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Transmittal Letter

October 30, 2017

To:

Talia Baker, Administrative Support
Capital Projects Advisory Review Board
1500 Jefferson St. SE
Olympia, Washington 98501

From:

Derek Rae, Principal
701 Dexter Ave. N, Suite 301
Seattle, WA 98109

Subject: Evergreen Aging Infrastructure and Seismic Improvement Project Approval Application

Dear Members of the PRC,

Enclosed please find 2 (two) copies of the EvergreenHealth Aging Infrastructure and Seismic Improvement PRC Application as requested in the Application Information Packet. We have included a thumb drive. We have also submitted our application digitally via email.

With your approval, our team is looking forward to commencing with the GCCM procurement process right away. The EvergreenHealth Board has already approved this procurement method and we have no doubts this is in the best interest of our community and organization. We look forward to your review, questions, and presenting to the Committee on November 30th.

Greatly appreciate your consideration.

Derek Rae

A handwritten signature in blue ink, appearing to read 'Derek Rae', is positioned below the printed name.

Principal

Enclosures:

- PRC Application
- Attachment A Organizational Chart
- Attachment B CORC Process
- Attachment C Responsibility Matrix
- Attachment D Construction History
- Attachment E Concept Drawings
- Thumb Drive

**EvergreenHealth
Aging Infrastructure & Seismic Improvement
Project**



**State of Washington
Capital Projects Advisory Review Board (CPARB)
Project Review Committee (PRC)**

**Application for Project Approval
GC/CM Contracting Procedure**



**Submitted by:
EvergreenHealth**

November 1, 2017

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)
or DESIGN-BUILD (D-B) ALTERNATIVE CONTRACTING PROCEDURE*

1. Identification of Applicant

- (a) Legal name of Public Body (your organization):
King County Public Hospital
District No. 2
Evergreen Hospital Medical Center
dba EvergreenHealth
- (b) Address: 12040 NE 128th St, Kirkland, WA 98034
- (c) Contact Person Name: Ty Heim
Title: Executive Director of Design, Construction and
Facilities Services
- (d) Phone Number: 425.899.3742
Fax: N/A
E-mail: tmheim@evergreenhealth.com

2. Brief Description of Proposed Project

Please describe the project in no more than two short paragraphs.

EvergreenHealth is planning a substantial, multi-phase, seismic and infrastructure upgrade over the next five years. The work will take place in many fully occupied acute care environments and mission critical spaces. The focus will involve seismic and aging infrastructure upgrades to the original hospital circa 1970, and various additions through 1985 and linked buildings of newer vintages. This will impact a basement plus 4 floors; approximately 205,000 sf. The related work will involve more limited seismic and infrastructure upgrades to newer portions of the hospital, dating from 1991 through 2002, and will impact a basement and up to 5 floors, depending on location; approximately 490,000 sf.

The presently identified zones that will be effected include: Green, Purple, and Old Red, 1970 and 1980's vintages. Other work will affect Blue, and Coral zones 1991 to 2002 vintages. The structural upgrades may include a combination of interior and exterior bracing and support with a goal of Immediate Occupancy after a 950-year event for mission critical areas, a major seismic event for non-mission critical areas. Aging Infrastructure will be evaluated in terms of seismic restraint and life cycle replacement. Major functions of the hospital may be effected, including but not limited to kitchen, morgue, Oncology, Digital Imaging, Maternity, Surgery, Neonatal Intensive Care, Pharmacy, Main Laboratory, Main Stores/Linen Supply, critical IT servers and rooms,

various procedural/exam rooms, and staff areas. Some of these departments/functions will be relocated to other areas of the hospital, on a temporary or permanent basis with phasing yet to be determined.

3. Projected Total Cost for the Project:

A. Project Budget

Costs for Professional Services (A/E)	\$ 6,390,000
Estimated Total contract costs: (Includes MACC, SGC, and Fee)	\$ 31,838,175
Equipment and furnishing costs	\$ 3,195,000
Off-site costs	\$ 0
Contract Administration Costs (Owner, CM)	\$ 1,538,925
Owner Contingencies (Design & Construction)	\$ 4,403,775
Other Project and Professional Services Costs	\$ 559,125
Sales Tax (10.0%)	\$ 5,325,000
Project Budget Total	\$ 53,250,000

Consistent with RCW 39.10.350 (1) (c), EvergreenHealth has established budget contingencies of more than 5% for this project.

B. Funding Status

Please describe the funding status for the whole project.

Project is to be initially funded through cash reserves (\$15 million) for planning, design, and debt financing for construction. EvergreenHealth is on track for a Bond Referendum in April of 2019. If approved, funds are anticipated to be available 1st Quarter of 2020. Initial project funding (\$15 million) for Precon and Design will be reimbursed out of the debt financing.

4. Anticipated Project Design and Construction Schedule

Please provide the anticipated project design and construction schedule, including (1) procurement; (2) hiring consultants if not already hired; and (3) employing staff or hiring consultants to manage the project if not already employed or hired.

Consultant Selection and Hiring:

EvergreenHealth (EH) selected OAC Services, Inc. to provide project and construction management services. Ty Heim, Executive Director and Daniel Perry, Construction Manager, both with the Construction Management Department at EvergreenHealth, are working directly with Derek Rae, Principal and Melissa Teichman of OAC Services who is serving as the Senior Project Manager for the project.

EvergreenHealth selected SRG Partnership Architects, as the project’s designer of record. OAC and SRG Partnership possess significant and relevant GC/CM alternative project delivery experience. (Team resumes and qualifications are in Item 7.)

OAC and SRG Partnership are currently working collaboratively with EvergreenHealth CM staff. SRG staff consists of Duncan Thieme, Principal, Bryan Higgins, Senior Project Manager, and Ingrid Krueger, Project Architect. EvergreenHealth CM, OAC, SRG Architects, CPL Structural Engineers, Notkin Engineering and Stantec Engineering are working in the pre-design / programming phase of this project. Schematic design is conservatively anticipated to start upon GC/CM selection in the 1st Quarter of 2018.

**EvergreenHealth Infrastructure and Modernization
Anticipated Project Design, Construction and GC/CM Procurement Schedule**

Project Design and Construction Schedule	Start	Finish
Programming	Sept. 20, 2017	March 14, 2018
Schematic Design	March 21, 2018	Aug. 16, 2018
Design Development	Aug. 17, 2018	Feb. 4, 2019
Construction Documents + AHJ Review	Feb. 5, 2019	Nov. 26, 2019
90% GMP Set Construction Documents	Feb. 5, 2019	Sept. 18, 2019
Negotiate MACC	Nov. 19, 2019	Dec. 18, 2019
100% Construction Documents	Sept. 19, 2019	Oct. 30, 2019
Subcontract Bid Packages	Sept. 18, 2019	Nov. 18, 2019
Construction	Jan. 7, 2020	Sept. 7, 2022
Substantial Completion		Oct. 7, 2022
Commissioning / Owner Occupancy	Oct. 10, 2022	Jan. 9, 2023
Final Completion		Jan. 9, 2023
GC/CM Procurement Schedule		
GC/CM Procurement Schedule	Start	Finish
PRC Application (Due November 1, 2017 by 4 PM)	Sept. 29, 2017	Oct. 30, 2017
PRC Presentation; Assumes Application Accepted	Nov. 30, 2017	
1 st Advertisement for GC/CM Services; if Approved	Dec. 1, 2017	
2 nd Advertisement for GC/CM Services	Dec. 8, 2017	
Pre-Proposal Conference	Dec. 11, 2017	
SOQ Submittals Due		Jan. 17, 2018
Owner & Committee/Consultants Reviews/Scores Submittals	Jan. 18, 2018	Jan. 26, 2018
Notification to Highly Qualified Firms	Jan. 29, 2018	
Conduct Interviews (tentative)	Feb. 5, 2018	Feb. 16, 2018
Notification to Most Highly Qualified Firms + Prep/Submit RFFP	Feb. 19, 2018	March 6, 2018
RFFP Submittal Date and Opening	March 6, 2018	
Owner Committee RFFP Review & Scoring	March 6, 2018	
Notify Firms of Scoring and Intent to Award	March 6, 2018	
EH Board Approve GM/CM Contract Precon Svcs	March 20, 2018	

5. Why the GC/CM Contracting Procedure is Appropriate for this Project

Please provide a detailed explanation of why use of the contracting procedure is appropriate for the proposed project. Please address the following, as appropriate:

The EvergreenHealth Aging Infrastructure and Seismic Improvement project meets four of the six statutory criteria as outlined below (one is required).

EvergreenHealth feels strongly that GCCM is the most appropriate contracting procedure for this project when each criteria is viewed through the lens of construction work being done in an active Acute Care Hospital where patient, staff and public safety is paramount.

1. The project involves complex scheduling, phasing and coordination

- The project has many elements of complexity that must be addressed: GC/CM involvement during design is necessary to develop the optimal phasing plan to maintain critical healthcare occupancy, for safety, overall construction delivery, efficient subcontractor buyout and smooth execution. This will include planning for safe ongoing occupancy where critically necessary and efficient construction traffic flow, access, infection control, noise abatement and dust control and careful utility coordination.
- Due to the adjacency of mission critical areas, the need for phasing, scheduling and coordination is mandatory to minimize negative impacts and disruption due to construction work. This will include interruptions, outages, shut downs and access limitations which will be inherent in the completion of this work. It is vital to maintain infection control measures and interim life safety procedures during construction to again, protect our operations, patients, staff, and visitors.
- EvergreenHealth will engage a GC/CM early in the design to inform a workable plan, develop a well-thought out and deliberate phasing plan to provide a safe, secure environment that aligns construction sequencing with minimal impact to patientcare and operational flows.
- By engaging a GC/CM contractor during the conceptual design phase risks to patient safety will be greatly minimized by identifying critical life safety, environmental and utility services, and working closely with Staff and design professionals to tightly manage shut downs, relocations and disruptions
- There will be extensive demolition and construction requiring a phased occupancy approach. The GC/CM will help mitigate these issues on critical operations by collaborating with design teams during the design phases.

2. The project involves construction at an existing facility that must continue to operate during construction

- The work environment in the heart and hub of an existing Acute Care Hospital is very challenging, especially when there are known hazardous materials that must be addressed. The infrastructure upgrades and modernization project is located in the center of EvergreenHealth and will require reorganization of functioning departments and creative solutions to safely navigate patients, staff and the public from one side of the hospital to the other, while addressing construction realities and hazardous materials.
- Flow outside of the existing facility is very busy, constricted, and congested with ongoing daily activities operating continuously 24 hours a day, including frequent

emergency vehicle access and egress. Traffic and pedestrian circulation, parking and wayfinding will be affected during construction.

- With patient and public safety being the utmost importance, the GC/CM delivery method will help insure impacts are eliminated or effectively mitigated.

3. Involvement of GC/CM is critical during design

Involvement of the GC/CM during the design phase is critical because:

- Effectively planning and executing phased infrastructure and modernization projects rely on a clearly developed and communicated Phasing Plan to communicate to all project participants the specific scope, boundaries, constraints and contingency plans for each discreet aspect of the project. Leading the development of the phasing plan, in close coordination with hospital staff, will be the primary role of the GC/CM during the pre-construction phase. The Phasing Plan will detail the precise steps needed by each sub-trade, hospital staff and others to effectively and safely complete each phase. The Phasing Plan requires an interactive and iterative process. For this process to occur precisely and effectively, the GCCM must be involved in the design process.
- GC/CM delivery greatly enhances the accuracy of phased delivery, reducing the risk to patients and general hospital operations, and reducing the risks of unforeseen costs due to flawed phasing plans.
- Having GC/CM involvement throughout the design phase will provide accurate and detailed cost information to inform the design process and EH Leadership as design progresses. The GC/CM will provide input into the products and materials used to optimize the return on investment and consider the total cost of ownership for critical environmental systems. Continuous value engineering and constructability reviews during design will allow for the free flow and critical thinking to test design intent and solutions against budgets and schedules necessary for an informed decision making process. This collaboration will also benefit the quality of construction.
- Attracting and keeping quality subcontractors engaged during the design through the buyout phase is a critical component to managing the budget. In a traditional design-bid-build scenario, the lowest responsive and responsible bids may exceed allocated funds. Having a qualified GC/CM on board provides accurate cost estimates throughout the duration of design and lowers cost risk. The GC/CM will collaborate with EvergreenHealth, its consultants, and the entire project team to effectively manage cost, schedule, and quality with a higher degree of predictability to fulfill the commitments made by a Public Hospital to its constituents.

4. The project involves a complex and technical work environment

- There are few building types more complex and technically challenging than a fully operational Acute Care Hospital.
- Compounding the inherent complexities, existing hazardous materials; aging structural, medical gases, HVAC, plumbing, sprinkler, electrical, low voltage control, data, telephony and emergency power systems will be affected and in places upgraded within this project. This work will require highly coordinated technical shutdowns to existing systems that are a life safety concern to the operations being served.

- The GC/CM delivery method will allow for teaming with an experienced healthcare contractor, and highly experienced sub-contractors in key trades, to provide the sophisticated management necessary to ensure patient safety when integrating technical infrastructure improvements. We are strongly considering MCCM and ECCM, but will await GC/CM input. Some of the impacted work zones include Oncology, labor and delivery, surgery, neonatal intensive care unit, relocation of our critical care unit and work in our pharmacy and main labs. All will require well thought out plans by highly experienced contractors, subcontractors, and the Owner team.

6. Public Benefit

How this contracting method provides a substantial fiscal benefit.

A. GC/CM will be a fiscal benefit to the Public by mitigating construction unknowns and risk, affording deeper understanding of design intent by the constructor, and reducing financial risks over traditional design-bid-build by utilizing, open-book accounting.

- Construction pricing is about risk mitigation. In a project with as many variables and unknowns as this project has, it is virtually impossible to develop a set of bid documents robust enough to adequately address the vast variety of conditions that will be encountered. GC/CM involvement is critical to develop thoughtful and adequate contingencies. Combining this with an open book / transparent sub-contractor procurement process and a transparent fee, the Public's interest is better protected.
- With GC/CM delivery, cost and schedule predictability is much higher than with the design-bid-build method as the contractor is on board throughout design and construction, providing consistent cost and schedule information. Additionally, understanding of design intent of the documents is much deeper due to participation in the design process.
- Retaining a contractor via the GC/CM method is much more likely to result in broader sub-contractor bid coverage. The GC/CM contractor's subcontracting plan leverages their relationships, heightens local subcontractor interest, increases competition and manages costs in an inflationary material and labor market.
- An additional fiscal benefit is gained through using the GC/CM's expertise in value engineering and constructability reviews during the design phase to assist in developing a complete, understandable and cost-effective construction document set, again, a deeper understanding of design intent. Collaborating with the GC/CM in developing clear, concise scopes of work, and building a safe, workable, and productive phasing plan is critical to the success of this project and minimizing impacts to the hospital's operations. This includes complex site logistics, MEP coordination, vendor coordination, timing, rough-in, delivery, off-loading and storage. Communicating the need for this level of coordination on a design-bid-build method is complex and very difficult to enforce with less well-informed contractors.
- Having a GC/CM on board through early planning will provide the design professionals, and the owner, a resource for investigating existing infrastructure

systems, hazardous materials, and structural connections that only a contractor can see and understand from a construction/constructability perspective.

- A GC/CM will also be heavily involved in minimizing the impact on Hospital functions and logistical operations by doing such things as improving the efficiency of utility routing in crowded interstitial spaces; minimizing the impact of structural systems in critical functional areas, and smoothly relocating entire departments out of the way and decanting them into other areas of the facility. These are just a few examples of how the public will benefit fiscally. The GC/CM will have the opportunity to assist the design team with all of this during the schematic design phase – a process not available in traditional design-bid-build.

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.

B. Utilizing traditional design-bid-build it is not practical to meet quality standards or delivery schedules for the following reasons:

1. Delivery Schedules

- It is impossible to get contractor input for phasing, site logistics, constructability and value engineering integrated into the design, and in turn the construction documents, using a traditional method. For example, as described previously Phasing is critical, and GC/CM input is integral to this process. Phasing with GC/CM involvement is built into the design process and an integral part of the Construction Documents. With traditional design-bid-build, phasing is layered on afterward; usually at the Owner's operational and cost expense.
- Procurement of Long Lead Items during the design phase to expedite construction, utilizing Bid-Packages, is not possible with a traditional approach. Boilers, generators, air-handling equipment, VAV boxes, switch gear, steel, lighting, and exterior cladding materials, just to name a few, all have significant lead times. These items can be identified, specified, procured, and ideally delivered in a just-in-time fashion reducing construction time and saving money.
- Accelerating a schedule by utilizing 'what-if' scenarios during the design phase is not possible with a traditional approach. We intend to utilize this approach heavily if this project is approved.

2. Quality Standards

- As stated previously, retaining a contractor via the GC/CM method is much more likely to result in broader sub-contractor bid coverage. The GC/CM contractor's subcontracting plan, including MWBE recruiting, leverages their relationships, heightens local subcontractor interest, and usually results in a higher quality product.
- Realistic schedules balancing owner operational needs, constructability and market realities and logistics are developed utilizing a GC/CM approach. Realistic schedules increase quality by allocating the proper time and construction sequence to be planned, procured and implemented.

- True Value Engineering is not possible with a traditional Design/Bid/Build approach; it is with GC/CM. We see the VE process being extremely valuable, especially during the design of the structural and mechanical systems and assessing difficult site logistics.

7. Public Body Qualifications

Description of your organization's qualifications to use the GC/CM contracting procedure.

EvergreenHealth has a full time staffed in-house Construction Management Department of 11 personnel, which includes 4 CM/PM's, 1 APM, 2 Medical Planners, and Contract and Admin staff. A rigorous public agency capital projects process is well established, with over 40 years of highly successful, highly technical and complex, acute care project delivery experience, yielding a campus with built value in excess of \$1 billion.

Ty Heim, Executive Director of Design, Construction and Facilities, has been a member of the CPARB and public hospital district representative voice in Olympia in support of alternative project delivery for 2 years.

EvergreenHealth has retained OAC Services, Inc. (OAC) to provide GC/CM PM/CM services for this project. OAC's alternative contracting experience includes over fifty GC/CM projects totaling over \$1.5 billion dollars. One of those projects was a very complicated existing hospital renovation that was a highly successful GC/CM project; completed 4 months early and saved half a million dollars. OAC is committed to sharing its GC/CM knowledge and expertise to mentor EvergreenHealth's Construction Management Staff in alternative contracting and ensure a successful project throughout all phases: procurement, pre-construction, buyout, negotiation, contract execution, construction, occupancy and closeout.

EvergreenHealth has retained John Palewicz to act in a capacity of Executive Advisor. Mr. Palewicz is a recognized leader in Washington State in utilizing GC/CM procurement through both his involvement with the PRC and past leadership positions at the University of Washington.

EvergreenHealth has retained SRG Partnership, Inc. as its Architect for this project. SRG works extensively on projects for public agencies using various project delivery structures. In particular, SRG has led the design teams for a number of large and complex GC/CM projects that have required a high level of collaboration to achieve success. Notable examples include the renovations of the Washington State Capitol Building, Bellevue City Hall, the renovation of Savery Hall at the University of Washington, and the multi-year phased renovation of Pike Place Market. SRG understands the depth of collaboration that is required between the design and contracting teams to assure this project's success.

EvergreenHealth a long-standing relationship with David Alskog of Livengood Alskog, on construction legal matters and now with matters relating to GC/CM agreements and general conditions aligned with Washington State RCW 39.10 procurement processes and best practices. Livengood Alskog is an experienced alternative public works contracts attorney. David has been a partner and advisor for Lake Washington School District on their alternative delivery projects. Livengood Alskog has been providing construction and property procurement-related legal services to on a wide variety of projects for EvergreenHealth for more than 25 years.

Project organizational chart, showing all existing or planned staff and consultant roles.

See Attachment A for the project team organization chart.

Staff and consultant short biographies (not complete résumés).

Ty Heim, EvergreenHealth

Role on this project: Executive Director

As Executive Director, Mr. Heim offices in the Construction Management department at EvergreenHealth and will directly oversee the activities of the Construction Management department, its consultants and coordinate the allied internal departments of Plant, Security/Safety, Environmental Services, and IT. Mr Heim will use previous experience and knowledge of complex public works construction, Department Health, JCAHO, Infection Control procedures, and general building codes to ensure that ongoing physical plant and construction activities are accomplished in a safe manner, meet regulatory requirements, and are consistent with the mission of EvergreenHealth. Mr. Heim will interact regularly with senior management, physicians, governmental and regulatory agencies and may interact with various committees and citizen groups. Mr. Heim has approximately 15 years experience in Healthcare Facilities and over 30 years managing public works capital improvement projects ranging from small works to over \$100 million in value.

Daniel Perry, EvergreenHealth

Role on this project: Construction Manager

Mr. Perry will oversee and manage the design professionals, the GCCM, the interface with internal departments and stakeholders, and work closely with in-house medical planners. He will also assist in preparation of RFQ's, contract and project management documents and procedures, and prepare reports on the status and progress of the project. Mr. Perry has 35 years of experience in commercial construction. He is a Registered Architect in Washington State, and holds a Certificate in Construction Management from New York University. He has worked on GCCM / Alternative Delivery projects ranging from \$1 million to \$65 million in value as a contractor and up to \$100 million as an architect. His latest capital improvement project at EvergreenHealth was a two floor Progressive Care Unit with a \$46M budget. He has held his current position as Construction Manager for four years.

David A. Alskog, Livengood & Alskog, PLLC

Role on this project: GC/CM Legal Advisor

Mr. Alskog will provide the District and its Project Manager, OAC, with legal advice on contract matters associated with the Project, especially in the GC/CM selection process, contracts, RFPs, bonding requirements, subcontractor bidding and dispute resolution. Mr. Alskog has more than 30 years of experience handling public and private construction transactions. Mr. Alskog's experience in GC/CM and other project delivery methods includes his work as General Counsel for Lake Washington School District, Riverview School District, legal consulting with other school districts, and the representation of EvergreenHealth for over 25 years. During this time, he has been involved with projects ranging from \$1 million to over \$100 million. He also has represented private owners, contractors and architects throughout the Northwest in the construction of office buildings, condominiums, projects and University of Washington, Portland State, and many other projects.

John Palewicz, John Palewicz Consulting

Role on this project: Executive Advisor

Mr. Palewicz served at the University of Washington Capital Planning and Development office for 21 years, starting in 1996, serving initially as a Senior Project Manager and then as a Director for Major Projects where he managed or directed 24 GC/CM and DB projects with a total project cost of over \$1.2 Billion.

As the Director for Major Projects, Central Campus, Mr. Palewicz was in the forefront of the University adopting the then recently approved State of Washington RCW 39.10 Alternate Public Works Contracting Procedures for General Contractor/Construction Manager (GC/CM). During this time, Mr. Palewicz was responsible for 18 GC/CM projects with a total project cost of \$780 Million.

Derek Rae, OAC Services Inc.

Role on this project: Principal in Charge for OAC Services

Mr. Rae has over 20 years of construction experience, with personal involvement in GC/CM projects, over the last 8 years, totaling more than \$120 million. Mr. Rae will serve as the Principal-In-Charge (PIC) of the OAC project team and has a direct line of communication to the Executive Director and CM Staff. He will advise and consult with EvergreenHealth senior leadership during the project.

He is a respected and seasoned GC/CM practitioner. Mr. Rae's role is to support EvergreenHealth and OAC staff during the GC/CM application, selection process, through the MACC negotiation phases and during construction. His background includes extensive experience in construction delivery methods including GC/CM and design-bid-build projects in the public and private sectors.

Melissa Teichman, OAC Services Inc.

Role on this project: Program/Senior Project Manager

Ms. Teichman has more than 14 years of healthcare construction experience, including new build, critical access tenant improvements, renovations, medical equipment planning, and modernizations for both private and public hospitals. Ms. Teichman's background includes experience in various construction delivery methods, including design/bid/build, design/build, design/build/operate maintain, and negotiated work. Ms. Teichman's role is to support EvergreenHealth through the GC/CM procurement process, providing schedule management, GMP analysis, financial oversight and budget tracking, overall program communications, and implementation of the project.

Architects

Duncan Thieme, SRG Partnership, Inc.

Role on this project: Principal in Charge for SRG Partnership, Inc.

Mr. Thieme has over 25 years of experience, primarily on public projects using GC/CM delivery. His GC/CM experience includes large, complex projects such as the Seattle Justice Center, Bellevue City Hall and the renovation of Pike Place Market. Mr. Thieme

will oversee all the work of the design and engineering team for the project, working in close collaboration with EvergreenHealth, OAC, and the selected GC/CM partner.

Bryan Higgins, SRG Partnership, Inc.

Role on this project: Project Manager

Mr. Higgins will organize and direct the efforts of the design and engineering team to assure that the project proceeds on schedule and meets its performance and budgetary goals. Mr. Higgins brings 25 years of experience on complex projects in healthcare, and Science and Technology. Over the last 14 years all of his projects have been a GC/CM-type project delivery which is essential to team work on complex projects like the EvergreenHealth project.

Engineers

Darren Schwend, Notkin

Role on this project: Mechanical Principal & Project Manager

Darren has 20 years of mechanical engineering experience and extensive healthcare and GCCM experience for facilities. Mr. Schwend has been instrumental in the execution of some of Notkin's larger projects, including the \$70M UW PACCAR Hall GCCM, \$15M Pacific Tower Tenant Improvements GCCM, \$46M UW Dempsey Hall Phase II – Balmer Hall Replacement, and \$56M WSU Biotechnology and Life Sciences Building. His focus on partnering and collaborating with clients on healthcare GCCM projects UWMC Emergency Department Extension and Remodel, Swedish Issaquah Bed Expansion, and Swedish Bariatric-Diabetes Clinic contributes to successful projects that serve the needs of the client and especially, those in critical and progressive care environments. Mr. Schwend is active in the Northwest Chapter of Design Build Institute of America and a strong supporter of the integrated project delivery approach. Mr. Schwend will lead Notkin's team of mechanical engineers. His enthusiasm for this delivery style will make him a stalwart champion of collaboration and innovation throughout the entire project. Mr. Schwend is our lead for all EvergreenHealth projects and has managed and/or engineered more than 90 projects for EvergreenHealth over the course of his career.

Maureen Jackson, Stantec

Role on this project: Electrical Principal & Project Manager

Ms. Jackson works hand-in-hand with clients, owners, and her integrated services team to continually stay one step ahead of market trends and future electrical engineering technology. With 27 years in her field, Ms. Jackson will advise and consult with EvergreenHealth leadership throughout the project.

As a Principal at Stantec, Ms. Stantec will be responsible for contractual issues and staff assignments, as well as actively participate in the design phase QA/QC of the project. Ms. Jackson has been involved in electrical upgrade projects on the region's largest hospitals, including the design of more than 200 projects for healthcare clients. The largest of these projects have utilized the GC/CM contracting method and have been completed ahead of schedule and within budget.

Bryan Zagers, Coughlin Porter Lundeen

Role on this project: Structural Principal

Mr. Zagers is one of the firm's foremost experts in seismic retrofits, providing flexible, creative, and visionary designs for health care facilities that need to function following an earthquake. He has provided structural design services on more than 20 health care construction projects worth \$300 million for clients that include EvergreenHealth, Swedish Medical Center, Seattle Children's, Virginia Mason, and Salem Hospital. Complex research facilities for Washington State University and the University of Idaho as well as a major renovation and seismic upgrade of the Carver Hall complex at Western Washington University are representative of projects in his GC/CM construction portfolio worth \$185 million. His background also includes design-bid-build and integrated project delivery projects. His guidance during analysis, phasing, and permitting phases will accommodate EvergreenHealth's technical requirements. Mr. Zagers will lead the structural team in providing a highly collaborative approach with EvergreenHealth and the project team that places patient safety, project goals, objectives, budget, and schedule firmly at the center of the design process.

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

Organizational Controls

EvergreenHealth has a full time staffed in-house Construction Management Department of 11 personnel, which includes 4 CM/PM's, 1 APM, 2 Medical Planners, and Contract and Admin staff. A rigorous public agency capital projects process is well established, with over 40 years of highly successful, highly technical and complex, acute care project delivery experience, yielding a campus with built value in excess of \$1 billion.

The OAC team will augment EvergreenHealth staff and are seasoned PM/CM practitioners who specialize in GC/CM procurement, contract administration, preconstruction, and MACC negotiations. OAC, in close coordination with EvergreenHealth, will procure, negotiate contracts and manage the required EvergreenHealth consultants to support the project, coordinate with authorities having jurisdiction and assist with occupancy planning and warranty procedures and protocols.

EvergreenHealth project leadership and OAC will hold regularly schedule meetings to report on and coordinate activities within the project and hospital. Roles and responsibilities will be tailored for the project to create highly collaborative opportunities, create clear lines of communication, decision making authority and provide flexibility that is beneficial to the Owner and responsive to project requirements and needs.

Authority to substantially change the project scope and budget rests with Evergreen's Board of Directors. Specific project Board resolutions will be coordinated with the Executive Director and OAC.

EvergreenHealth staff will have day to day operational control and decision making authority for the project. Authority to sign change orders during construction rest with Evergreen's Change Order Review Committee (CORC). This committee requires all change orders be fully described and signed off by the Project Manager, the Executive

Director, a Vice President, and if the dollar value is large enough, the CFO and CEO, with Board approval.

See Attachment B for the CORC Process.

The project will have “Principal’s-In-Charge” (Owner, Design and GC/CM contractor Executives) meetings so senior leaders are kept ahead of the issues, make timely business decisions or commit project resources to positively affect the project.

Project controls include processes and procedures to manage project documents, drive timely decision making, and document budget and schedule. OAC has established project controls and reporting systems to effectively manage the scope, schedule and budget for their projects. Ms. Teichman will utilize OAC’s standard project budgeting tools and project management websites to manage communications and monitor progress. Budget tracking tools will establish the overall detailed budget to be approved by EvergreenHealth and then track actual expenses and forecast future costs. Schedule progress will be tracked and monitored by OAC against the master schedule developed by the GC/CM.

See Attachment C for the Responsibility Matrix.

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

Planned GC/CM Process

The GC/CM preconstruction services contract, firm selection, is tentatively scheduled to be presented to EvergreenHealth Board of Directors at its March 2018 meeting and will provide preconstruction services prior to the end of schematic design per RCW 39.10. EvergreenHealth has its GC/CM procurement selection team in place and will include approval by EvergreenHealth’s Board of Directors during the selection process. OAC will facilitate and manage the procurement process.

Preparation of the GC/CM RFP and selection process is based on the OAC’s internal methods that have been refined over the years, with the latest lessons-learned items from other healthcare organizations and school districts. We have an open selection process to promote competition within the contracting community.

EvergreenHealth plans to use a three-step GC/CM selection model:

1. Public outreach followed by a Request for Qualifications
 - a. Focusing on experience, proposed team and approach
 - b. Short list three or four firms for interviews
2. Extensive Interviews, site and office visits
 - a. Gather more information regarding team proposed, approach and experience
 - b. Perform due diligence regarding bonding capacity, financial soundness, insurance capacity, resume vetting, and reference checking
3. Fee and Specified General Conditions Bidding
 - a. Maximizing a combination of qualifications and value based approach

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

Counsel has already drafted AIA-133-2009 'Standard Form of Agreement Between Owner and Construction Manager as Constructor where the basis of payment is the cost of the Work Plus a Fee with a Guaranteed Maximum Price. Contract shall follow RCW 39.10.

8. Public Body (your organization) Construction History:

See [Attachment D](#) for EvergreenHealth's construction history.

9. Preliminary Concepts, sketches or plans depicting the project

See [Attachment E](#) for the project's concept drawings. The drawings are conceptual for discussion purposes.

10. Resolution of Audit Findings On Previous Public Works Projects

If your organization had audit findings on any project identified in your response to Question 8, please specify the project, briefly state those findings, and describe how your organization resolved them.

EvergreenHealth has no audit findings on projects identified in this application.

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.

Attachments:

- A - Project Team Organizational Chart
- B - CORC Process
- C - Responsibility Matrix
- D - Construction History
- E - Project Concept Drawings

Signature of Authorized Representative

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

Should the PRC approve your request to use the GC/CM 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.

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

Signature:  _____

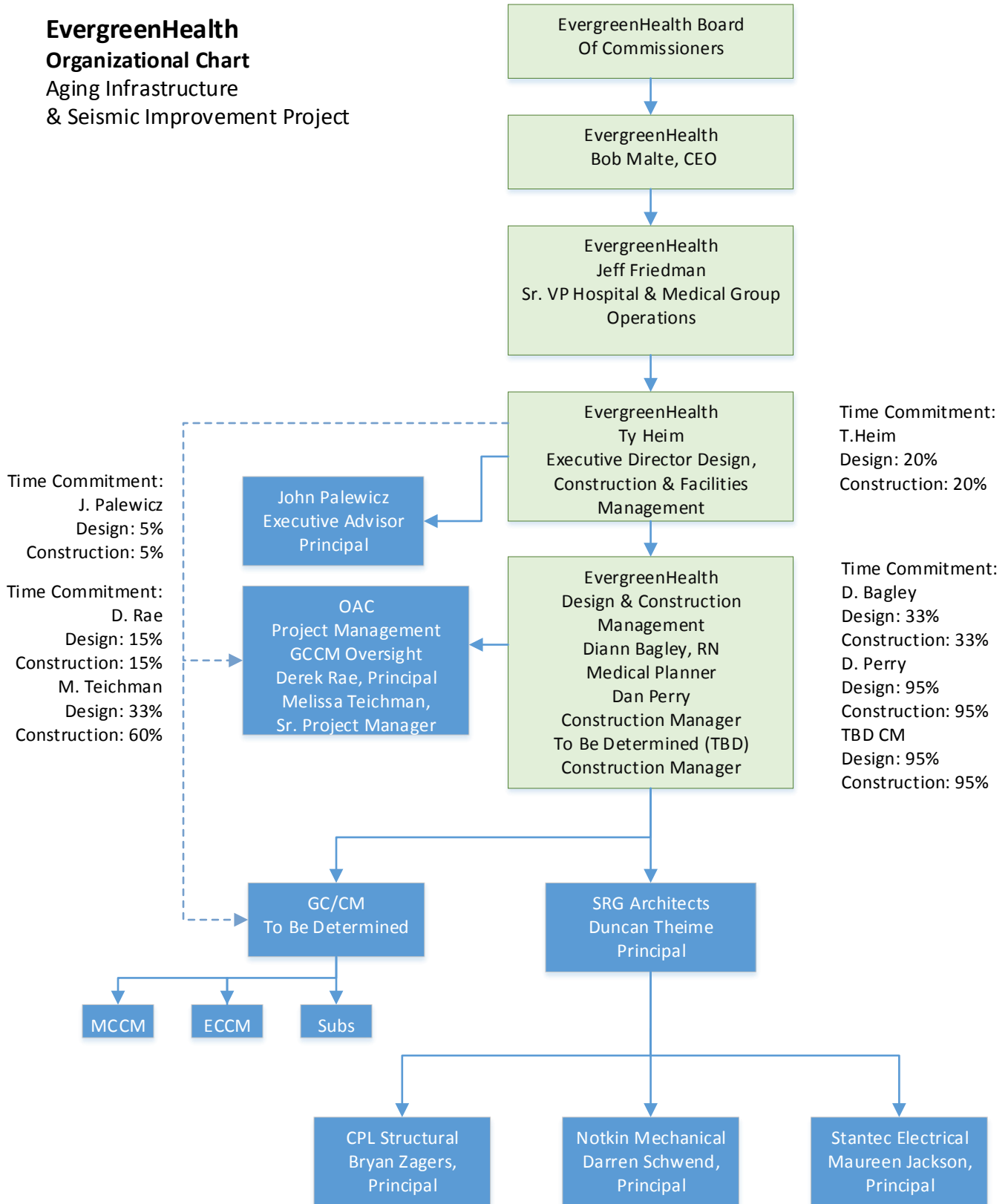
Name: (please print) Ty Heim

Title: Executive Director of Design, Construction and Facilities Services

Date: 10/30/17 _____

Attachment A

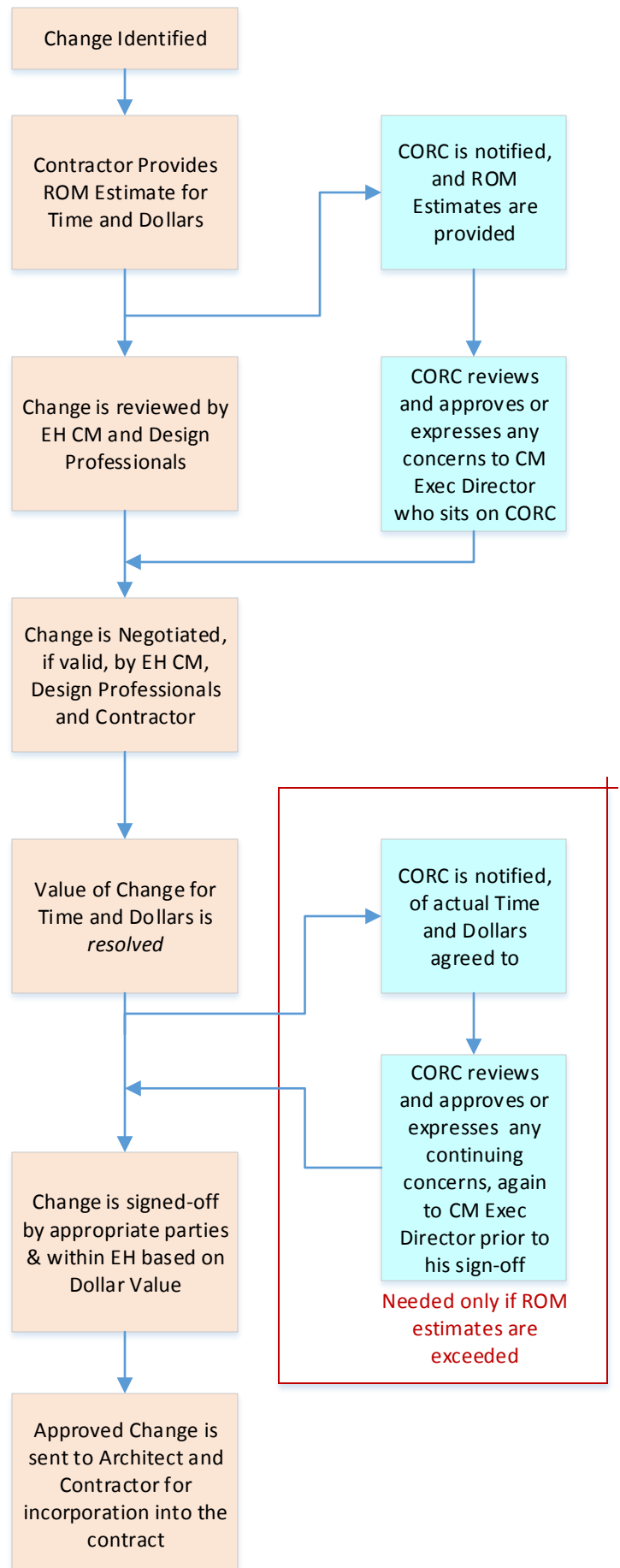
EvergreenHealth Organizational Chart Aging Infrastructure & Seismic Improvement Project



Attachment B

EvergreenHealth
Change Order Review Committee
(CORC Process)
 Aging Infrastructure
 & Seismic Improvement Project

Approvals required are Based on Dollar Value of Change; CORC Oversees Process	
\$ Value of change	Approval Required
\$0 to \$50K	2.) Exec. Dir of CM 1.) Project Manager
>\$50K up to \$200K	3.) Vice President 2.) Exec. Dir of CM 1.) Project Manager
>\$200K	5.) Board of Commissioners 4.) CEO 3.) Vice President 2.) Exec. Dir of CM 1.) Project Manager



Attachment C

EvergreenHealth

Responsibility Matrix

Aging Infrastructure

Seismic Improvement Project

Responsibility Matrix

	Tasks	EH Board	EHCM	OAC	Palewicz	Legal	A/E	GC/CM
1	Conceptual Project Schedules and Project Budget	A	L	I	-	-	I	-
2	Application to PRC	-	S	L	S	-	S	-
3	Draft GCCM Contracts	-	A	S	S	L	-	-
4	GCCM RFQ	-	A	L	R	R	I	-
5	GCCM Winnowing	-	L	S	S	-	I	-
6	GCCM RFP	-	A	L	S	R	I	-
7	GCCM Selection	A	L	S	S	-	I	-
8	Design Process	-	S	I	-	-	L	S
9	Preconstruction Process (Schedules, Budgets, Constructability, VE and Logistics)	-	S	S	S	-	S	L
10	GCCM Responds to Request for Final Proposal (RFP)	-	S	L	-	-	I	I
11	MACC negotiation and Contract resolution	A	L	S	S	R	I	I
12	Sub-contractor Bidding & Procurement	-	A	S	-	-	I	L
13	Construction	-	S	S	S	-	S	L
14	Evergreen Internal Processes and Approvals	-	L	S	-	-	S	S
15	Review of CPM Schedule	-	R	L	-	-	S	S
16	Construction Administration	-	R	S	-	-	R	L
17	Change Order Review and approval	-	L	R	S	-	R	S
18	Close-out	-	R	R	-	-	R	L

Key to Abbreviations: A= Approve I= Input L= Lead R= Review S= Support

Attachment D

EvergreenHealth Construction History

	Project	Description	Project Value	Delivery Method	Scheduled - Start date	Planned Budget	Scheduled - Finish date	Actual Budget/Final Costs
2012	Pharmacy Remodel	Remodel, expand inpatient pharmacy	\$ 1,200,000.0	D-B-B	Mar-12	\$ 1,198,434	Nov-13	\$ 1,218,737
	Lab Remodel & Expansion	Remodel and expand existing Lab, remodel Nuclear Medicine	\$ 1,186,509	D-B-B	Aug-12	\$ 1,186,756	Dec-16	\$ 1,322,666
	R and F Room Replacement (Radiographic Fluoroscopy)	Replacement of ceiling-mounted equipment in Fluoroscopy suite.	\$ 1,083,000	D-B-B	Dec-12	\$ 1,059,649	Sep-13	\$ 966,378
	26 smaller projects		\$ 3,370,993	D-B-B	2012 various		Various	
2013	Kitchen Remodel	Renovate existing kitchen area and build new servery kitchen	\$ 10,750,000	D-B-B	Jul-13	\$ 9,999,896	Nov-14	\$ 9,750,747
	Golden Hours	Remodel OR 9 to Infant Resuscitation Room, remodel OR 10,11 & 12 surgical lighting	\$ 1,000,000	D-B-B	Jun-13	\$ 999,099	Nov-14	\$ 993,552
	ESC DOH Compliance	TI improvements to convert existing ASF to Hospital Based	\$ 690,261	D-B-B	Aug-13	\$ 690,261	Aug-14	\$ 675,570
	25 smaller projects		\$ 3,967,294	D-B-B	2013 various		Various	
2014	Linac Replacement	Remodel existing Linear Accelerator Vault to prepare to install of new machine	\$ 4,902,980	D-B-B	Jun-14	\$ 4,901,158	Aug-15	\$ 4,955,110
	ENT Acquisition TI	Selective demo and remodel of suites in Coral 120 & Coral 400 of the EPC	\$ 1,500,000	D-B-B	Mar-14	\$ 935,166	Nov-14	\$ 807,675
	Nuclear Medicine Camera	Remodel existing space to prepare for install of new CT/Gamma Camera	\$ 1,136,821	D-B-B	Sep-14	\$ 1,136,789	Dec-16	\$ 1,051,904
	35 smaller projects		\$ 6,754,023	D-B-B	2014 various		Various	
2015	PCU Buildout in 5-Silver	Create new Progressive Care Unit on floors 4 & 5 of Patient Bed Tower	\$ 46,942,531	D-B-B	Aug-15	\$ 47,280,096	Jun-17	\$ 39,517,265
	MSK Ortho Buildout at DeYoung	Build out 2 floors in DeYoung Bldg to consolidate & expand Ortho, Spine, Podiatry clinics	\$ 18,000,000	D-B-B	Aug-15	\$ 15,654,305	Jul-17	\$ 13,991,727
	North Market Clinic	TI remodel to prepare for new clinic	\$ 4,496,875	D-B-B	Jul-15	\$ 4,079,089	Jul-17	\$ 3,357,609
	39 smaller projects		\$ 6,715,233	D-B-B	2015 various		Various	
2016	Cath-IR Vascular Lab Addition	Increase current Interventional Radiology Dept from 1 CATH Lab to 3 Labs	\$ 11,739,265	D-B-B	Dec-16	\$ 11,739,265	ongoing	\$5,005,579.00 to date
	Infrastructure - Master Facility Plan	Include, but not limited to: Misc utility upgrades, replace Boiler, Air Handling Units, Security system improvement etc.	\$ 10,000,000	D-B-B	Apr-16	\$ 10,000,000	ongoing	\$3,789,696.00 to date
	Siemens MRI TIM Upgrade	Repair, upgrade existing area to prepare for replacement of the Siemens TIM MRI	\$ 800,000	D-B-B	Mar-16	\$ 789,043	Apr-17	\$ 747,984
	22 smaller projects		\$ 2,251,631	D-B-B	2016 various		Various	
2017	Kenmore Clinic TI	Construction for new clinic	\$ 8,882,865	D-B-B	Mar-17	\$ 8,882,866	ongoing	\$3,268,897.00 to date
	Third Generator Blue Zone	Expansion of current power plant room and install new generator	\$ 1,896,467	D-B-B	Jan-17	\$ 115,089	ongoing	\$20,846.00 to date
	ED X-Ray Replacement & Remodel	Remodel rooms to prepare for replacement of 2 X-Ray machines	\$ 1,190,000	D-B-B	Sep-17	\$ 1,125,234	ongoing	\$55,871.00 to date
	5 smaller projects		\$ 456,000	D-B-B	2017 various		Various	

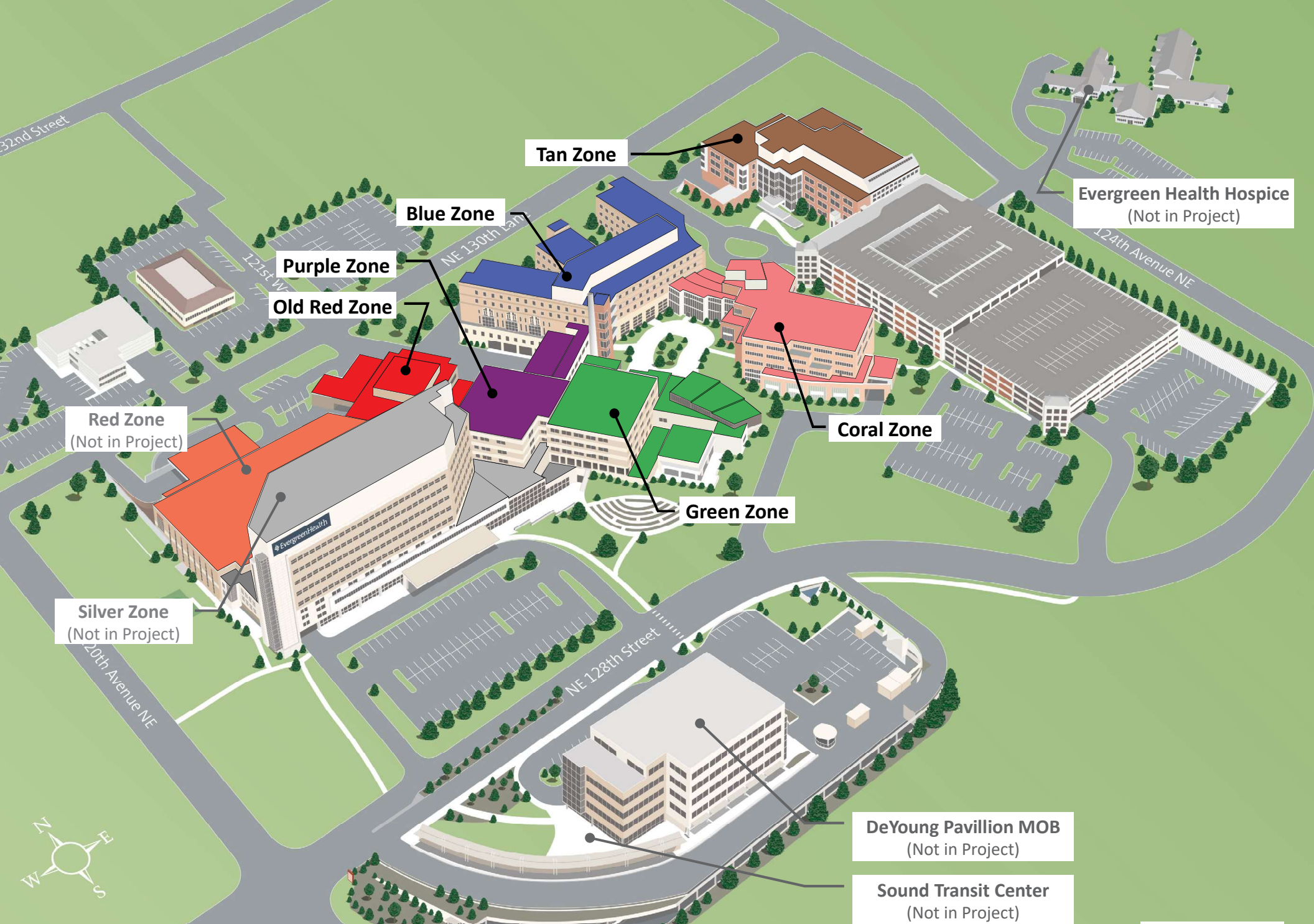
Attachment D

OAC Services, Inc. Construction History

	Project	Description	Project Value	Delivery Method	Scheduled - Start date	Planned Budget	Scheduled - Finish date	Actual Budget/Final Costs
2012-2017	Mason General Hospital	Campus Renewal Project - Infrastructure Upgrades and Surgery Expansion.	\$36M	GC/CM	4/1/2010	\$37M	3/1/2013	\$36.5M
	Mason General Hospital	Medical Office Building.	\$35M	GC/CM	12/1/2017	\$35M	7/1/2019	TBD
	Asian Art Museum	Museum Structural/Infrastructure Upgrades and Expansion.	\$54M	GC/CM	7/1/2016	\$54M	4/1/2019	TBD
	Virginia Mason	Jones Pavilion - Various Projects including Infrastructure Upgrades.	\$100M	GC/CM Private	5/1/2012	\$106M	11/1/2016	\$98M
	Salish Oncology Care Center	Infrastructure upgrades, Cancer center, Pharmacy, Lab, and research lab built-outs. Full-scale re-clad of existing building.	\$14.3M	D/B Private	10/8/2014	\$15M	10/20/2016	\$14.3M
	6 smaller projects with Swedish Medical Center	Infrastructure upgrades, Pharmacy, Short Stay Unit, Bariatric/Diabetes, and Pediatrics.	\$18M	GC/CM Private	May-15	\$18M	Jul-17	Ongoing

SRG Partnership, Inc. Construction History

	Project	Description	Project Value	Delivery Method	Scheduled - Start date	Planned Budget	Scheduled - Finish date	Actual Budget/Final Costs
2012-2017	Pike Place Market Renovation	Major infrastructure improvements (electrical, structural, mechanical systems), completed in three phases of construction.	\$73M	GC/CM	Mar-09	\$55M	Nov-12	\$50M
	Yesler Terrace Phase III	New construction of a 5-story affordable housing complex.	\$55M	GC/CM	May-17	\$55M	Dec-17	Ongoing
	Oregon State Hospital Junction City Psychiatric Hospital	New construction of a 174-bed facility.	\$458M	GC/CM	Apr-10	\$84M	Jan-15	\$84M
	Oregon State Hospital Salem Psychiatric Hospital Replacement	Renovation which included a complete seismic upgrade, systems upgrade, ADA upgrade, and restoration of a new building entry. New Construction for 680 beds.	\$458M (same contract as OSH Junction City)	GC/CM	Mar-09	\$311M	Jan-12	\$311M
	WSU Veterinary & Biomedical Research Building	A 4-story 132,000 sf building of educational and research space, supporting interdisciplinary research programs.	\$90M	GC/CM	Jan-10	\$55M	Feb-13	\$55M



Tan Zone

Blue Zone

Purple Zone

Old Red Zone

Red Zone
(Not in Project)

Silver Zone
(Not in Project)

Green Zone

Coral Zone

Evergreen Health Hospice
(Not in Project)

DeYoung Pavillion MOB
(Not in Project)

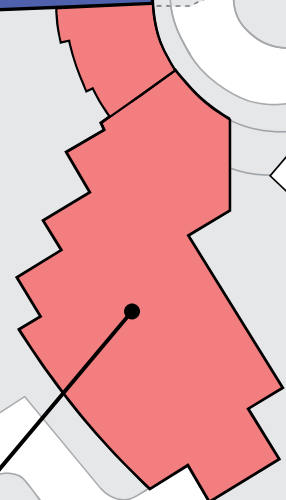
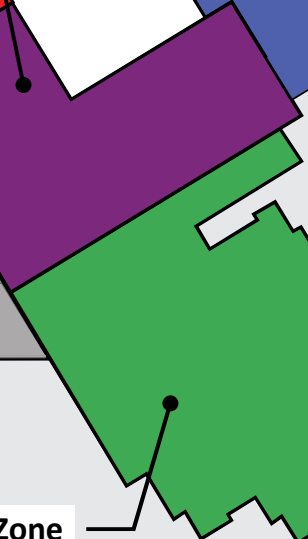
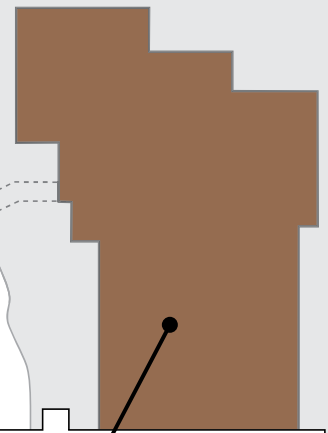
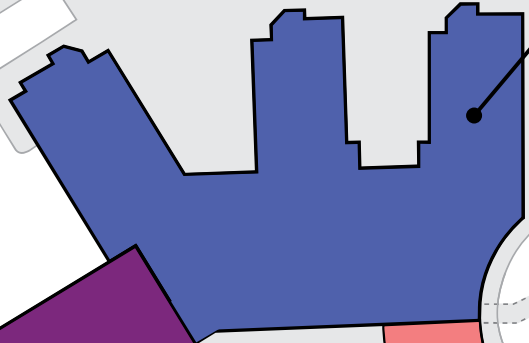
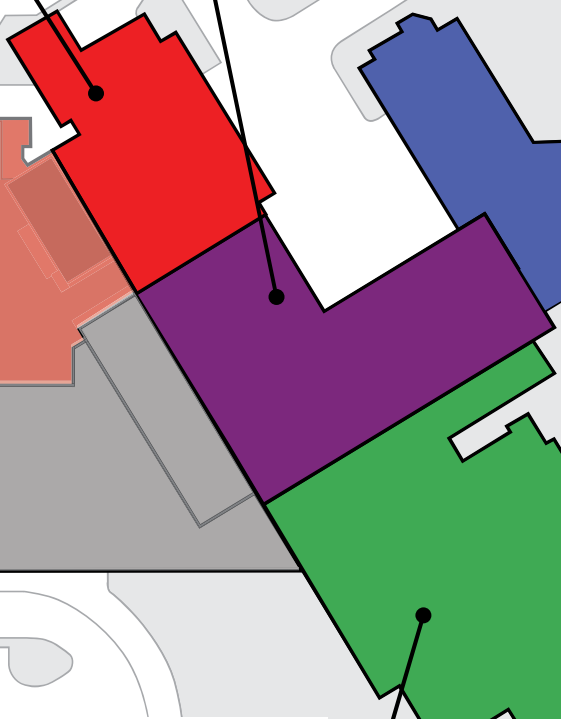
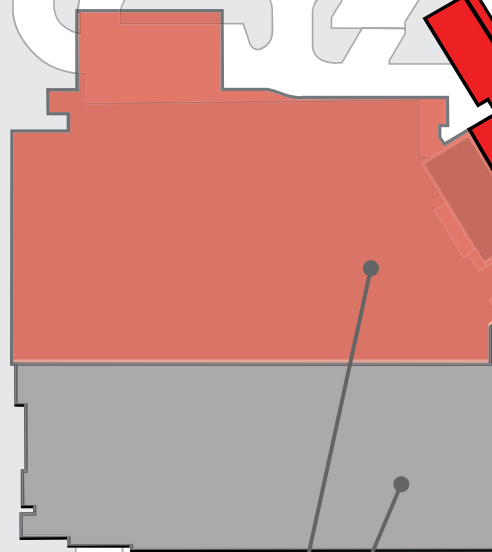
Sound Transit Center
(Not in Project)

Old Red Zone
(built 1985)
Paramedics
Respiratory Therapy
Patient Financial Services
Critical Care Unit

Purple Zone
(built 1970; addition 1980)
Diagnostic Imaging
Pharmacy
I.T.
Lab
Cancer Center

Diagnostic Imaging
Pharmacy
FMC Support
Adult Rehab Unit

Blue Zone (built 1988)
Medical Staff
MRI
Family Maternity Center (FMC)
Surgery
Women and Children's Center
Women's Health



Red Zone
(Not in Project)

Silver Zone
(Not in Project)

Green Zone
(built 1985; addition 1999)
Food Services
Building Plant/ Central Services
Medical Records
Cancer Center
Pharmacy
Comprehensive Procedures Clinic
Medical Staff

Coral Zone
(built 1992)
Microbiology Lab
Breast Center
Wound Care & Infusion
Diabetes &
Endocrinology

Ophthalmology
Midwifery
Women's Care
Pulmonary Care
Heart & Vascular Care

Tan Zone
(built 2002)
Women's Health
Maternal-Fetal Medicine
Cardiac Rehab
Internal Medicine & Primary Care
Cardiovascular Imaging Center
Ambulatory Surgical Center
Cardiology
Reproductive Health

