 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. THCG is partnering (sub-contracting) with Klosh Group on this project to collectively provide an excellent set of skills and resources to QVMC for their replacement hospital. THCG and Klosh have collaborated on many projects previously, and have a clear understanding and track record of effectively coordinating efforts to the benefit of the project.

  Klosh Group 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. Klosh 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 and A201 contract. Frequent onsite 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.

  N/A

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

  QVMC has not performed a construction project of size over the last 6 years, and as a result does not have staff with that expertise. That said, our internal IT Manager, Tom Richardson, has construction experience in the food service industry before coming to QVMC. Tom is fulfilling a key role for QVMC on this project – acting as our lead internal resource to the design/construction team.

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

  The QVMC new hospital facility project team comprised of THCG, Klosh Group, Trinity/NAC, and Foster Garvey 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 QVMC 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 QVMC project management will be documented on a regular.

  The table below provides a perspective of the team roles related to the GC/CM selection and implementation process.

	Task	QVMC Owner	Project Dir/Owner CM	Contruction PM (Klosh)	A/E, Legal
Key to Abbreviations:		A=Approve L=Lead R=Review S=Support			
1	Application to PRC	A	L	L	R/S
2	Draft GC/CM Contract	A	R/S	L	S
3	GC/CM RFQ development	A	R/S	L	S
4	GC/CM Selection procedures	A	R	L	S
5	QVMC Conduct Site Visit	S	L	S	S
6	GC/CM Selection Phase 1 RFP/RFQ	S	R/S	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	R/S	L	S
13	Subcontract Plan	A	R/S	L	S
14	Subcontractor Buyout	A	R/S	L	S
15	MACC Negotiations and GC/CM Contract	A	L	L	S
16	QVMC Approval MACC	A	L	R	S
17	Construction - Completion	A	R/S	L	S

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

  QVMC 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 QVMC 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:**
   Provide a matrix summary of your organization's construction activity for the past six years outlining project data in content and format per the attached sample provided: *(See Example Construction History. The applicant shall use the abbreviations as identified in the example in the attachment.)*

   N/A QVMC has not conducted any construction activity over the last six years.

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. *(See Example concepts, sketches or plans depicting the project.)* 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.
  Note: *Applicant may utilize photos to further depict project issues during their presentation to the PRC.*

We have attached 4 drawings from our master facilities planning exercise in 2021 which is the basis of design for the replacement facility. These documents in include a site plan, floor plan and rendering.

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 QVMC 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 Quincy. QVMC also maintains a small works roster as an information resource during the GC/CM bidding sequence. Outreach efforts shall include:

- **Informational meetings in Quincy and Wenatchee 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**

11. Alternative Subcontractor Selection

- If your organization anticipates using this method of subcontractor selection and your project is anticipated to be over $3M, please provide a completed *Supplement A Alternative Subcontractor Selection Application* document, ***one per each desired subcontractor/subcontract package***.
- If applicability of this method will be determined after the project has been approved for GC/CM alternative contracting or your project is anticipated to be under $3M, respond with **N/A** to this question.
- If your organization in conjunction with the GC/CM decide to use the alternative subcontractor method in the future and your project is anticipated to be over $3M, you will then complete the *Supplement B Alternative Subcontractor Selection Application and* submit it to the PRC for consideration at a future meeting.

N/A. QVMC will determine this after the project has been approved for GC/CM.

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 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 you also agree to provide additional information if requested. 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: Glenda G. Bishop

Name *(please print)*: Glenda Bishop *(public body personnel)*

Title: Chief Executive Officer

Date: October 18, 2022

SITE PLAN

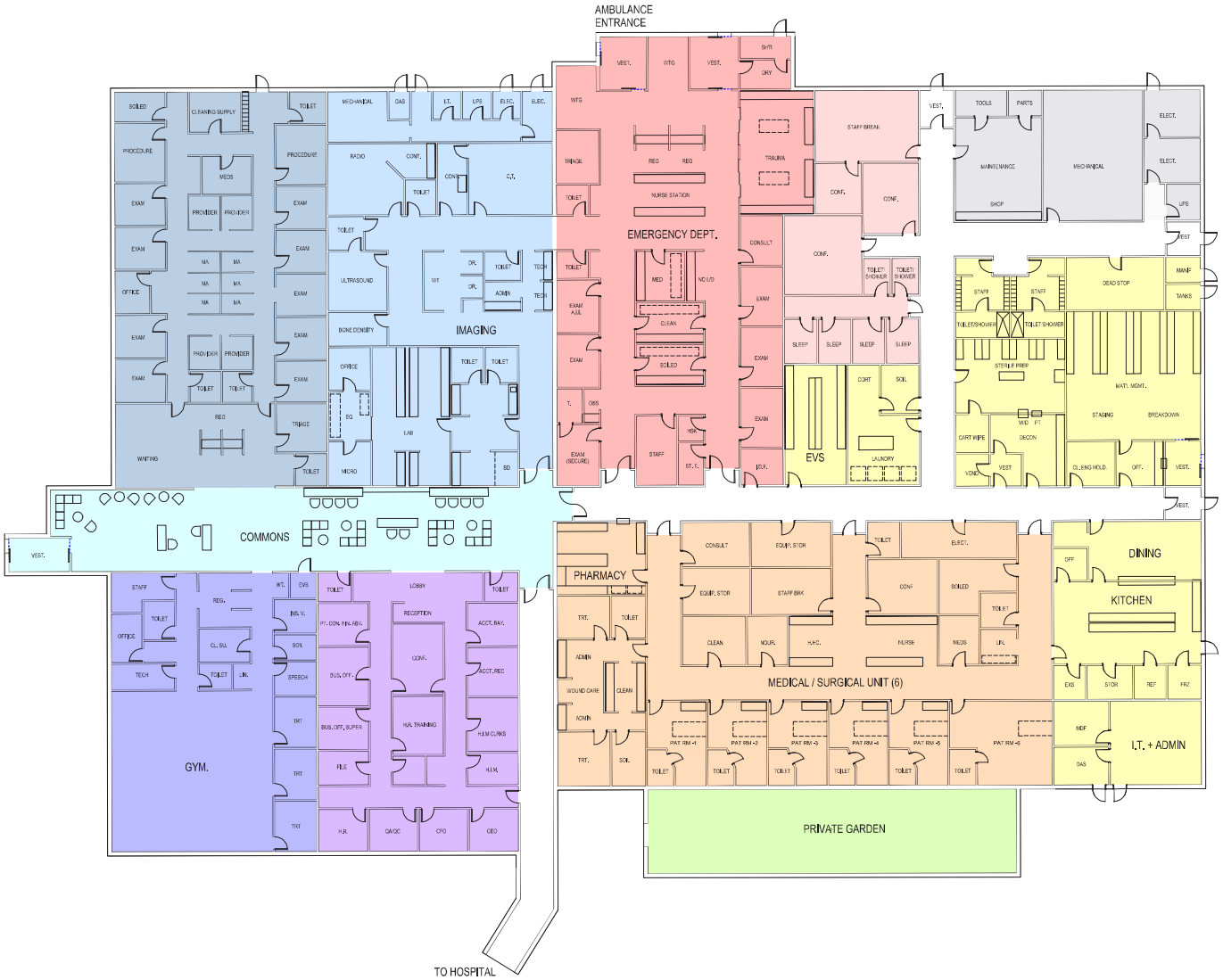
Colored Site Plan

Keynotes

1. Proposed Hospital and Clinic
2. Existing Hospital and Clinic
3. EMS - Building to remain
4. Proposed Helipad
5. Existing parking to remain
6. New parking
7. Main Entrance
8. Emergency Department Entrance
9. Deliveries

FLOOR PLANS

Colored Floor Plan



Use

- Primary Care
- Imaging / Lab
- Commons
- Physical Therapy
- Administration
- Emergency
- Staff Support
- Medical Surgical Units
- Mtl. Mgmt, CSP, WCS, IT, Diet
- Private Garden
- Facility, Maintenance

CONCEPT DEVELOPMENT

Option 2: Renderings

View - Aerial

CONCEPT DEVELOPMENT

View - SW Aerial