

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

APPLICATION FOR PROJECT APPROVAL
*To Use the General Contractor/Construction Manager (GC/CM)
Alternative Contracting Procedure*

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

Identification of Applicant

- a) Legal name of Public Body (your organization): **Prosser Public Hospital District**
- b) Address: **723 Memorial Street, Prosser, Washington 99354**
- c) Contact Person Name: **David Rollins** Title: **Chief Financial Officer (CFO)**
- d) Phone Number: **(509) 786-6695** E-mail: **drollins@prosserhealth.com**

1. Brief Description of Proposed Project

- a) Name of Project: **Prosser Memorial Hospital Replacement**
- b) County of Project Location: **Benton**
- c) Please describe the project in no more than two short paragraphs.

Prosser Public Hospital District, d/b/a Prosser Memorial Health, is a community-based health system, consisting of Prosser Memorial Hospital (PMH) located in Prosser, Washington and several outpatient clinics located throughout the region. Opened in 1947, PMH has served the Prosser community for over 60 years.

In 2017, Prosser Memorial Health started their latest expansion effort by purchasing 32 acres of land at the Northeast corner of Gap Road and I-82. This new land will be the future home of Prosser Memorial Health, starting with a replacement hospital and medical office building.

The scope of this project includes the construction of:

- **A new, 2-story critical access hospital, approximately 70,000 SF in size**
- **A new medical office building and clinic space, approximately 10,000 - 15,000 SF in size**
- **A new pre-engineered maintenance building, approximately 1,500 SF in size**
- **Site Improvements, including roads, parking, site lighting and utilities required to support the buildings noted above, and potential future development**

2. Projected Total Cost for the Project:

A. Project Budget

Costs for Professional Services (A/E, Legal etc.)	\$3,215,000
Estimated project construction costs (including construction contingencies):	\$37,500,000
Equipment and furnishing costs	\$6,500,000
Off-site costs	\$0
Contract administration costs (owner, cm etc.) (<i>Included above</i>)	\$0
Contingencies (design & owner)	\$3,880,000
Other related project costs (briefly describe) (<i>permits, fees, testing, inspections, initial site purchase</i>)	\$3,320,000
Sales Tax	\$3,000,000
Total	\$57,415,000

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*

It is anticipated that the majority of the project cost will be funded through USDA Rural Development and Direct Loans. The balance of funding will be provided by the Hospital, including an expected community philanthropic campaign. A general breakdown and status of the funding sources is as follows:

The Hospital has committed \$12.7M, or over 20% of the anticipated Project Cost, of strategic capital in support of the new campus development, including the \$1.7M purchase of the land completed in 2017. In addition, a goal of \$2M has been set for a community philanthropic campaign. The balance of the project budget (which is \$45.315M), including Capitalized Interest and Bond Issuance fees, will be funded by a combination of a USDA Rural Development Direct Loan, a USDA Guarantee Loan and Limited Tax General Obligation Bonds.

The Hospital is currently in conversations with the USDA and has a consultant in place to coordinate this effort. Based on early indications, the Hospital is optimistic that loan approval will be secured in 2021. The Hospital team believes that the expected USDA funds are well within the Hospital’s borrowing capacity, and one of the priorities for the team will be meeting specific timelines required for the USDA approval process over the next year in order to lock current favorable interest rates. The sources and status of funding have been communicated to all interested GC/CM teams.

3. Anticipated Project Design and Construction Schedule

Please provide:

The anticipated project design and construction schedule, including:

- a) Procurement;
- b) Hiring consultants if not already hired; and
- c) Employing staff or hiring consultants to manage the project if not already employed or hired.

GC/CM Procurement Phase:

08/30/20	Initial GC/CM RFQ Issued
09/20/20	GC/CM RFQ Revision #1 Issued
10/20/20	Initial PRC Application Submitted
10/23/20	GC/CM RFQ Revision #2 Issued
12/02/20	Initial Project Presentation to PRC
12/21/20	PRC 2nd Application Submitted
01/28/21	Project 2nd Presentation to PRC
01/29/21	GC/CM RFQ Response Due by 12:00 pm PST
02/03/21	GC/CM Short List Announced
02/09/21	GC/CM Contract Questions Due
02/10/21	GC/CM Finalist Interviews
02/12/21	GC/CM Sealed Proposals Submitted by 10:00 am PST
02/12/21	GC/CM Selection and Notification
02/18/21	GC/CM Protest Period Closes
02/24/21	GC/CM Preconstruction Contract Finalized
02/25/21	GC/CM Award & Preconstruction Contract Approval at Board Meeting

Additional Project Team Procurement:

July 2020	Engaged A/E Team Per RCW 39.80
August 2020	Engaged Owner's Representatives
October 2020	Procure Medical Equipment Planner
December 2020	Engaged GC/CM Advisor
January 2021	Procure Non-Medical FF&E Consultant and Commissioning Consultant

Design & Construction Phases:

08/14/20	Programming Complete
12/11/20	Schematic Design Complete
02/19/21	50% Design Development
03/19/21	Estimate Prepared for USDA Grant Application
03/19/21	Design Development Complete
03/26/21	USDA Application Submitted
08/06/21	Construction Documents 90% Complete
09/24/21	Maximum Allowable Construction Cost (MACC) Established
09/30/21	USDA Funding Approval Received
11/15/21	Funding Finalized
12/01/21	Start of Construction
12/01/23	Substantial Completion of Construction

It is recognized that, according to the schedule shown above, the GC/CM will not be engaged until near the end of the design development phase, which was not the Hospital team's preference. At the same time, the GC/CM will still be able to be engaged at a critical stage for design review and funding, and will be able to immediately provide an estimate to the project, and begin cost validations, prior to the Hospital needing to submit the USDA grant application to secure the remaining funding for the project. There is also available time for a skilled GC/CM to provide value engineering options prior to the submission, if the estimate is higher than what was previously anticipated. As the project moves into the construction documents phase there is the potential for the GC/CM to provide significant value in relation to the coordination and integration of complex mechanical, electrical and medical equipment systems.

Based upon the initial PRC interview on December 3rd, an addendum was issued to the originally issued RFQ noting revised dates listed, all of which are pending January PRC approval. All GC/CM teams have been made aware that PRC approval has not yet been secured.

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?

As a new hospital facility, the success of the project will rely on the close and thorough coordination of complex building systems and sensitive technical Owner-provided equipment, all of which will require sophisticated phasing and superior coordination. The project will be highly technical, and involve complex and interrelated systems for Surgery, Diagnostic Imaging, Emergency Medicine, Inpatient, Lab, Central Sterile, Information Technology, Rehabilitation, Dietary Services and other critical programs. On the basis of our teams' past experience, the earlier a GC/CM contractor can participate in this coordination to understand the issues involved, and to implement the highly unique and

technical requirements that will need to be addressed in the Subcontractor procurement effort, the better the project outcome will be for schedule, cost, and quality.

Due to the complex systems noted, the opportunity to utilize an EC/CM and/or MC/CM could also be a benefit, and will be evaluated by the entire project team including the selected, qualified GC/CM, if approved, to determine the best course of action for project success. Project risk drivers, such as unknown cost escalation, subcontractor buyout, materials and labor shortages and available site utilities must be identified and mitigated as soon as possible to meet the project schedule and budget constraints. For example, a phased approach to construction may be implemented to address utility installation, erosion control, and/or steel procurement activities prior to construction. The design-bid-build delivery method does not allow contractor engagement during project planning and design phases and would leave the project more vulnerable to these potential risks.

- 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?

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.

N/A

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

As noted above, the GC/CM's involvement during the project design will be critical in ensuring the successful phasing and coordination of complex building systems and equipment. Moreover, in order to maximize the funds available for different programs within the facility, the project team believes the input of a construction manager related to Site Issues, Materials Selections, Constructability, and Systems Selections will bring great benefit to the project.

In a traditional design-bid-build process, the lowest responsive bids may exceed allocated funds. Having a qualified GC/CM on board will provide accurate cost estimates throughout the duration of design. As an example, by utilizing Target Value Design and Continuous Estimating principles during the design phase, a GC/CM can assist the Project Team with the selection of specific systems. This in turn will reduce potential inefficient redesign that would be costly in both time and resources.

By partnering with the GC/CM, the design team can resolve many of these issues and have real-time costs associated with them by means of design estimates. The GC/CM's involvement during design will also provide value to Prosser Memorial Hospital in the form of value analysis, document quality control, and other design phase deliverables. The GC/CM can provide input into the products, installation methods and materials used to optimize the return on investment. With a qualified team working with the Hospital, they will be able to effectively manage cost, schedule, and quality with a higher degree of predictability to fulfill all commitments made to the local community.

We believe this involvement during the design phase is also especially critical in our current regional construction market, where cost escalation is temperamental, subcontractors and suppliers are not locally strong, and bidding conditions are unpredictable. The local area market has been notoriously busy and stretching the limits of the local subcontractors, which are not as ample as other major markets. While hopeful for a rebound out of the suppressed pandemic conditions in the first half of 2021, it is unclear how the construction market in the area will respond, which in turn creates additional uncertainty.

By utilizing a GC/CM process, the project team will have the ability to tailor and procure early bid packages, purchase long-lead materials and begin extensive utility work concurrent with the completion of construction documents if required, and as noted previously.

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

As noted above, almost all elements of the project will be complex and technical. As a new hospital facility, the project will involve the integration of sensitive equipment and systems that must be very closely integrated with construction activities. Additionally, as a partial I2 structure, there will be strict requirements from multiple local, state and federal authorities during Subcontractor procurement. This is particularly important for the Mechanical, Electrical, Plumbing and Low-Voltage trades that will likely account for over 50% of the total contract value. The potential work scopes for these Subcontractors will involve detailed coordination by the GC/CM throughout the pre-construction period.

- 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 example, your description must address, but is not limited to:

- How this contracting method provides a substantial fiscal benefit; or
- 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.

The project will involve a substantial public benefit, including a significant cost benefit, and the traditional “design-bid-build” process really is not a feasible option given the project complexities. Traditional “design-bid-build” limits transparency in establishing costs and communicating and confirming expected quality standards. Often, issues are not surfaced until the building is well under construction, when a conflict or unforeseen scope gap can lead to both significant cost increases and schedule delays. The GC/CM process allows these risks to be minimized.

Additionally, given the size and complexity of the project and the current competitive state of the construction market, there is the possibility that a contractor with limited experience could provide a low-bid without a thorough understanding of challenges the project may present. With the performance and payment bond requirements for bid packages over \$300,000 defined through RCW 39.10, there is more confidence that the right subcontractors for the project will be the low bidder, and able to complete the project.

By working with the GC/CM in the development of a subcontracting plan, and leveraging their contacts and relationships, local interest in the project with qualified subcontractors will be increased, thereby increasing competition and potential local participation. Real-time, verified cost estimates can also be completed during the design process, to accurately reflect current market conditions, and validate scope and budgets. As a result of these efforts, the GC/CM is able to exercise greater control in the assembly and tailoring of bid packages and subcontractor qualifications to reduce the potential for non-responsible bidders and/or non-responsive bids.

- 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:

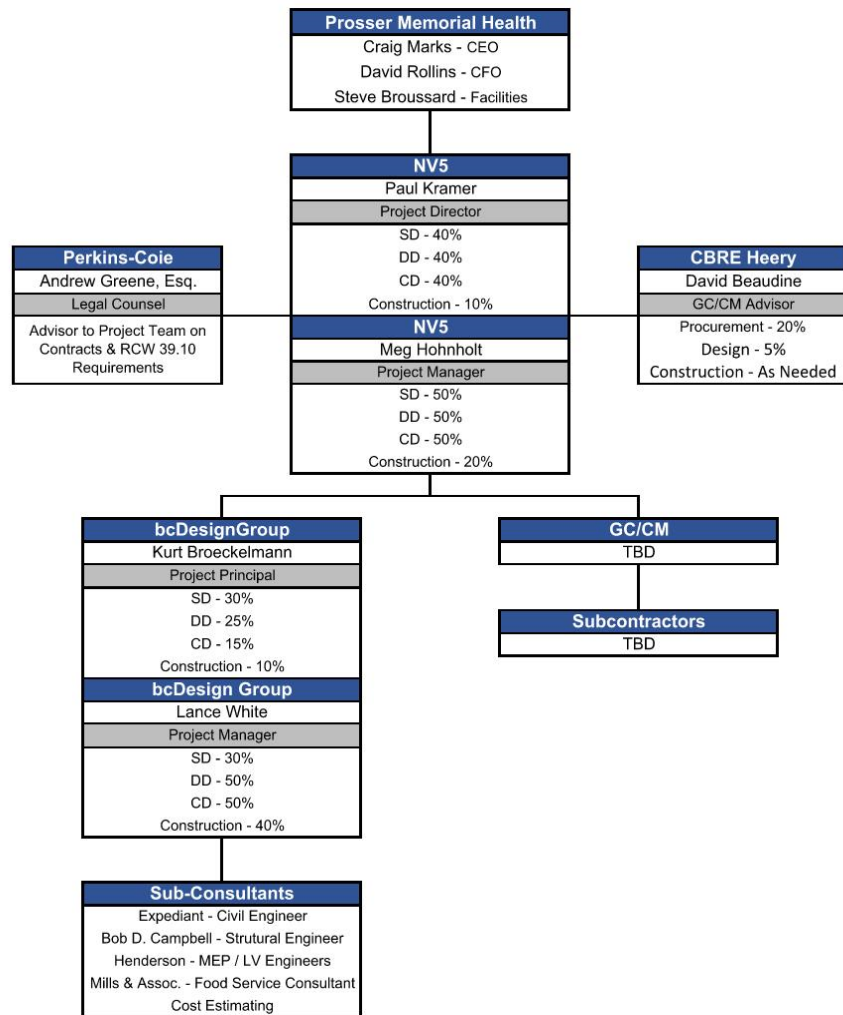
- A description of your organization's qualifications to use the GC/CM contracting procedure.

Prosser Memorial Health has formed a comprehensive team with varied experience to help deliver the project successfully. Within the organization, Prosser Memorial Health has significant Washington public works experience, almost all in the medical space, and both the CEO and CFO of Prosser Memorial Health have significant experience in the execution of major hospital projects in previous roles with other institutions, including GC/CM equivalent projects involving \$40M+ hospital expansions in both Missouri and Colorado. That said, the Prosser Memorial Health team recognized that this will be their first GC/CM project under RCW 39.10. To supplement their internal team, Prosser Memorial Health retained NV5 as its Owner's Representative. The NV5 Team has decades of experience helping hospitals around the country in the successful execution of over \$1B in projects, almost all of which used a GC/CM-equivalent approach. And to ensure that RCW 39.10 requirements are closely understood and followed, Prosser Memorial Health retained Perkins Coie as its Legal Counsel to advise on the GC/CM process and contracts and a GC/CM advisor as described below. The Perkins Coie team has significant experience in helping owners comply with RCW 39.10 requirements.

Additionally, and on the basis of feedback received from the December 3rd, 2020 PRC interview, NV5 has contracted with David Beaudine of CBRE | Heery to act as GC/CM Advisor to the team supporting the project. David has extensive experience in managing alternative delivery methods, as well as advising clients throughout the state on RCW 39.10 process.

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- 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)



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

Prosser Memorial Hospital:

Craig Marks – CEO: Craig has over 30 years of experience in leadership roles with acute care facilities. In his 4-Years with PMH, Craig has led the effort to construct a new facility to support the Hospital’s continued mission. In a similar role at Western Missouri Medical Center, Craig oversaw the planning, design and successful execution of \$42M expansion to the facility.

David Rollins – CFO: With over 15 years of experience leadership roles with acute facilities, David is currently working with Hospital leadership to develop sustainable financial models to support the proposed new Hospital. David acted in the same role supporting a \$32M expansion to Mt. San Rafael Hospital in Trinidad, Colorado., a project that utilized both USDA funding and GC/CM-equivalent delivery.

Steve Broussard – Director of Support Services: Over the past 25 years, Steve has worked for and with PMH on numerous capital improvement projects, including minor and major renovations, and the construction of significant clinic facilities. Steve has strong knowledge of the local construction community and of the regulations that must be met to support healthcare construction and operations.

NV5:

Paul Kramer – Project Director: Over a 30+ year career focused on the design and construction of healthcare facilities and renovations of all types and sizes throughout the country, Paul has worked with Owners to lead teams in the successful execution of several billion dollars of projects. The majority of these projects have been constructed utilizing a form of GC/CM delivery, including most recently, additions to Critical Access Hospitals in Colorado, and a new Family Maternity Center renovation in Ohio.

Meg Hohnholt – Project Manager: With 13 years of experience in the design and construction of public facilities in multiple states, Meg has led project teams in the comprehensive planning, procurement and implementation efforts for numerous Healthcare, K-12 and Civic initiatives. For these projects, Meg has assisted in the coordination of Bond Procurement, Contract Development, Budget and Schedule Development and Compliance, and Project Close-Out, and is well versed in a number of forms of project delivery, including GC/CM.

CBRE Heery:

David Beaudine – Managing Director: David has over 18 years of industry experience with majority of that working within Washington State’s public sector. David’s experience includes assisting the Spokane School District through two of their largest GC/CM projects as project manager on the Rogers and Ferris High School projects. Most recently David, as Program Manager, has been guiding the Mead School District through their current bond program in which all projects utilized the GC/CM delivery method, advising the Puyallup School District through their Ballou Junior High Project, assisting Federal Way SD as the team’s GC/CM advisory and acting as program director and GC/CM advisor for the West Valley Yakima School District. David recently rejoined as a member of the PRC after taking a year off representing construction managers. David has been contracted to act as GC/CM advisor for the project by NV5. David’s role will be to provide guidance and expertise related to RCW 39.10 and GC/CM procurement and execution within the state of Washington.

Perkins Coie:

Andrew Greene – Partner: Over the past 20 years, Andrew has worked from the Seattle office to build Perkins Coie’s Construction Law practice, of which he is Chair. Supporting over 100 Public Entities throughout the State of Washington, Andrew has assisted Project Teams in their compliance with RCW 39.10 requirements, supporting dozens of public entities with their unique construction projects, including the development of multiple GC/CM contracts and procurement support.

bcDesignGroup:

Kurt Broeckelmann – Managing Partner: As a healthcare focused Architect, Kurt has over 20 years’ experience working with acute care facilities ranging from Critical Access Hospitals to Academic Medical Centers. Over his career, Kurt has participated in 30+ successful healthcare projects that have been delivered using a GC/CM approach.

Lance White – Project Architect: Lance has 16 years of experience in the development of healthcare projects ranging from interior renovations to complex building additions and new medical office buildings. He has been involved in over 25 GC/CM project, and has worked at a facility with a GC/CM for 12 years as a project manager.

- 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.)

Paul Kramer

Project	Value	Involvement	Timeframe
Southwest General Hospital Middleburg Heights, Ohio Family Maternity Renovations GC/CM	\$17.6M	Owner's Rep. on GC/CM- equivalent project	2/2020 to 2/2022
Pioneers Medical Center Meeker, Colorado Hospital Additions GC/CM	\$14.5M	Owner's Rep. on GC/CM- equivalent project	9/2019 to 10/2020
Mt. San Rafael Hospital Trinidad, Colorado Masterplan Additions / Renovations GC/CM	\$32M	Owner's Rep. on GC/CM- equivalent project	3/2019 to 2/2021
TUKH Cambridge Tower Kansas City, Kansas New Hospital Project GC/CM	\$340M	Owner's Rep. on GC/CM- equivalent project	1/2015 to 4/2018
Southwest General Hospital Middleburg Heights, Ohio Masterplan Expansion / Renovation GC/CM	\$124M	Owner's Rep. on GC/CM- equivalent project	4/2011 to 4/2016

Meg Hohnholt

Project	Value	Involvement	Timeframe
Banner Health System Greeley, Colorado Internal Project(s) Support GC/CM	\$12M	Owner's Rep. on GC/CM- equivalent project	3/2019 to 3/2020
TUKH MOB Kansas City, Kansas Vertical Expansion GC/CM	\$30M	Owner's Rep. on GC/CM- equivalent project	9/2018 to 3/2019
Weld County Schools Hudson, Colorado RE3J District Bond Program GC/CM	\$72M	Owner's Rep. on GC/CM- equivalent project	10/2016 to 11/2020

Eben Ezer Lutheran Care Center Brush, Colorado Senior Living GC/CM	\$13.5M	Owner's Rep. on GC/CM- equivalent project	4/2017 to 1/2018
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David Beaudine

<i>Project</i>	<i>Value</i>	<i>Involvement</i>	<i>Timeframe</i>
FWPS – Olympic View K-8 (GC/CM)	\$48.0M	Director & GC/CM Advisor	August 2020 - Present
Apple Valley & Summitview (GC/CM)	\$62.2M	Director & GC/CM Advisor	March 2019 - Present
Mead – Market St Complex (GC/CM)	\$65.3M	Program Manager	March 2018 – October 2020
Highland Middle School GC/CM	\$51.6M	Senior PM / Program Manager	March 2018 – October 2020
Ferris High School GC/CM	\$97.7M	Senior Project Manager	April 2010 - March 2015

Kurt Broeckelmann

<i>Project</i>	<i>Value</i>	<i>Involvement</i>	<i>Timeframe</i>
Fitzgibbon Hospital Marshall, Missouri Expansion & MOB GC/CM	\$16.5M	Lead Architect on GC/CM- equivalent project	2012 -2014
Western Missouri Medical Center Warrensburg, Missouri Hospital Expansion GC/CM	\$42.6M	Lead Architect on GC/CM- equivalent project	2009 to 2011
North Kansas City Hospital Kansas City, Missouri Cardiac Center GC/CM	\$12.5M	Lead Architect on GC/CM- equivalent project	2009 - 2011
Heartland Spine & Specialty Hospital Kansas City, Kansas New Hospital GC/CM	\$15.8M	Lead Architect on GC/CM- equivalent project	2008 to 2010
North Kansas City Hospital Kansas City, Missouri Maternal Child Renovations GC/CM	\$32M	Lead Architect on GC/CM- equivalent project	2008 to 2010

Lance White

<i>Project</i>	<i>Value</i>	<i>Involvement</i>	<i>Timeframe</i>
North Kansas City Hospital Kansas City, Missouri Tiffany Springs MOB GC/CM	\$2.5M	A/E Project Manager on GC/CM equivalent project	2017 to 2018
North Kansas City Hospital Kansas City, Missouri Platte City MOB GC/CM	\$3.5M	A/E Project Manager on GC/CM equivalent project	2016 to 2017
North Kansas City Hospital Kansas City, Missouri Surgical Department Renovations GC/CM	\$10M	A/E Project Manager on GC/CM equivalent project	2015 to 2016
North Kansas City Hospital Kansas City, Missouri Cardiac Center GC/CM	\$12.5M	A/E Project Manager on GC/CM equivalent project	2009 - 2011
North Kansas City Hospital Kansas City, Missouri Maternal Child Renovations GC/CM	\$32M	A/E Project Manager on GC/CM equivalent project	2008 -2010

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

Prosser Memorial Health recognized that the project will be its first under RCW 39.10 and therefore retained one of the preeminent Owner's Representative nationally for this type of project (NV5). The NV5 team has decades of experience helping hospitals around the country in completing large, complex, and mission-critical projects, almost all using a similar GC/CM contracting and project-execution approach, and both NV5's Project Director and Project Manager have deep GC/CM-equivalent experience. Because this will be NV5's first project in Washington State, Prosser Memorial Health also retained Perkins Coie to ensure that all requirements of RCW 39.10 are addressed, as well as CBRE | Heery to act as GC/CM Advisor for the project.

- 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.

As noted previously, NV5 has been retained by Prosser Memorial Health to support the hospital development, and sufficient funds are included in the budget for NV5's fees from Design through the Occupancy / Close-Out Phases.

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

As noted in the team staff / project lists above, both NV5's Project Director and Project Manager have deep GC/CM-equivalent experience on comparable health care projects, and have helped clients complete over five similar (or more complex) projects over the past five years. In order to supplement NV5's experience, CBRE | Heery has been contracted to provide GC/CM advisement and guidance starting with procurement of the GC/CM, through construction. CBRE | Heery provides the team a long history of Washington GC/CM experience, which will be used to align the project to RCW 39.10 requirements.

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

Schedules and Budgets - Over the past several months, the Prosser Memorial Health team has established initial comprehensive schedules and budgets for all project activities. These documents are derived from the project's current goals and program and will be subject to continuous refinement through the course of the project. The team uses these tools to establish benchmarks to track the status of associated activities, including financing, site development, consultant procurement, AHJ review, FF&E procurement, and contingency status, in order to ensure that each activity supports the project's overall goals.

GC/CM Procurement - In order to ensure the project is conforming to the requirements of RCW 39.10, the project team will utilize CBRE | Heery to advise the project team through the GC/CM process, including review of contract documents with Perkins Coie, assistance in development of the MACC, assistance through determination of subcontractor bid packages and to be available on-call as needed throughout the design and construction phases to provide guidance as needed to the team.

Cost Control - Concurrently, the project team will continue to coordinate architecturally significant equipment to ensure that it meets the project's budget requirements and does not affect the progress and cost of construction. All costs will be reconciled, at a minimum, on a monthly basis.

Sign-offs - As documentation of the overall approval process, sign-offs by the Prosser Memorial Health's administrative team have been proposed at each critical milestone, and this information and approval will then be reviewed and confirmed by Prosser Memorial Health's Board. As the project proceeds into construction, clear and concise construction schedule and financial goals will be developed and included in the GC/CM's contract. Any proposed changes to the final agreed costs will be thoroughly evaluated against this information, and conformance with USDA requirements.

During construction, all issues regarding changes to schedule and cost will initially be reviewed by, first, the Design Team, and then NV5. Following these reviews, the proposed change(s) will be presented to the Hospital by NV5 with a clear statement defining the reason for the change, and a recommendation that the change conforms to the project intent, documents and budgets. All changes will then be reviewed and approved by Hospital Administration, and also USDA representatives when/if required.

Owner's Representative Experience - NV5 will utilize their own internal best practices in project management, and will integrate with processes and procedures that are currently in place with Prosser Memorial Health. The NV5 team is committed to learning the GC/CM process and will participate in the next available AGC training program. In support of RCW 39.10, CBRE | Heery will share their experiences in managing Washington GC/CM projects with the team, and will consult on all issues and concerns.

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

NV5, with the assistance of CBRE | Heery, will lead the GC/CM procurement process in close coordination with Prosser Memorial Hospital, including both the preparation of the GC/CM RFP, and the selection process. The selection process itself will be based on internal methods that have been refined over the years, along with the latest lessons learned from other public sector clients. CBRE | Heery will provide guidance related to their work specifically in Washington State, as well as work in the local area. This will be an open selection process to promote as much competition as possible within the contracting community. The intention is to market this project throughout the state to firms with experience in GC/CM delivery, similar project experience, and knowledge of the local market. Prosser is centrally located within the state allowing opportunities for contractors from the Seattle, Tacoma, Spokane, and Tri-City market to potentially propose.

The RFP/RFQ itself is intended to be a 3-step process, which involves proposals, interviews, and submittal of sealed bids for the specified general conditions and fee percentage, based upon the preliminary MACC, each of which will be weighted as part of the final score. A recommendation to the Prosser Memorial Health Board of Commissioners will be made by a Selection Committee consisting of Hospital representatives including several Board Commissioners, Facilities and Administration representatives, NV5, CBRE | Heery, and bcDesignGroup.

During the selection process, careful consideration will be given to ensure that the GC/CM qualifications related to both pre-construction and construction are in line with the comprehensive services the Hospital requires, and the project will demand, due to the overall need to closely monitor budgeting, systems, and coordination. Additional consideration will also be given to each GC/CM's proposed diversity and equity outreach plans, both for this and past projects. These considerations will also be of high importance during sub-contractor selection.

Prosser Memorial Health has engaged with Andrew Greene of Perkins Coie, to provide GC/CM and construction legal services for the project. Mr. Greene has prepared drafts of the AIA A133 agreement and A201 general conditions, and has provided them to the District, NV5 and CBRE | Heery for utilization through the procurement. These documents have also been provided, as a part of the RFQ/RFP process, to the potential GC/CM candidates, to allow for them to review and provide questions so that a final contract is confirmed as acceptable, before receiving final fee proposals.

As noted within the schedule, the selection process has been started, and the associated documents were issued ahead of the January PRC meeting due to project activities required to support funding. We understand that beginning the selection process prior to PRC approval is not preferred, but it is critical to the team to maintain the project schedule, and engage a GC/CM early enough in the design process to both maximize the benefits of the RCW 39.10 process, and to gain insight to real-time pricing to support the USDA loan application.

Due to this scheduling condition, the team has also included language within the request for proposals noting that this procurement is pending approval by the Project Review Committee for utilization of the GC/CM alternative delivery method. The request for proposals also states that, while the process will be underway prior to approval, we will not be accepting the proposals until PRC approval has been granted.

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

The Project team has had recent experience using GC/CM contract forms, including those approved for use by USDA, on comparable projects. For this project, the team will work closely with Perkins Coie and CBRE | Heery to ensure that all requirements of RCW 39.10 are met.

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.)

- Project Number, Name, and Description
- Contracting method used
- Planned start and finish dates
- Actual start and finish dates
- Planned and actual budget amounts
- Reasons for budget or schedule overruns

Prosser Memorial Health (PMH) - Construction History (10-Years)

#	Project Name	Project Description	Contract Method	Planned Start	Actual Start	Planned Finish	Actual Finish	Planned Budget	Actual Budget	Reason for Budget or Schedule Overrun
1	Chardonnay Clinic TI	Indoor Remodelling to add Exam Rooms	D-B-B	Mar-19	Apr-20	Aug-19	Nov-19	\$380K	\$409K	Delays in Materials Procurement, Unforeseen Existing Conditions
2	Valley Vista TI	Build-Out of Shell Space to add Exam Rooms	D-B-B	Oct-17	Nov-17	Mar-18	Apr-18	\$451K	\$474K	Mobilization Delay, Unforeseen Existing Conditions
3	PMH OB Renovations	Interior Renovations to add LDRP's and Dialysis	D-B-B	Mar-14	Aug-14	Aug-14	Sep-14	\$1.05M	\$1.084M	Mobilization Delay, Unforeseen Existing Conditions
4	Imaging Department Renovations	Interior renovations to accommodate Medical Equipment Up-Grades	D-B-B	Mar-12	Apr-12	Aug-12	Sep-12	\$150K	\$155K	Mobilization Delay, Unforeseen Existing Conditions
5	PMH OB TI	Interior Renovations	D-B-B	Feb-10	Feb-10	May-10	May-10	\$137K	\$143K	Unforeseen Existing Conditions

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)

Preliminary Site and Departmental Block Plan(s) for the proposed facility are attached to this Application for reference

- 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.

N/A

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.

Prosser Memorial Health is not aware of any past audit findings related to previous construction projects at the Hospital.

10. Subcontractor Outreach

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

Prosser Memorial Health is committed to not only supporting the local economy, but also promoting the participation of small, women and minority-owned businesses. As part of our RFQ scoring, Prosser Memorial Health will be requesting applicants submit their own plan to encourage participation on the project.

Currently, the team has received thirteen (13) inquiries from interested GC/CM firms and has been actively speaking with local and national teams that have expressed interest. If approved to utilize a GC/CM approach, Prosser Memorial Health will finalize the diversity promotion qualifications to implement with the GC/CM for the project to encourage the participation of diverse and underrepresented firms.

Once a GC/CM is selected, the project team will then work together to develop a Subcontractor selection process in accordance with RCW 39.10, and cultivate potential SBE / MWBE participants to the greatest extent possible. As an example of an effort the project team may utilize to improve subcontractor interest, we would propose working with the selected GC/CM to hold outreach open houses to highlight the project and to explain their bidding process to further encourage SBE / MWBE bid involvement. This would include contact with regional SBE / MWBE incubators and construction industry organizations to ensure maximum coverage within the State is achieved.

In addition, and as part of the procurement of other project team consultants, Prosser Memorial Health will utilize documented SBE / MWBE qualifications as one of their evaluation factors. Overall, Prosser Memorial Health is strongly committed to the enforcement of fair contracting and hiring practices that comply with all Local, State and Federal Guidelines.

CAUTION TO APPLICANTS

The definition of the project is at the applicant's discretion. The entire project, including all components, must meet the criteria to be approved.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

In submitting this application, you, as the authorized representative of your organization, understand that: (1) the PRC may request additional information about your organization, its construction history, and the proposed project; and (2) your organization is required to submit the information requested by the PRC. You agree to submit this information in a timely manner and understand that failure to do so may delay action on your application.

If the PRC approves your request to use the GC/CM contracting procedure, you also understand that: (1) your organization is required to participate in brief, state-sponsored surveys at the beginning and the end of your approved project; and (2) the data collected in these surveys will be used in a study by the state to evaluate the effectiveness of the GC/CM process. You also agree that your organization will complete these surveys within the time required by CPARB. Additionally, responding to the 2013 Joint Legislative

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

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

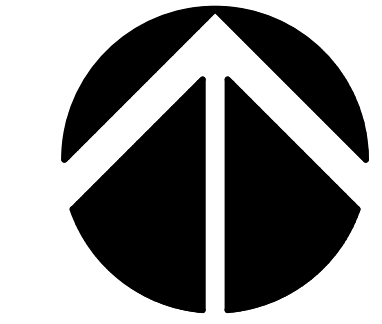
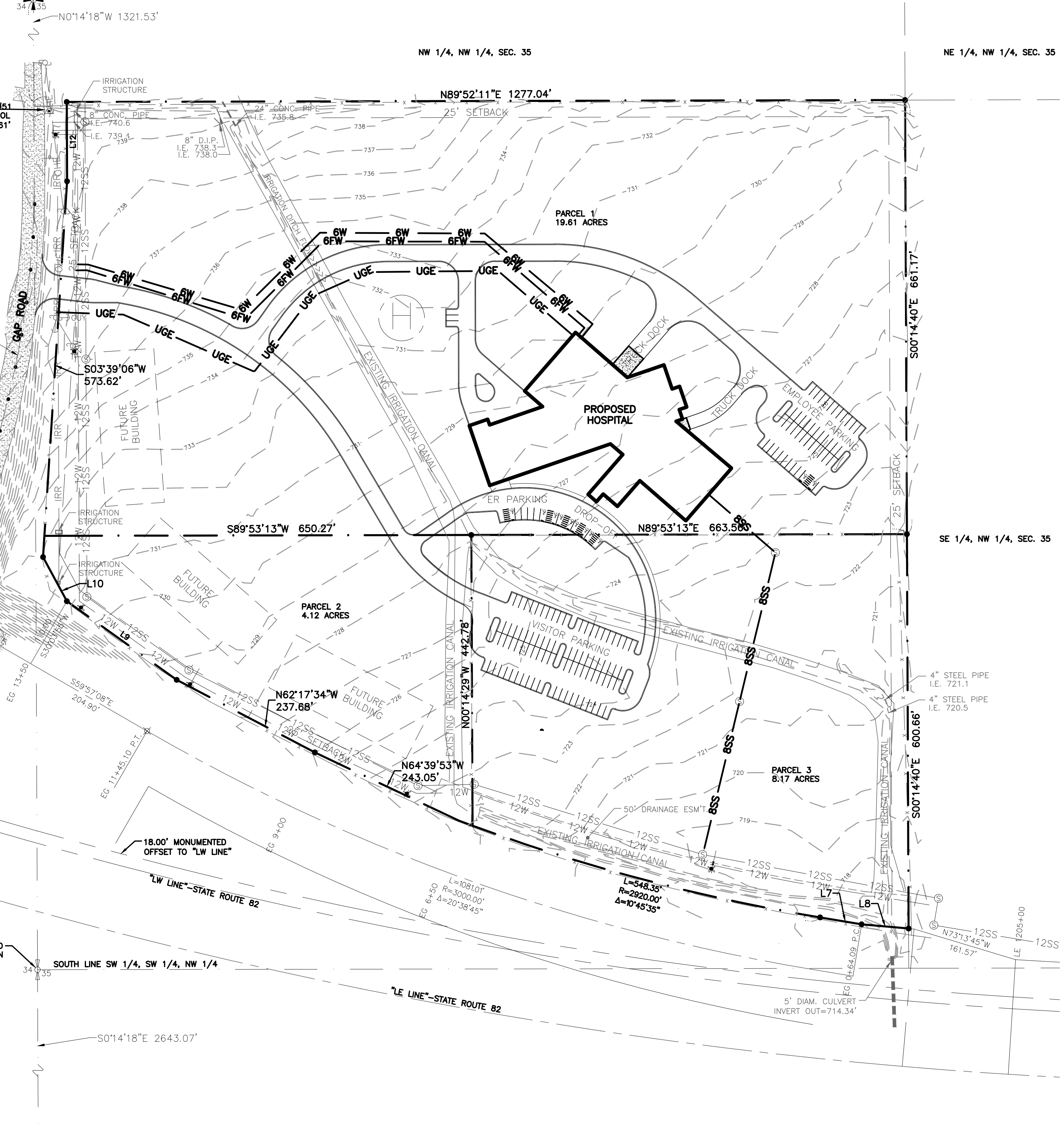
Signature: 

Name (please print): David Rollins (public body personnel)

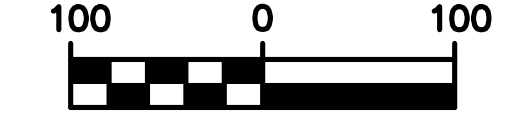
Title: Chief Financial Officer

Date: December 21, 2020

FND. 3-1/2" BRASS CAP IN CONC. IN MON. CASE STAMPED: WASH. CO. REF. MARK



north



SCALE 1" = 100'

LEGEND

PROPERTY LINE	---
EXISTING CONTOUR	- - - - -
EXISTING FENCE	x x x x x x x x x x x x x x x x
EXISTING ASPHALT	=====
EXISTING POWER POLE	o
EXISTING OVERHEAD POWER	--- OHE --- OHE --- OHE --- OHE
EXISTING EASEMENT	---
EXISTING CENTERLINE	---
PROPOSED 8" SANITARY SEWER	--- 8SS --- 8SS --- 8SS --- 8SS
PROPOSED SEWER MANHOLE	o
PROPOSED 6" FIRE LINE	--- 6W --- 6W --- 6W --- 6W
PROPOSED 6" WATER LINE	--- 6FW --- 6FW --- 6FW --- 6FW
PROPOSED 12" WATERLINE BY CITY	--- 12W --- 12W --- 12W --- 12W
PROPOSED FIRE HYDRANT BY CITY	o
PROPOSED 12" SEWERLINE BY CITY	--- 12SS --- 12SS --- 12SS --- 12SS
PROPOSED UNDERGROUND ELECTRIC	--- UGE --- UGE --- UGE --- UGE

ENGINEER:

EXPEDIT CIVIL ENGINEERING, PLLC
9200 SUITS US DR. STE. B
BELLA VISTA, AR 72714

DEVELOPER:

PROSSER PUBLIC HOSPITAL DISTRICT
723 MEMORIAL STREET
PROSSER, WA 99350

ZONING:

CG - GENERAL COMMERCIAL

CURRENT COUNTY SETBACKS:

FRONT (GAP ROAD FRONTAGE): 25'
SIDE: 25'
REAR: 25'

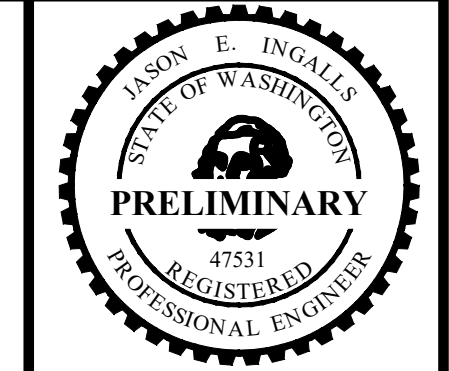
PROPOSED GENERAL COMMERCIAL ZONING SETBACKS:

FRONT (GAP ROAD FRONTAGE): 0'
SIDE: 0'
REAR: 0'

PARKING REQUIREMENTS:

1. INPATIENT ADMISSIONS - 1 SPACE PER 5 HOSPITAL BEDS
VISITORS - 1 SPACE PER BED
HOSPITAL STAFF - 1 SPACE PER SHIFT PER EMPLOYEE
OUTPATIENTS - 3 SPACES PER EXAM OR PROCEDURE ROOM
EMERGENCY PATIENTS - 1 SPACE PER 4 AVERAGE DAILY EMERGENCY VISITS
2. NUMBER OF PARKING SPACES REQUIRED - XX SPACES
3. NUMBER OF STANDARD PARKING SPACES PROVIDED - XX SPACES
4. NUMBER OF HANDICAP SPACES PROVIDED - 9 SPACES
5. TOTAL SPACES PROVIDED - XX SPACES

NOT FOR CONSTRUCTION



Date	Comments	Rev

PROSSER MEMORIAL HOSPITAL
GAP ROAD.
PROSSER, WA
bc DESIGN GROUP
100 PARK ST., STE. 202, OLATHE, KS 66061

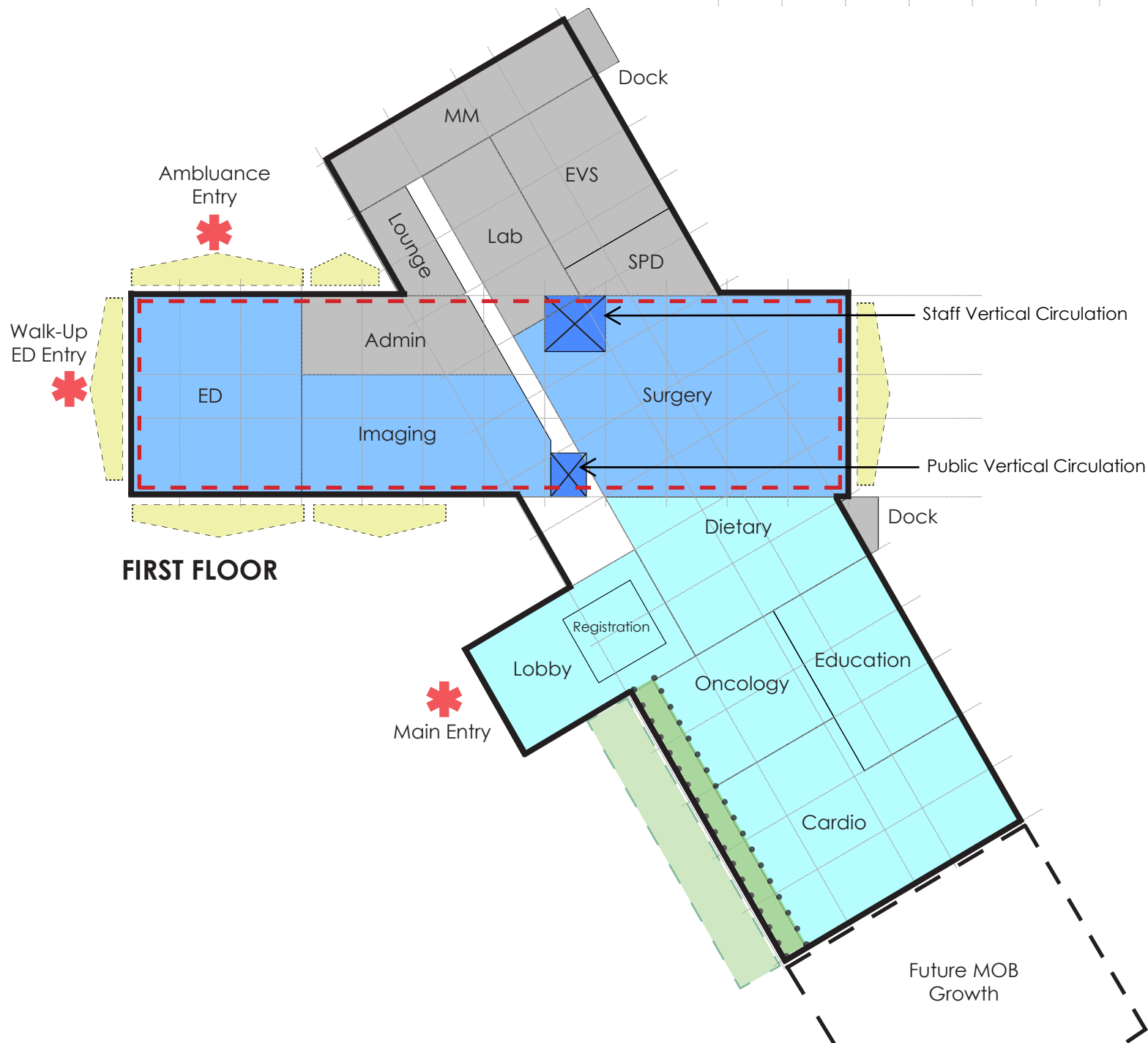
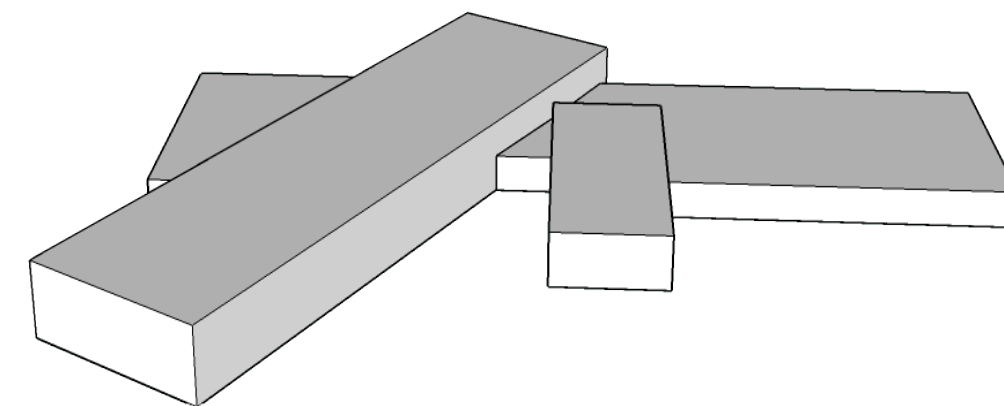
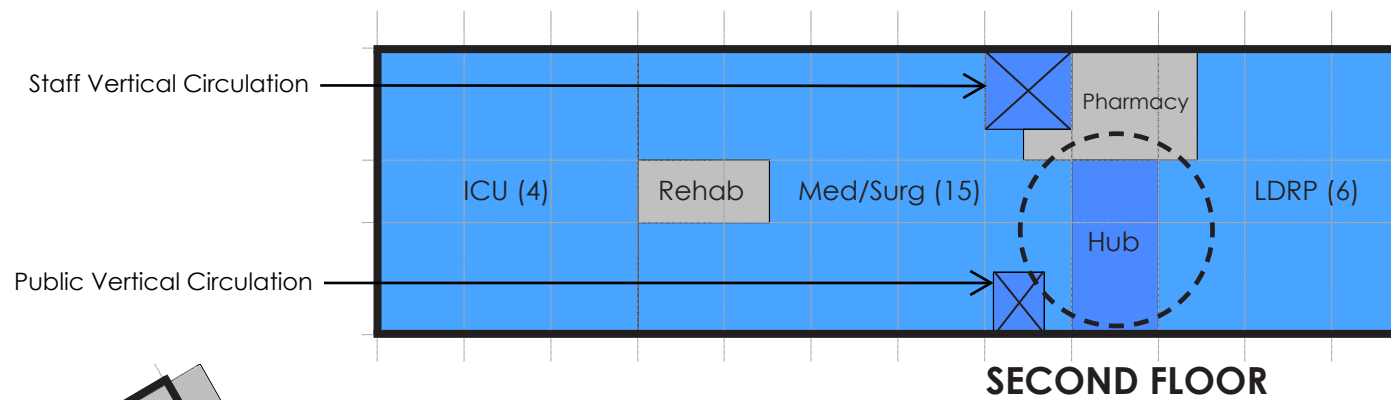
9200 SUITS US DR. STE. B
BELLA VISTA, AR 72714
D: (479) 367-2924
M: (606) 759-5300
EMAIL: jee@expedit.com



DRAWN BY: JEI
CHECKED BY: JEI
DATE 10/9/2020
JOB NUMBER 19-1029
SHEET NAME CONCEPTUAL SITE PLAN
File No. 19-1029.dwg
SHEET 1 OF 1










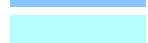



Know what's below.
Call before you dig.



NOTES:

1. +/-84,800 SF
2. Great I2/B separation
3. Good future expansion paths for ED/Imaging/Surgery
4. Admin (soft space) for internal department growth.
5. Good future connection point for future MOB
6. HUB IP unit allows for skeletal staffing.
7. Pharmacy is located upstairs, adjacent to IP and LDRP.
8. Short walks to all departments from main entrance.
9. Best option for future patient room growth.

-  Entrances
-  Second Floor Outline
-  Glass "Spine" element connecting nature to inside
-  Paths of Future Expansion
-  Opportunity for Future Addition
-  Outdoor Garden + Water Feature
-  SUPPORT STAFF
-  CIRCULATION HUBS
-  IN PATIENT
-  HYBRID
-  OUTPATIENT