

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):*
Klickitat County Public Hospital District #2 (Skyline Hospital)
- b) *Address:* **211 NE Skyline Dr, White Salmon, WA 98672**
- c) *Contact Person Name:* **Robb Kimmes** *Title:* **CEO**
- d) *Phone Number:* **(509) 493-1101** *E-mail:* **RobbKimmes@skylinehospital.org**

1. Brief Description of Proposed Project

- a) *Name of Project:* **Skyline Hospital Modernization (DOH/CRS# 60835288)**
- b) *County of Project Location:* **Klickitat County**
- c) *Please describe the project in no more than two short paragraphs. (See Example on Project Description)*

Modernization of the existing Skyline Hospital facility to include:

Emergency Department (ED) Addition/Remodel and Major Infrastructure Updates to include:

- i) **Improved ED Patient Access / ADA / Patient Privacy**
- ii) **Improved Public and Staff Safety Measures**
- iii) **Increased Emergency Department Capacity and Capability**
- iv) **Functional Improvements for the ED's Behavioral, Pediatric and Women's Health**
- v) **Code compliance upgrades (Energy, FGI, IBC, NFPA and NEC)**
- vi) **Improved Lab Access and Functionality (Adjacent to ED)**
- vii) **MEP Systems Upgrades to include Boiler, VAV and AHU Replacement, Controls, Electrical and Generator Systems Updates.**

2. Projected Total Cost for the Project:

A. Project Budget

<i>Costs for Professional Services (A/E, Legal etc.)</i>	\$ 400,000
<i>Estimated project construction costs (including construction contingencies):</i>	\$ 4,700,000
<i>Equipment and furnishing costs</i>	\$ 395,950
<i>Off-site costs</i>	\$ N/A
<i>Contract administration costs (owner, cm etc.)</i>	\$ 150,000
<i>Contingencies (design & owner)</i>	\$ 500,000
<i>Other related project costs (briefly describe)</i>	\$ N/A
<i>Sales Tax</i>	\$ Included Above
<hr/> Total	<hr/> \$ 6,145,950

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

The project is fully funded through a combination of hospital acquired bond financing and Skyline Hospital Foundation Capital Fundraising Campaign funds. Through both funding sources Skyline has adequate funds to cover the estimated cost of the project (\$6.5M).

3. Anticipated Project Design and Construction Schedule

Please provide:

The anticipated project design and construction schedule, including:

a) Procurement;

Item	Task	Date
1	GC/CM PCARB Application Submittal	August 20, 2019
2	SH PRC Presentation	September 26, 2019
3	GC/CM Delivery Approval	October 7, 2019
4	Official State Authority Notice	October 2019
5	GC/CM RFQ Due	November 2019
6	GC/CM Interviews	November 2019
7	GC/CM RFFP-Selection	November 2019
8	DD Design Complete / Baseline Estimate	December 2020
13	Baseline MACC 90% Construct Docs	January 2020
14	Construction Docs 100%	February 2020
15	Permitting	February 2020
16	Final MACC	February 2020
17	Site Mobilization	March 2020
18	Construction Completion	April 2021

b) Hiring consultants if not already hired; and

Prime consultants have been selected and procured for the project and are moving into Schematic Design. As design progresses toward construction additional consultants will be engaged to provide: Commissioning, Special Inspections as needed.

c) Employing staff or hiring consultants to manage the project if not already employed or hired.
(See Example on Design & Construction Schedule)

Staff and consultants required to manage the project are on board.

The project is in early schematic design. The Owner's Rep/Construction Manager, Counsel and the Architect of Record and prime design team of engineers have been contracted. The GC/CM will be selected prior to the completion of design development allowing sufficient time to engage with meaningful preconstruction services. Due to the systems complexity and general nature of the project, GC/CM is of particular value during the planning stages of systems phasing, project scheduling and execution.

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?

The hospital requires complex phasing to maintain ongoing operations at all times.

Key coordination and phasing of the facility addition and modernization will enable Skyline to safely manage essential healthcare services during the construction process. The GC/CM schedule and coordination of the MEP systems will assist with required tie-ins, switch-overs and the associated AHJ reviews, approvals and certifications.

The coordination and solicitation of key qualified material suppliers and subcontractors working in the Gorge area will provide Skyline increased confidence and certainty from all trades during the establishment of the MACC. Market conditions in the greater Portland and The Dalles are highly competitive and subs are selective in pursuing quality projects. The GC/CM, working with the Architect and Owner's Rep will be integral in developing the Subcontractor bid package plan during the design phase and ensuring inter-related documents and bid packages are thoroughly coordinated and issued in a timely manner.

- 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.

Skyline Hospital is a designated Critical Access Hospital (CAH) that serves the community's essential healthcare needs 24/7/365. The facility must remain safely operational during all phases of construction and renovation to meet the minimum Standards of Participation as established by CMS and governed by local and state AHJ's.

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

Involvement of the GC/CM during design is critical for the following reasons:

- i) Development of phasing plans for the safety of patients and staff as well as minimize the financial risks associated with construction and disruption to operations.
- ii) Involvement early in the design process to ensure subcontractor interest and availability, materials/systems selections and project scheduling are well-prepared to address seasonal weather conditions and overall schedule maintenance.
- iii) Having a GC/CM throughout the design phase will provide accurate and detailed cost information as the design progresses.
- iv) Ongoing engagement with the design team, DOH/CRS and L&I regarding project planning, phasing and execution efforts to maintain safety, code compliance and a thorough understanding of interim jurisdictional coordination/approval requirements.

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

All work is taking place on a live hospital campus that is to remain operational during construction. Further, the majority of the work is taking place within the hospital's highly-sensitive and essential emergency department.

- 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*

The GC/CM alternative contractive method provides a significant benefit to the Public Hospital District in the surrounding geographic area in terms of delivering an essential, accessible, functional and modernized hospital facility. Complex phasing and aged infrastructure replacement represent high levels of risk and potential disruption to essential healthcare services if not carefully planned, coordinated and executed throughout the entire design and construction process. The District will benefit and reduce overall safety and fiscal risk with the ability to select and coordinate the contracting entities based on a qualified and competitive selection criterion.

- *How the use of the traditional method of awarding contracts in a lump sum is not practical for meeting desired quality standards or delivery schedules.*

In summary the GC/CM will provide the following benefits as compared to the traditional D-B-B method of contract delivery:

- i) True qualifications-based contractor selection to ensure experience, public safety and maintained essential services - rather than low-bid.
- ii) Scope review and constructability analysis from the GC during the preconstruction phase, additional trade coordination associated with the MEP field investigation and planned phasing prior subcontractor bidding.
- iii) Design details, infection control and systems integration reviewed and confirmed by the GC/CM team during design development and permit documentation.
- iv) Ongoing cost/budget controls during design.
- v) Early establishment of a MACC for funding confirmation and control
- vi) Reduce RFIs and potential change orders
- vii) Public agency funding budget control will be established at the outset of an early design estimate prepared by the GC/CM team and tracked and elaborated throughout the design phase to the implementation of a GMP MACC contract amount.
- viii) Early contractor input relevant to logistics critical in efficient scheduling and building in a rural area.
- ix) Potential MEPS input during design development with the contact and coordination of subcontractors for systems analysis and budget advice.
- x) GCCM selected on the basis of qualifications and not simply a low lump sum bid. The Owner/Architect/Contractor team will be established at the onset of Design Development. The Contractor [GC/CM] relationship and confidence with the team will enhance the project assurance as a known and trusted stakeholder in the project success.

- *In the case of heavy civil GC/CM, why the heavy civil contracting procedure serves the public interest.*
N/A

6. Public Body Qualifications

Please provide:

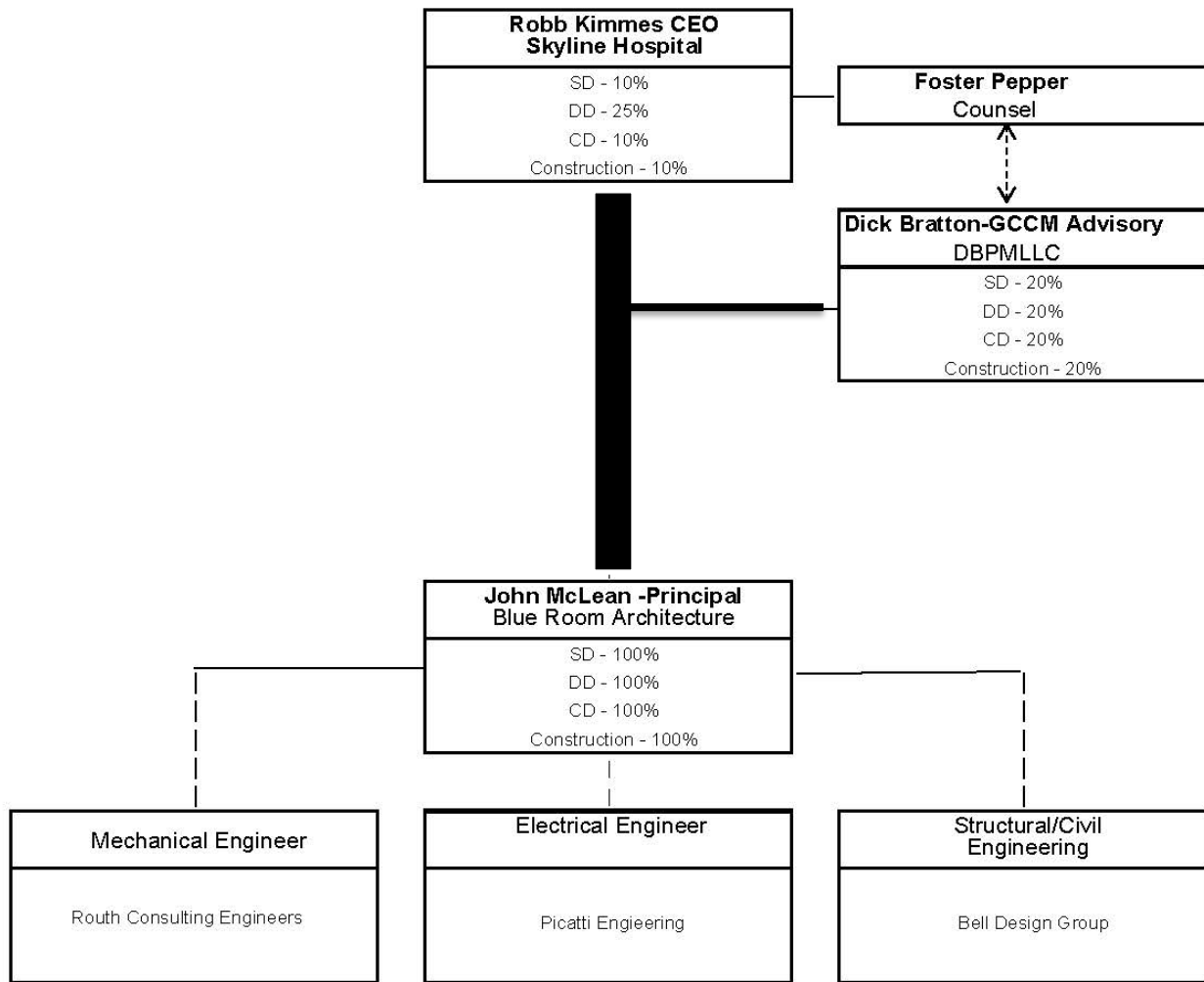
- *A description of your organization's qualifications to use the GC/CM contracting procedure.*

The Owner (Skyline Hospital) has retained the services of Dick Bratton to manage the project GC/CM solicitation and selection process and provide GC/CM advisory management from the inception of planning through final completion of the construction phase. Dick has managed similar projects utilizing the GC/CM contracting delivery method as noted below in his qualifications. Blue Room Architecture with Principal John McLean is well experienced with this specific project type and integrating the GC/CM through the design and construction phases. The hospital's counsel, Foster Pepper is well known to GC/CM projects as well.

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



Project Organization Chart
 Skyline Hospital



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

Dick Bratton Project Management (DBPM), GC/CM Advisory Consultant / Owner's Rep:

DBPM was established in 2003 for the expressed purpose of providing building Owners specific Owner Representation and Construction Management for the successful development and completion of projects in the construction community throughout the western US. Mr. Bratton's past experience includes a combination of General Contracting, Construction Management and Project Management, with experience in the health care, commercial, retail, industrial and institutional sectors of the building industry over the past 40+ years. Notable projects include commercial headquarters, large stand-alone health care MOBs, and developments, green field hospitals and hotels, retail malls and centers, multifamily new and renovation developments. The majority of Mr. Bratton's project management has been for Design Build and Construction Management at Risk project delivery methods over the past twenty years. Mr. Bratton completed the June 2016 GC/CM workshop conducted by the AGC Education Foundation and has provided this expertise in managing the selection of the GC/CM firm, directorial of the integrated design process and supervising the construction for a recently completed healthcare facility utilizing the GC/CM alternative delivery under the guidelines of RCW 39.10.

Foster Pepper, Counsel

Foster Pepper attorneys work with many public sector clients to ensure legal compliance for their project design, public works construction, and equipment and services procurement programs. Our multidisciplinary team is well-versed in the best practices of alternative public works contracting under RCW 39.10. Since the statute first authorized the use of alternative procurements by all municipalities in 2007, our firm has maintained a highly successful track record for municipal clients in obtaining design-build and GC/CM project approvals from the Project Review Committees of the state Capital Projects Advisory Review Board (CPARB).

Blue Room Architecture & Design, PS, Architect of Record

John McLean, AIA, NCARB, Principal Architect / Project Manager / Medical Planner

With 6 years of municipal public works/maintenance experience plus 22 years of professional design experience specializing in healthcare facilities for Public Hospital Districts, Critical Access Hospitals, Rural Health and Specialty Clinics. Participating in every phase of healthcare design from project development, programming/design, contract drawings and construction administration, John will be the day to day contact for the project and responsible for managing the entire design team.

John founded Blue Room Architecture in 2006 and has since participated in projects throughout the US and Canada and has served on AIA's PNW Healthcare Design Committee.

John has been actively involved with Washington State GC/CM projects since 2015 and has received state training through the Seattle AGC Education Foundation.

 **AGC Education Foundation**

The Associated General Contractors of Washington

EDUCATION FOUNDATION

certifies that

Dick Bratton

has successfully completed

Spring 2016 General Contractor/Construction Manager Workshop

June 13-14, 2016

16 Hours of Instruction


Dan Morris, Director of Education & Training

 **AGC Education Foundation**

The Associated General Contractors of Washington

EDUCATION FOUNDATION

certifies that

John McLean

has successfully completed:

Winter 2016 General Contractor/Construction Manager Workshop

January 21—22

16 Hours of Instruction


Dan Morris, Director of Education & Training

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

Firm: Dick Bratton Project Management – GC/CM Consultant					Role During Project Phases		
Name:	Summary of Experience:	Project Names:	Project Size:	Type:	Planning	Design	Construct
Dick Bratton	Owner of Dick Bratton Project Management LLC specializing in GC/CM Healthcare Projects	Summit Pacific Wellness Center, Elma, WA	\$30M	GC/CM RCW 39.10	PM PIC	PM PIC	PM PIC
		Klickitat County Hospital District #1	\$19M	GC/CM RCW 39.10	PM Lead	PM Lead	Pending
		Samaritan Hospital	\$90M	GC/CM RCW 39.10	PM Lead GC/CM	PM Consult	Pending
		Lake Chelan Hospital	\$52M	GC/CM RCW 39.10	PM Lead GC/CM	PM Consult	Pending
Firm: Blue Room Architecture & Design, PS (BR)					Role During Project Phases		
Name:	Summary of Experience:	Project Names:	Project Size:	Type:	Planning	Design	Construct
John McLean	Owner of BR specializing in CAH and GC/CM Healthcare Projects	Summit Pacific Wellness Center, Elma, WA	\$30M	GC/CM RCW 39.10	Arch PIC	Arch PIC	Arch PIC
		Dayton General Hospital Modernization Dayton, WA	\$7M	GC/CM RCW 39.10	Arch PIC	Arch PIC	Arch PIC
		SW Healthcare Replacement CAH	\$35M	CMaC	Arch PIC	Arch PIC	Arch PIC
		Kittitas Hospital ED Modernization	\$1M	DBB	Arch PIC	Arch PIC	Arch PIC
		Dayton Hospital ED Modernization	\$1M	DBB	Arch PIC	Arch PIC	Arch PIC
		Skyline Hospital Kitchen Remodel	\$1M	DBB	Arch PIC	Arch PIC	Arch PIC

- If the project manager is interim until your organization has employed staff or hired a consultant as the project manager, indicate whether sufficient funds are available for this purpose and how long it is anticipated the interim project manager will serve.

N/A

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

The Skyline Hospital Modernization project is a significant undertaking in terms of program, budget and schedule scope, critical management of design and construction phasing and systems integration. DBPM provides an organized means of facilitating the Agency’s Certification for utilizing the GC/CM alternate contracting delivery as well as orchestrating the three step process in the selection of the right GC/CM firm for this important assignment.

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

The Skyline Hospital Modernization project team comprised of Dick Bratton, Blue Room, and Foster Pepper are all proven experts in developing and implementing project controls and procedures to guide the project to a successful and timely completion.

- i) A specific project plan task matrix will be drafted to outline critical project team responsibilities and procedures for budget, schedule and change of work controls.
- ii) Project budgets, schedules and VE in progress will be established and updated throughout the design and construction phases. Each phase of design and construction will be reviewed for scope and budget and will be approved by Skyline before moving into the next phase.
- iii) Contingencies will be comprised of both statute driven contractor contingencies and Owner contingencies to provide budget cushion beyond the MACC allowance provided in the GC/CM contract.
- iv) Once construction has commenced the work will be documented daily by the project management team with weekly review to facilitate the progress of the work. The GC/CM will be held accountable to provide Owner approved safety and QA/QC strategic plans as well as project reporting provision for documentation. Schedules will be tracked on a weekly basis and budget updates will be required monthly.
- v) Anticipated team roles related to the GC/CM selection and implementation process:

	Task	Skyline/ Owner	Architect	GC/CM Advisor	A/E, Legal
Key to Abbreviations: A=Approve L=Lead R=Review S=Support					
1	Application to PRC	A	R	L	S
2	Draft GC/CM Contract	A	L	R	S
3	GC/CM RFQ development	A	R	L	S
4	GC/CM Selection procedures	A	R	L	S
5	SH Conduct Site Visit	S	L	S	S
6	GC/CM Selection Phase 1 RFP/RFQ	S	R	L	S
7	GC/CM Selection Phase 2 Interviews	S	R	L	S
8	GC/CM Selection Phase 3 RFFP	S	R	L	S
9	Final Proposals for FEE/Specified GCs	A	R	L	S
10	Preconstruction Work Plan/Agreement	A	L	R	S
11	Consultation During Precon	S	L	R	S
13	Subcontract Plan	A	L	R	S
14	Subcontractor Buyout	A	L	R	S
15	MACC Negotiations and GC/CM Contract	A	L	R	S
16	Skyline Approval MACC	A	L	R	S
17	Construction - Completion	A	L	S	S

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

Skyline will contract for GCCM services in accordance with the process outlined by RCW 39.10.210 through 39.10.410. The RFP will be advertised in local publications and will require responses based on a select set of criteria and consistent with RCW 39.10. An informational meeting will be held and proposals submitted for Skyline review. Notification of most qualified firms will be extended for shortlisting firms to receive the final Request for Proposal, RFFP.

Selection of the GC/CM firm will be based on highest total score with scoring tabulated in three phases of GC/CM evaluation: Qualifications Submittal, Interview and Cost Proposal based on fee of cost of construction and cost of General/Special Conditions.

The selected firm will be required to enter into a GC/CM agreement based on the AIA 133 GC/CM-Owner Agreement with modified AIA 201 General Conditions.

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

The AIA A133 GC/CM-Owner Agreement with modified AIA A201 General Conditions will be drafted by Foster Pepper for this project.

7. Public Body (your organization) Construction History:

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

- *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*

Project Name	Description	Method	Planned Start	Planned Finish	Actual Start	Actual Finish	Planned Budget	Actual Budget	Reasons:
Kitchen Remodel - Basement (CRS# 60755468)	Remodel of existing basement area to new hospital kitchen and support space.	DBB	May '19	June '19	April '19	Sept '19	\$975K	\$990K	Underslab Conditions / Trade Availability (Concealed Conditions)
Basement Remodel (CRS# 60523391)	Fire separation of existing basement to create 2 hr. occupancy separation	DBB	July '15	Oct. '15	July '15	Oct. '15	\$450K	\$457K	None
Physical Therapy Remodel (CRS# 60665335)	Remodel of existing physician work areas to inpatient rehab space.	DBB / Small Works	Jan '17	March '17	Jan '17	March '17	\$35K	\$32K	None

8. Preliminary Concepts, sketches or plans depicting the project

To assist the PRC with understanding your proposed project, please provide a combination of up to six concepts, drawings, sketches, diagrams, or plan/section documents which best depict your project. In electronic submissions these documents must be provided in a PDF or JPEG format for easy distribution. (See *Example concepts, sketches or plans depicting the project.*) At a minimum, please try to include the following:

- A overview site plan (*indicating existing structure and new structures*)
- Plan or section views which show existing vs. renovation plans particularly for areas that will remain occupied during construction.

Note: Applicant may utilize photos to further depict project issues during their presentation to the PRC.

Please see attached.



The light blue area depicts the primary ED project area with mechanical (purple), electrical (orange) and basement MEP areas (blue) all requiring modification and connection to the ED project. The entire facility will be impacted as a result of systems upgrades.

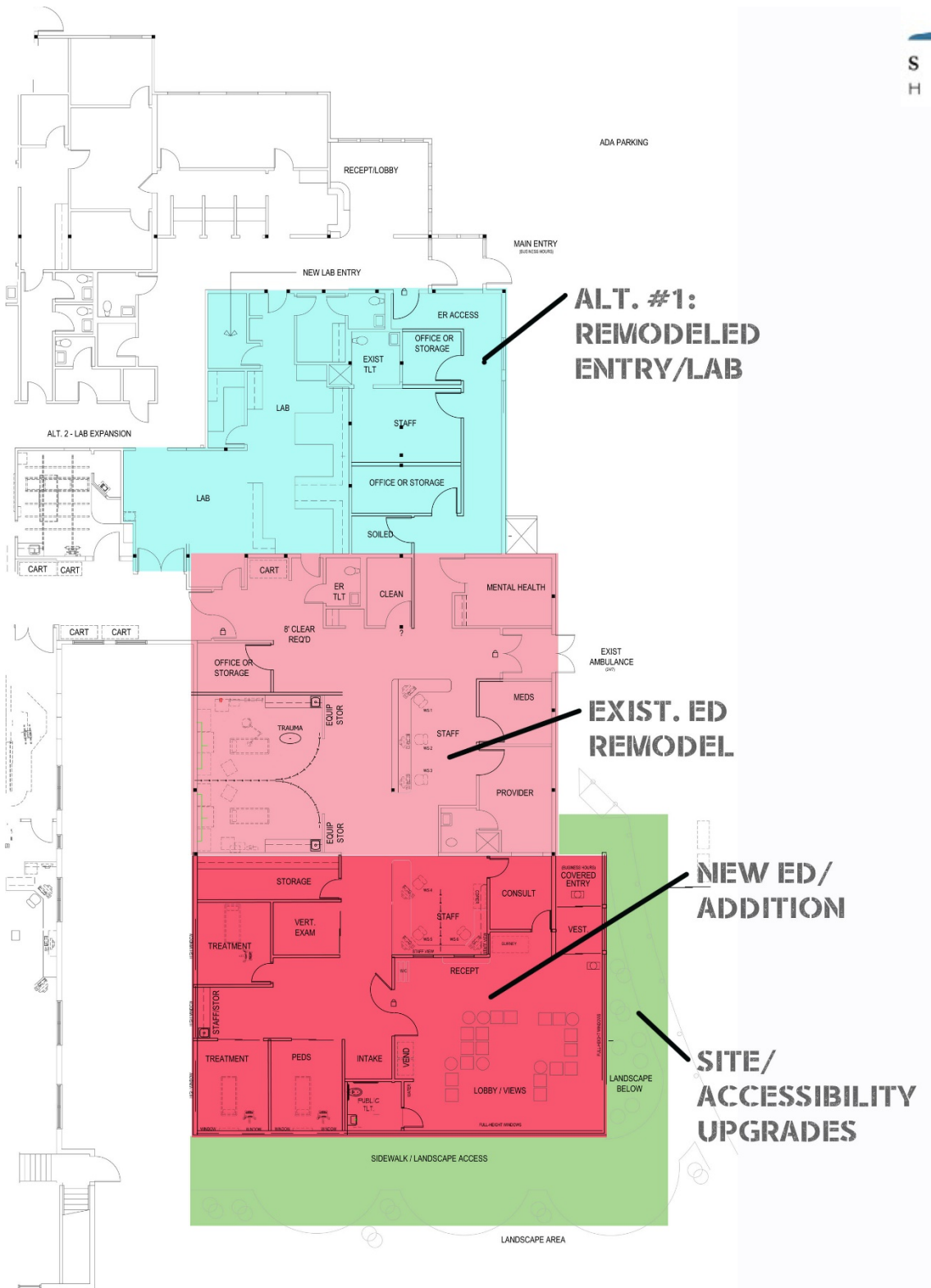


Image depicting primary project components and anticipated key phasing.

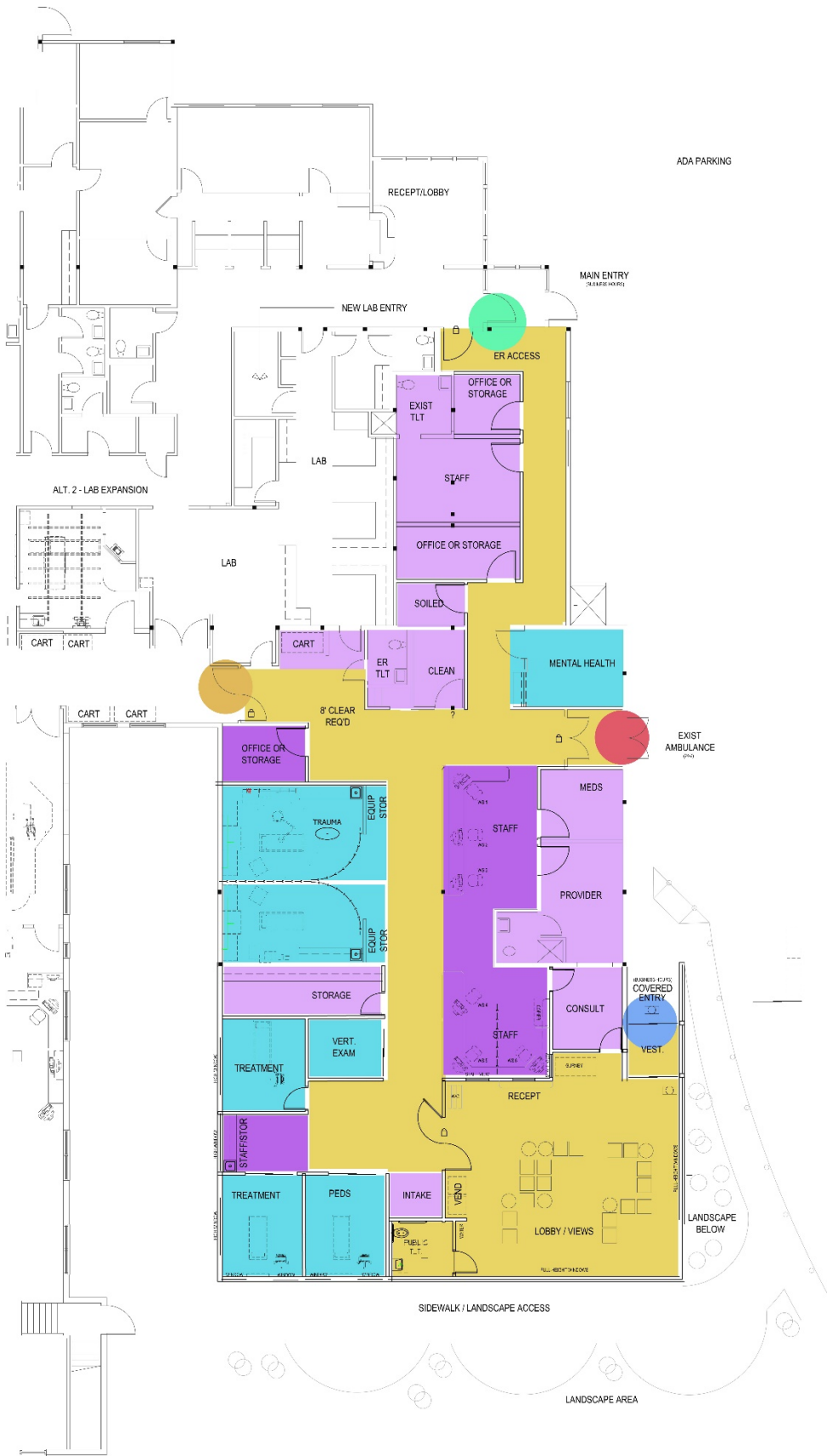


Image depicting overall anticipated department function/layout.

9. Resolution of Audit Findings on Previous Public Works Projects

If your organization had audit findings on **any** project identified in your response to Question 7, please specify the project, briefly state those findings, and describe how your organization resolved them.

No audit findings on the projects listed as a response to Question 7.

10. Subcontractor Outreach

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

The GC/CM will work with Skyline during the preconstruction phase to identify specific MWBE and DBE opportunities to meet goals and requirements. The GC/CM will be requested to develop a subcontracting plan that establishes the MWBE, DBE and apprenticeship utilization goals.

NADBE, NAME and WA State Office of Minority and Women's Business Enterprises [OMWBE] will be contacted for listings of eligible firms. Outreach efforts will continue throughout the bidding process to solicit competitive bidding and strive to meet recommended % goals for M/WBE and DBE participation which will be outlined in the instructions for GC/CM RFQ which would be reasonable and representative of the specific geographic project area. Skyline also maintains a small works roster as an information resource during the GC/CM bidding sequence. Outreach efforts shall include:

- Issue advanced notice to include bidding timelines and critical dates**
- Thoroughly advertise the project and provide free online access to all documents utilizing a project FTP site.**
- Informational meetings in Portland/Vancouver and The Dalles prior to bidding to generate interest among the MWBE, DBE, and all local trade partners**
- Develop bid packages aligned with the capabilities of local and regional MWBE and DBE firms**

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): Robb Kimmes (public body personnel)

Title: CEO

Date: 8/15/2019