

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

**Application for Certification of a Public Body
GC/CM Delivery**

Submitted by
Mason General Hospital
July 3, 2017

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

APPLICATION FOR CERTIFICATION OF PUBLIC BODY
RCW39.10 Alternative Public Works Contracting –
General Contractor/Construction Manager (GC/CM)

The CPARB PRC will only consider complete applications. Incomplete applications may delay action on your application. Responses to Questions 3-10 should not exceed 15 pages (*font size 11 or larger*).

1. Identification of Applicant

(a) Legal name of Public Body (your organization): Mason General Hospital (Public Hospital District No.1, Mason County, WA)

(b) Address: 901 Mountain View Dr. PO BOX 1668; Shelton, WA 98584

(c) Contact Person Name: Eric Moll Title: Chief Executive Officer

Phone Number: 360-427-9554

Fax: 360-427-1921 E-mail: emoll@masongeneral.com

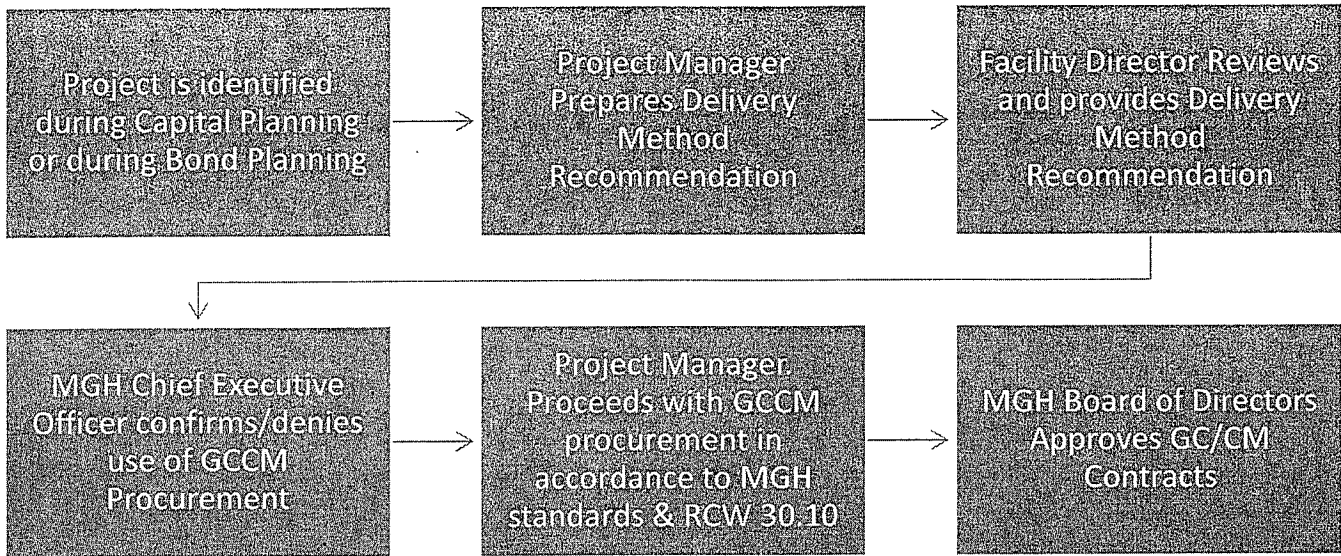
2. Experience and Qualifications for Determining Whether Projects Are Appropriate for GC/CM under Alternative Contracting Procedure

(RCW 39.10.270 (2)(a)) Limit response to two pages or less.

Please submit a process chart or list showing: (1) The steps your organization takes to determine that use of the procedure is appropriate for a proposed project; and (2) The steps your organization takes in approving this determination. Also submit the written guidelines or criteria that your organization uses in determining whether this alternative contracting procedure is appropriate for a project. If the public body's organizational structure is sub-divided into agencies, divisions or departments discuss how the public body makes experience and qualification determination on a divisional or department level.

RESPONSE:

The flow chart below illustrates the Mason General Hospital process for determining appropriate delivery method for each project.



See Delivery Method Recommendation—Attachment A

3. Project Delivery Knowledge and Experience

(RCW 39.10.270 (2)(b)(i)) Limit response to two pages or less.

Please describe your organization's knowledge and experience in delivering projects over the past 10 years, including the complexity of projects your organization built. Describe delivery methods, management structures, and project controls utilized.

RESPONSE:

a. Knowledge and Experience:

Mason General Hospital has continuously managed and successfully completed a wide range of complex hospital project within their existing Shelton Campus. Since 2006, Mason General has completed \$42.3 million of renovation and addition projects. In 2013, Mason General Hospital completed a \$35 million Campus Renewal project using GCCM procurement methods. Through this experience, the Hospital has developed the institutional knowledge and staff capabilities to successfully deliver projects using the GC/CM method in compliance with RCW 39.10 and recognized best practices. It is worth noting that the, Mason General Hospital's staff who were involved in the planning, contracting and execution of this project are still at Mason General Hospital in similar rolls and are part of Mason General Hospital's alternative contracting qualification review team.

In addition to larger projects, Mason General is continuously renovating, updating and expanding existing hospital and existing medical office buildings within their campus. On average, Mason General Hospital completes 25 to 30 projects per year.

The Hospital maintains a robust and experienced internal capital facilities staff of executive, financial, risk management and administrative experts. Augmented with project management consultants and legal professionals to provide scalable, highly flexible and responsive solutions for is project delivery needs.

b. Management Structure:

Authorization and funding for Mason General Hospital's construction and maintenance projects is through either voter-approved bonds and levy measures, self-funding through operational revenue or via self-funding via private bonds.

Mason General Hospital is managed by an elected three-member Board of Commissioners team. The three elected Mason General Hospital Commissioners are Scott Hilburn (President), Don Wilson (Secretary), Gayle Weston (Trustee). In addition to the Board of Commissioners, Mason General Hospital construction projects are overseen by Eric Moll (Chief Executive), Eileen Branscome (Chief Operation Officer), Rick Smith (Chief Financial Officer), Keith Geary (Director of Facilities) and additional Executive Officers. The Executive Team Member and the Board of Commissioners are responsible for the approval, planning, financing and execution of all Mason General Hospital's construction and facility maintenance projects.

The Mason General Hospital Executive Team presents to the Board of Commissioners for approval both short range and long range projects required to support their patients, community and ongoing building operations. Planning includes, scoping of the project, financing options, proposed timeline for completion and recommendations to the Board on the proposed project delivery method recommendation. Mason General Hospital annually presents to the Board a 5-year long range budget forecast for approval by the Board of Commissioners. This is complete every year. To assist in the long-range facility planning, Mason General Hospital has recently completed a Master Facility Plan which has identified long range patient and practitioner growth needs based on existing capacity and anticipated expansion required to support both the patient and practitioner anticipated growth. This Master Plan includes multiple phased large projects which align will with GC/CM project delivery methods.

c. Controls:

Over the past decade, the Hospital has developed a comprehensive management and controls systems to assure projects are delivered on-time, under-budget and in-line with their standards. The controls are reported out on a monthly basis via an executive summary on overall project budget, schedule, contingency, and identified risk mitigation plans.

d. Complexity of Projects:

Mason General Hospital has been working with their selected design firm, TGB Architects to establish a long-range master plan to meet the growing needs of Mason County. Planned projects identified during the master planning efforts including associated schedule and budgets are outlined below:

| | 2017 Quarter | | | | 2018 Quarter | | | | 2019 Quarter | | | | Subtotal |
|---|------------------------|---|---|---|--------------------------------|-----|-----|-----|-----------------|---|------|------|---------------------|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | |
| Medical Office Building (68,000 SF) | | | | | | | | | | | | | \$49,859,658 |
| Activity | Design (6 to 8 Months) | | | | Construction (14 to 16 Months) | | | | FFE Move In | | | | |
| Existing Clinic Renovation Projects | | | | | | | | | | | | | \$11,194,578 |
| Shelton Medical Building - unassigned 10,000 SF | | | | | | 5% | 10% | 75% | 10% | | | | \$4,477,375 |
| Ankle and Foot Building - Admin and Education Center 6,500 SF | | | | | | | 5% | 20% | 75% | | | | \$2,192,813 |
| Olympic Physician's Building - Billing & Accounting, MD Staff, and HIM 7,500 SF | | | | | | | | 20% | 80% | | | | \$2,526,370 |
| Mountainview Women's and Children's - unassigned 4,300 SF | | | | | | | | 20% | 80% | | | | \$1,937,820 |
| Hospital Renovation Projects | | | | | | | | | | | | | \$11,882,578 |
| LL Area 1 - Vacate PT for Lab Expansion 3,338 SF | | | | | | 15% | 50% | 55% | | | | | \$3,104,340 |
| ML Area 4 - Walk-in/ETD or OBS Unit Expansion | | | | | | | | | 100% | | | | \$1,992,060 |
| ML Area 8/9/10 - OBS or Pharmacy Expansion 2,195 SF | | | | | | | | | | | 100% | | \$2,042,280 |
| ML Area 21/22 - Patient Care 2,160 SF | | | | | | | | | | | 100% | | \$2,008,800 |
| LL Area 4 - Materials Management Expansion 1,680 SF | | | | | | | | | | | | 100% | \$1,562,400 |
| LL Area 3/7 - Kitchen and Servery 1,681 SF | | | | | | | | | | | | 100% | \$1,172,498 |

These projects include a new MOB building which is designed to be integrated with the existing hospital and share existing hospital infrastructure. After the MOB is completed, Mason General Hospital will begin planning the renovation projects which include renovation of the existing medical office buildings and hospital.

e. Board of Commissioners Approval:

All projects are approved by the Board of Commissioners prior to any planning or design. As projects progress, updates are provided to the Board of Commissioners on a regular basis (either monthly or quarterly depending on project activity level). The Board provides guidance on the overall projects direction and approval of key design and operational items

4. Personnel with Construction Experience Using Various Contracting Procedures (RCW 39.10.270 (2)(b)(ii)) Limit response to two pages or less.

Please provide a chart with your organization's current personnel with construction experience using the contracting procedure and briefly describe their experience (for example, the type of project, the length of time they worked on the project, the tasks they performed, and the percent of time devoted to each task). Only identify those personnel that you reasonably expect will be with your organization over the next three years.

RESPONSE:

Mason General Hospital Team Chart

| NAME | POSSITION | Years of Service: |
|---------------------|--|-------------------|
| Eric Moll | Chief Executive Officer | 13 years |
| Rick Smith | Chief Financial Officer | 5 years |
| Keith Geary | Plant Engineer | 23 years |
| Eileen T. Branscome | Chief Operations Officer | 8 years |
| Gaelon Spradley | Chief of Clinic Operations | 7 month |
| Robert Jonson | Mason General Legal Counsel & GC/CM Attorney, Johnson PLLC | |

| | | |
|------------------|--|----------|
| Don Wilson | Mason General Hospital - Hospital Board of Commissioners - President | 28 years |
| Scott Hilburn | Mason General Hospital - Hospital Board of Commissioners - Secretary | 11 years |
| Gayle Weston | Mason General Hospital - Hospital Board of Commissioners - Trustee | 4 month |
| | | |
| Dan Chandler | Principal Consultant, OAC Services | 21 years |
| Derek Rae | Principal Consultant, OAC Services | 13 years |
| Brad Rock | Sr. Project Manager, OAC Services | 2 years |
| Kimberly Stevens | Sr. Project Coordinator, OAC Services | 5 years |

Eric Moll, Chief Executive Officer:

Eric has served as Mason General Hospital's Chief Executive Officer for the past 5 years. He serves on the Washington Rural Health Collaborative (WRHC), which helps to bring together (13) rural hospitals to identify healthcare issues, innovate, developed share resource options and implement solutions. The WRHC will provide Mason General Hospital with additional outside resources on market conditions, trends and lessons learned from similar organizations. At Mason General Hospital, he has been actively involved in the approval and oversight of Mason General Hospital's capital projects, including all GC/CM projects delivered to date.

Rick Smith, Chief Financial Officer:

Rick has served as Mason General Hospital Chief Financial Officer for over 2 years and has been with Mason General Hospital for over 3 years. Rick brings over 30 years' experience to the team. In his position, Rick oversees the evaluation of market conditions and financial operation for the hospital and clinics. He has been actively involved in evaluation funding options, setting project budgets and has provided approval and oversight of all Mason General Hospital's capital projects, including all GC/CM projects delivered to date. In addition, Rick has been part of other GC/CM projects at his past employment.

Keith Geary, Director of Facilities:

Keith has served as Mason General Hospital's Director of Facilities for over the past 8 years. In his position, Keith directly oversees day to day activities of all facility maintenance and construction projects at Mason General Hospital including all small projects and GC/CM projects delivered to date. He is involved in procurement and management of the facility maintenance and construction activities. In addition, Keith is actively involved in WSSHE Board (currently WSSHE President) which provides insightful resource on current healthcare facility issues and solutions and provides the team with additional external construction resource.

Keith's direct duties on the design and construction of the current projects include aligning the projects with Mason General Hospital's project standards, coordination of any existing maintenance projects and overall project management. Keith has administrative support staff and OAC Service to support him in the implementation of all GC/CM project delivery including following the RCW statues, general contractor and subcontractor procurement and pay application review

Eileen Branscome, Chief Operation Officer:

Eileen has served as Mason General Hospital COO for the past 8 years. In her position, Eileen has provided direct oversight over the hospital operation and during construction she has provided the direct feedback between the design team and hospital teams. At Mason General Hospital, she has been actively involved in the approval and oversight of all Mason General Hospital's GC/CM projects delivered to date.

Gaelon Spradley, Chief of Clinic Operations:

Gaelon has served as Mason General Hospital CCOO for the past 4 months. In his position, Gaelon will continue to provide direct oversight over the outpatient hospital operations during construction. In addition, he will provided the direct feedback between the design team and hospital outpatient teams.

Robert Jonson, Mason General Legal Counsel & GC/CM Attorney, Johnson PLLC:

Robert is knowledgeable and experienced in GCCM construction contracting and procurement processes for public construction as well as private construction using GC/CM processes. Robert has worked with Mason General Hospital since 1990 and has been their General Council since 2007. He has been actively involved in the approval and oversight of Mason General Hospital's capital projects, including all GC/CM projects delivered to date.

Board of Commissioners: Don Wilson, Scott Hilburn, Gayle Weston:

The Board of Commissioners have continuously been involved with Mason General Hospital. They collectively bring years of experience to the team provide the Hospital team with direction and a external perspective to the projects. The Board has been actively involved in the approval and oversight of Mason General Hospital's capital projects, including all GC/CM projects delivered to date.

Dan Chandler, PE, AIA, OAC Principle:

Dan has 36 years of construction experience including education, alternative delivery and public works experience. In his role as Principle, Dan assigns and coaches project managers, advises on all project delivery strategy decisions, GC/CM selection and ongoing advice on construction delivery. A charter member of the Project Review Committee and a past chair, Dan is widely known as one of Washington's leaders in alternative project delivery.

Derek Rae, OAC Principle:

Derek has 21 years of construction experience including public works experience within the healthcare and education sector and project which were delivered via alternative delivery method. In his role as Principle, Derek is responsible for direct oversight of Mason General Hospital projects. Derek has been actively involved in the approval and oversight of all Mason General Hospital's GC/CM projects delivered to date.

Brad Rock, OAC Sr. Project Manager:

Brad has 12 years of construction industry experience including both private GMP/Fixed Fee projects and GC/CM public delivery projects. He will directly supervise and manage the financial forecasting platform, GC/CM procurement, overall program communications and implementation of the projects.

5. Management Plan and Rationale for Alternative Contracting Projects

(RCW 39.10.270 (2)(b)(iii)) Limit response to one page or less.

Please provide your typical management plan or protocol that you would use to manage a GC/CM project. Your plan should address the typical roles, types of positions with specific responsibilities and also list any advisory or oversight roles (by expertise).

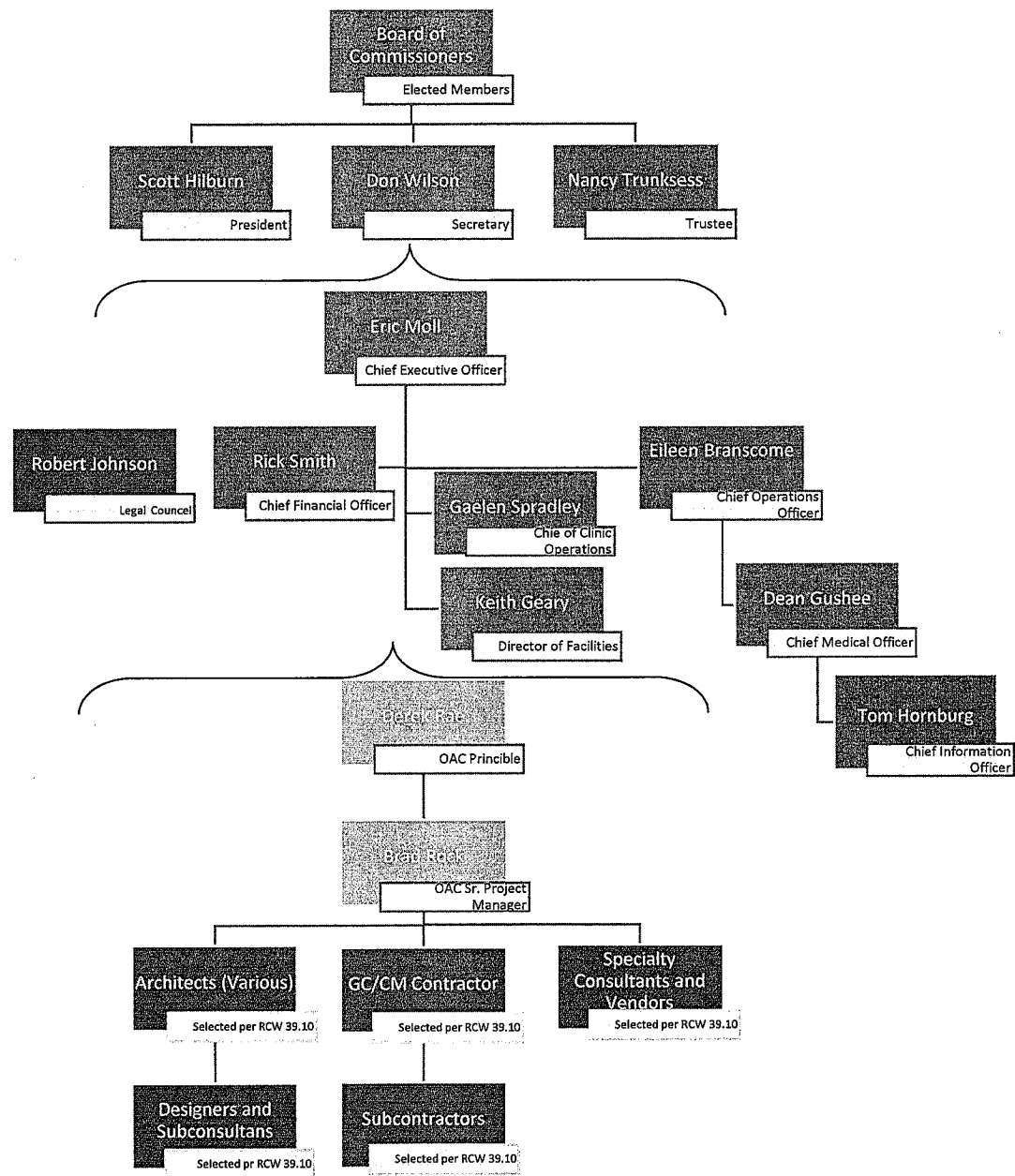
RESPONSE:

Once approved by the Board of Commissioners, the Mason General Hospital Executive Team starts the implementation and GC/CM selection process. The Executive Team continues the planning, budgeting, implantation and overall management of all projects.

Mason General establishes a Planning Committee, which includes a Board member, for each GC/CM project that meets on a minimum of a monthly bias to review project with the Project

Manager and Facility Director. The Planning Committee will review and make recommendations on design and construction delivery strategies. This Committee is in place from beginning of design phase through owner move in/close-out. The Committee review's the project budget, schedule, and overall design and is responsible to insure all projects follows the established project guidelines and are per Mason General Hospital's standards.

The following pages outlines the Hospital's organizational structure for capital projects including Alternative Contracting.



| | |
|---------------------------------|---|
| Board of Commissioners | Approve proposed projects for development, secure funding, report to the public, voters and taxpayers. (Elected Members). |
| Chief Executive Officer | Chief Executive Officer oversee execution of projects. Approve project budgets, change orders, contract awards, modifications and primary recommendations for Board approval. Supervise capital project decisions, execution and Hospital Project(s) staffing. Concur/overrule delivery method determination by Plant Engineer. |
| Chief Financial Officer | Chief Financial Officer approve proposed projects for development, secure funding, report(s) to the Board of Commissioners, public, voters and taxpayers. Manage bond sales to support construction, district financial processes and records, procurement policies, and audit compliance. |
| Chief Operations Officer | Approve proposed projects for development, secure funding, report to the public, voters and taxpayers. |
| Director of Facilities | Supervise capital project decisions, execution and Capital Projects staffing. Concur/overrule delivery method determination by Program Manager. Approve design direction and submittals, project budgets, change orders and prepare contract awards, modifications and acceptances for CFO's recommendation to the Board. Lead and oversee all capital projects including delivery method recommendation, consultant and contractor selection, supervising project managers and other Hospital Project(s) staff. Approve delivery method recommendation prepared by OAC's Project Manager. |
| Attorney | Contract preparation, legal advice and dispute resolution. |
| OAC Principal | Oversee the execution of the program. Provide direction and recommendations to the Board of Commissioners and Chief Executive Officer. |
| OAC Sr. Project Manager | Oversee the day to day execution of the projects. Provides management of overall project delivery, reporting and consistency. Works with Mason General Hospital internal staff on project procurement, internal scheduling, and budgeting efforts. Approve design direction, project budgets, change orders and prepare contract awards, modifications and acceptances for Chief Executive Officer's approval. |
| Architect | Lead designer and prime consultant for the design of projects. Contracted to Mason General Hospital. |
| GCCM | General Contractor/Construction Manager selected via qualifications and fee process. Contracted to Mason General Hospital |

6. Contracting Procedures (RCW 39.10.270 (2)(b)) *Limit responses to two pages or less.*

Please provide a table with the following information for a maximum of twenty-five (25) public works projects with a total cost of at least \$5M each that your organization has managed over the past 10 years:

- 1) Name of project
- 2) Description of project
- 3) Total project cost
- 4) Method of delivery (GC/CM or other)
- 5) Lead Design Firm (including current contact information)
- 6) General Contractor or GC/CM (including current contact information)
- 7) Planned construction start at authorization date
- 8) Planned completion date
- 9) Actual construction start date
- 10) Actual completion date
- 11) Reason for schedule overrun (if any)
- 12) Original budget at authorization (not including land acquisition)
- 13) Final Cost
- 14) Reason for cost overrun (if any)

**If the public body has fewer than twenty-five (25) applicable projects, it may list projects under \$5 million if they believe them to be relevant.*

***If the public body has more than twenty-five (25) applicable projects, they should state the number of projects they have managed and provide a list of the twenty-five (25) projects it believes are most relevant.*

RESPONSE:

| Project Description | Delivery Method | Architect/General Contractor | Planned Start | Planned Finish | Actual Start | Actual Finish | Budget (\$) | Actual Costs (\$) | Budget Variance (%) | Explanation | |
|---------------------------------|--------------------------|------------------------------|-------------------------|----------------|--------------|---------------|-------------|-------------------|---------------------|-------------|---|
| MGH Hospital Renewal Project | Expansion and Renovation | GCCM | Shear Architect/Hoffman | 2010 | 2013 | 2010 | 2013 | \$ 33,000,000 | \$ 34,760,000 | 5% | |
| Kati Court Exterior Renovations | Remodel | Small Works | Durelis Construction | 2015 | 2015 | 2015 | 2015 | \$ 34,000 | \$ 38,734 | 14% | |
| Hoodsport Renovations | Remodel | Small Works | Rognlins Construction | 2015 | 2015 | 2015 | 2015 | \$ 86,250 | \$ 92,735 | 8% | |
| Walk-in Clinic | Remodel | Small Works | Durelis Construction | 2015 | 2015 | 2015 | 2015 | \$ 412,157 | \$ 520,659 | 26% | repurposed 4 other facilities capital projects to complete this |
| IS Building Conversion | Remodel | Small Works | Durelis Construction | 2016 | 2016 | 2016 | 2016 | \$ 250,000 | \$ 150,999 | -40% | 2016 Space Moves WIP no budget |

7. Demonstrated Success in Managing at Least One Project Using GC/CM Contracting Procedure Within the Last Five Years (RCW 39.10.270 (2)(b))

Limit response to one page or less.

In addition to the information provided in response to Question 7 about projects that your organization has managed using the alternative contracting procedure, please provide a narrative discussion with the following information:

- o Appropriateness of the alternative contracting method used for the project(s).
- o Lessons learned from your experience.

RESPONSE:

- a) *Appropriateness of the alternative contracting method used for the project(s):*
The Campus Renewal Project was the last GC/CM project completed at Mason General Hospital. The project involved remodeling every patient room over the course of the two year project schedule, including an occupied ICU. The emergency department was phased to allow occupancy while doubling the size of the department. A new surgical wing was constructed with operating suites that tied into the existing and newly updated hospital infrastructure. Construction of a new MRI suite was completed within the vacated surgical department. All of these newly constructed and remodeled spaces incorporated new MEP infrastructure systems including new chillers, AHU's, boilers, and primary campus power feed.

The project was completed four months ahead of schedule, saving \$120,000 in general conditions and A/E fees, primarily due to a phased construction start of civil and demolition work prior to completion of construction bid documents.

- b) *Lessons learned from your experience:*

The hospital learned it is best to engage the General Contractor early in complex healthcare projects, especially when integrating into existing hospital infrastructure.

Collaboration between the Architect, Engineers, and General Contractor is the best way to achieve successful predictable results.

Being able to select a General Contractor early is extremely effective in coordinating multiple phased construction projects, ability to coordinate patient flow around construction, and maintain a safe building environment.

8. Ability To Properly Manage the Public Body's Capital Facilities Plan
(RCW 39.10.270 (2)(b)(vi)) *Limit response to one page or less.*

As part of this statutory requirement, the PRC needs to determine that the public body has the appropriate project planning and budgeting experience. In addition to the information that's been requested in previous questions, please provide other information to assist the PRC to determine whether the organization has project planning and budgeting experience.

RESPONSE:

Relevant sections of RCW 39.10.270 are addressed below:

(2) ... A public body seeking certification for the general contractor/construction manager procedure must demonstrate successful management of at least one general contractor/construction manager project within the previous five years.

Response: Mason General Hospital has completed one successful GC/CM projects in the last five years.

(3) To certify a public body, the committee shall determine that the public body:

(a) Has the necessary experience and qualifications to determine which projects are appropriate

Response: Led by Chief Executive Officer, Eric Moll, with his 24 years of industry experience and extensive professional qualifications the Mason General Hospital has built an outstanding capital projects delivery team well versed in the statutes and best practices in project delivery. In addition, Eric had served as a CPARB board member (2012 – 2013).

(b) Has the necessary experience and qualifications to carry out the alternative contracting procedure including, but not limited to:

(i) Project delivery knowledge and experience;

Response: Mason General Hospital's extensive project delivery knowledge and experienced is detailed throughout this application.

(ii) personnel with appropriate construction experience:

Response: Mason General Hospital's personnel with appropriate construction experience include, but are not limited to, Eric Moll, and Rick Smith in executive roles, and Keith Geary and his team in administrative and financial support roles.

(iii) a management plan and rationale for its alternative public works projects;

Response: The Mason General Hospital's management plan mirrors and is compliant with RCW 39.10.340 on uses of GC/CM contracting. Rationale and processes are in place to determine and approve the most appropriate delivery method for each project.

(iv) demonstrated success in managing public works projects;

Response: Mason General Hospital has successfully delivered large capital project valued at \$35 million since 2010. In addition, they have continually managed small works projects with high level of success.

(v) the ability to properly manage its capital facilities plan including, but not limited to, appropriate project planning and budgeting experience; and

Response: Mason General Hospital has developed a long-range Master Facilities Plan (MFP) and has outlined specific short range and long range projects. The MFP, along with other planning and budgeting tools are used to develop strategies to meet the growing capital needs of the District Hospital including new and replacement Medical Office Buildings, growth and expansion within the existing hospital and ongoing maintenance projects.

(vi) the ability to meet requirements of this chapter;

Response: The Mason General Hospital fully meets the requirement of this chapter as demonstrated in this application

9. Ability to Meet the Requirements of Chapter 39.10 of the Revised Code of Washington
RCW 39.10.270 (2)(b)(vii) Limit Response to one page or less.

Please provide any information not presented in your answers to Questions 3-8 further demonstrating your organization's ability to meet the requirements of this chapter:

RESPONSE:

The quickly changing healthcare market, healthcare delivery/needs and ever-changing public demographics, Mason General Hospital needs to quickly respond to provide for their community and grow and maintain their market sectors (competition pressure). Given the current construction market conditions which has many GC's being selective in their project selection and given Mason General Hospital's rural location we see the need to allow Mason General Hospital be quickly procure projects with a general contractor who is skilled in hospital construction requirements and will provide a GC/CM team who will collaboration with the Hospitals project team to make these projects successful.

The Mason General Hospital team is now in the beginning of a 5-year expansion and renovation cycle which includes (11) different projects constructed in three phases. These project range in scale form \$30 million to \$11 million per phase. Please refer to our response to Question 3 which provides a summary of these projects.

Mason General Hospital has shown that through past GC/CM experience and their success being a public builder, that Mason General Hospital has developed a robust internal staff and control systems to plan and execute the work, select the most appropriate delivery methods and complete GC/CM projects successfully.

To further augment and enhance its outstanding internal capabilities, the Hospital has chosen to team OAC to provide professional project and construction management consulting. Mason General Hospital and OAC have been working together since 2010 and this partnership is still ongoing. This successful teaming model is executed with internal and consultant staff members co-located on a regular set schedule at the Mason General Hospital where regular strategy and project meetings are held. Currently contracted with OAC Services, Washington's most experienced GC/CM project leader, the Hospital is ideally positioned to select GC/CM delivery when appropriate and execute those projects smoothly.

10. Resolution of Audit Findings on Previous Public Works Projects
(RCW 39.10.270 (2)(c)) Limit response to one page or less.

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.

RESPONSE:

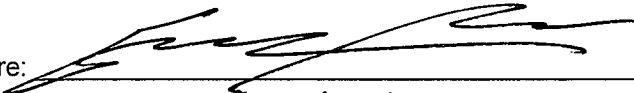
Mason General Hospital has had no audit findings on any past public works projects.

Signature of Authorized Representative

In submitting this application, you, as the authorized representative of your organization, understand that the PRC may request additional information about your organization, its construction history, and the experience and qualifications of its construction management personnel. 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 for certification, you also agree to notify CPARB when your organization approves the construction of a project using the alternative contracting procedure(s) for which you are certified; and to participate in brief, state-sponsored surveys at the start and completion of each of these construction projects. You understand that this information will be used in a study by the state to evaluate the effectiveness of the alternative contracting procedure(s).

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

Signature: 
Name (please print): Eric Moll
Title: CEO
Date: 7/3/17

Attachment A
Mason General Hospital
RECOMMENDATION FOR PROJECT APPROVAL
TO USE THE
GENERAL CONTRACTOR/CONSTRUCTION MANAGER (GC/CM)
CONTRACTING PROCEDURE
Internal Review Form

Project Name: _____

Project Cost: _____

Anticipated Construction Start Date: _____

In order to qualify to use the GC/CM contracting procedure, projects meet at least one of the following criteria:

1. Implementation of the project involves complex scheduling, phasing, or coordination, what are the complexities?
2. The project involves construction at an existing facility that must continue to operate during construction, what are the operational impacts on patients, patient flow, staff and Joint Commission that must be addressed. What are the potential impacts.
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 9.
3. Involvement of the GC/CM is critical during the design phase. Why is this involvement critical?
4. The project encompasses a complex or technical work environment. What is this environment?
5. The project requires specialized work on a building that has high level of sensitivity or significance to ongoing operation. Why is the building significance and what is the specialized work that must be done?

Provide a detailed explanation of why use of the GC/CM contracting procedure is appropriate for the proposed project:

**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 (the “design-bid-build method”) is not practical for meeting desired patient safety, quality standards or delivery schedules.

GC/CM Delivery Method Recommended by:

Project Manager/Director

Date

GC/CM Delivery Method Approved by:

Eric Moll, Chief Executive Officer

Date