

State of Washington
PROJECT REVIEW COMMITTEE (PRC)
GC/CM PROJECT APPLICATION
To Use the General Contractor/Construction Manager (GC/CM)
Alternative Contracting Procedure

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

Identification of Applicant

- a) Legal name of Public Body (your organization): **Pullman Regional Hospital**
- b) Mailing Address: **835 SE Bishop Blvd, Pullman, WA 99163**
- c) Contact Person Name: **Steve Febus** Title: **Chief Financial Officer**
- d) Phone Number: **(509) 332-2541** E-mail: **Steve.Febus@pullmanregional.com**

1. Brief Description of Proposed Project

- a) Name of Project: **Patient Care Expansion Project**
- b) County of Project Location: **Whitman**
- c) Please describe the project in no more than two short paragraphs. (*See Example on Project Description*)
 With the population growing in the Pullman region, and in turn the patient volumes, Pullman Regional Hospital has outgrown existing physical space in order to provide the caliber of patient care synonymous with their name. This expansion project will provide approximately 40,000 square feet of expansion space, medical equipment and remodel of existing space.

 Specifically, this project will include expansion of the emergency department for triage and mental health services, create capacity for expanded surgery and recovery unit, specialty space for new services, allow for more providers to on-site patient access, expansion of imaging services, integration of therapy services on site, expand orthopedic and sports medicine care, enhance BirthPlace security and technology, expand sleep medicine, expand cardio-pulmonary services, additional training area and expand labs and testing space.
- d) Applying for permission to utilize Alternative Subcontractor Selection with this application? Yes No
 (*if no, applicant must apply separately at a later date utilizing Supplement B*)

2. Projected Total Cost for the Project:

A. Project Budget

Costs for Professional Services (A/E, Legal etc.)	\$ 1,900,000
Estimated project construction costs (including construction contingencies):	\$ 21,000,000
Equipment and furnishing costs	\$ 3,700,000
Off-site costs	\$ included above
Contract administration costs (owner, cm etc.)	\$ 500,000
Contingencies (design & owner)	\$ 1,100,000
Other related project costs (plan review, legal, Geotech...)	\$ 300,000
Alternative Subcontractor Selection costs	\$ N/A
Sales Tax	\$ 1,500,000
Total	\$30,000,000

B. Funding Status

Please describe the funding status for the whole project. *Note: If funding is not available, please explain how and when funding is anticipated*
 In November of 2022 Pullman voters passed proposition 1, for \$27.5M. (\$2.5M to come either from general reserves or foundation, but is committed to the job and not at risk)

3. Anticipated Project Design and Construction Schedule

Please provide:
 The anticipated project design and construction schedule, including:

- a) Procurement; (including the use of alternative subcontractor selection, if applicable)
 Below is a breakdown of currently projected design/construction schedule as well as GCCM Procurement schedule.

b) PROJECT DESIGN/CONSTRUCTION SCHEDULE (DRAFT)

Task	Start	Completion
Prime Consultant Procurement (AE & CM)		August 2023
PRC Application	October 2022	November 2023
GC/CM Selection	December 2023	February 2024
GC/CM Pre-Construction	April 2023	November 2023
Planning & Pre-Design	October 2023	December 2023
Schematic Design	January 2024	March 2024
Design Development Design	April 2024	June 2024
Construction Documents	July 2024	September 2024
Permitting	Oct 2024	December 2024
Construction	January 2025	October 2026

GC/CM PROCUREMENT SCHEDULE (DRAFT)

Date	Activity
October 20, 2023	Submit PRC Application
November 30, 2023	PRC Presentation
December 4, 2023	Advertisement for Request for Proposals Published (1st Notice)
December 11, 2023	Advertisement for Request for Proposals Published (2nd Notice)
December 13, 2023	Pre-Proposal Conference
January 8, 2024	Statement of Qualifications Due
	SOQ Scoring and Shortlisting of Firms
January 16, 2024	Notification of Highly Qualified Firms with draft contracts
January 30, 2024	Interviews with Short Listed Firms
February 2, 2024	Notification to most highly qualified firms to submit RFP
February 13, 2024	RFP submissions and Public Opening
February 22, 2024	Board Approve GC/CM selection and award Preconstruction Services

- c) Hiring consultants if not already hired; and

Via the public procurement for design and engineering services, PRH has selected Design West along with SRG Partnership as their designer of record for this project along with their team of subconsultants. In addition, PRH has a continual small-works consultant roster which is utilized for owner consultants such as HAZMAT and Geotechnical services as needed. If additional consultants are needed beyond the level of the small-works roster then the Hospital will solicit those services appropriately.

- d) Employing staff or hiring consultants to manage the project if not already employed or hired.

(See Example on Design & Construction Schedule)

PRH has hired Turner & Townsend Heery (TTH) to provide GC/CM advisory services who will support the team throughout the duration of the project to at the very least support the GC/CM process from procurement through construction.

Internally, PRH is supported by Facilities Director Pat Wuestney who maintains the current facility and has overseen all capital improvements throughout the hospital for the past 36 years and has oversaw several major project management throughout his years of service including the construction of a new hospital in Pullman and most recently the expanded same day services addition.

- e) Provide an updated schedule to include Alternative Subcontractor Selection Procurement process.
(If applicable)
N/A

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

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

- If implementation of the project involves complex scheduling, phasing, or coordination, what are the complexities?

As work will be occurring in, around and throughout the existing hospital and support facilities, the success of this project will rely on minimizing the impact that this project will have upon the patients and staff of the hospital so that 5-star level service can be maintained throughout the duration of construction. As part of this project, the services in which the hospital provides to the community will look to be made streamlined and more efficient creating changes to the patient flow throughout the building. Creating this change in conjunction with the construction will create phasing that will need to be coordinated very early on allowing all team members to work collaboratively to obtain project success.

While the traditional design-bid-build delivery model allows for phasing requirements to be implemented within, they do not allow for contractor input and insights in order to coordinate early on with user groups and create the most efficient means and methods or drive the lowest possible cost and best outcome for the hospital.

Additionally, there is a high-level requirement for close and thorough coordination of complex building systems and sensitive technical Owner-provided equipment, all of which will require sophisticated phasing and superior coordination.

In addition, project risk drivers, such as fluctuating cost escalation, potential labor shortages and subcontractor buyout must be identified and mitigated as soon as possible to meet the project schedule and budget constraints. The traditional delivery method does not allow for contractor engagement through the planning and design phases and therefore would leave the project more vulnerable to these potential risks.

- If the project involves construction at an existing facility that must continue to operate during construction, what are the operational impacts on occupants that must be addressed?

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

Pullman Regional Hospital is a regional 24-hour emergency care facility that must maintain patient care at all times. While parts of the expansion are expanding the facility beyond its current footprint those will impact the operations internally within the building and in addition there are scopes of work that will be within the existing facility creating impacts that could concern health and safety.

As we expect this project to be completed in phases, the flow of patients/staff/operations throughout the building will continue to be evaluated to minimize operational impacts and maintain patient comfort and service.

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

As previously stated, the GC/CM's involvement during the project design phase is critical in ensuring the successful phasing and coordination complex building systems and equipment. Moreover, in order to maximize the funds available for different programs within the facility, the project team believes the input of a GC/CM related to phasing, system tie-in, constructability, materials selection, and owner coordination will bring great value to the overall project.

The GC/CM's involvement during the design phase is especially critical in our current regional construction market, where cost escalation appears ever changing, subcontractors and suppliers are at not only nearing capacity but are tougher to get in the local Pullman area, and bidding conditions are unpredictable. The local area market, including up into Spokane and Tri-cities is busy and has at times stretched the limits of the local subcontractors, which are not as ample as other major markets. In a traditional design-bid-build, the lowest responsive and responsible bids may exceed allocated funds. Having a qualified GC/CM on board will provide accurate cost estimates throughout the duration of design. The project will have the ability to tailor and procure early bid packages, long-lead materials and find opportunities for potential schedule escalation for work that can be concurrently executed while the design team is completing the construction documents for the building. Involving the GC/CM and selected subcontractors during the design process will allow the design team to vet their assumptions with the construction team, minimizing potential constructability issues and eliminating unnecessarily costly solutions. In addition to the above, a real-time ongoing value engineering process can occur by utilizing the GC's cost estimating abilities and access to subcontractors and suppliers pricing expertise.

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

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

As previously noted, working in and around a 24/7 operational hospital alone is a complex work environment. Having to maintain not only a safe working site but a safe, secure and clean building for the highly sensitive services that will continue to be provided is paramount.

Almost all elements of the project in one form or another will be complex and technical in nature. As a hospital facility, the project will involve the integration of sensitive equipment and systems that must be very closely integrated with construction activities.

Lastly, in the connecting/integration of the various expansions of the building footprint to the existing will require immense coordination with operations and systems in order to not take existing programs offline and maintain critical patient care and access.

- If the project requires specialized work on a building that has historical significance, why is the building of historical significance and what is the specialized work that must be done?

N/A

- If the project is declared heavy civil and the public body elects to procure the project as heavy civil, why is the GC/CM heavy civil contracting procedure appropriate for the proposed project?

N/A

5. Public Benefit

In addition to the above information, please provide information on how use of the GC/CM contracting procedure will serve the public interest (*For Public Benefit related only to Alternative Subcontractor Selection, use Supplement A or Supplement B, if your organization decides to use this selection process. Refer to Question No. 11 of this application for guidance*). For example, your description must address, but is not limited to:

- How this contracting method provides a substantial fiscal benefit; or
- 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 the case of heavy civil GC/CM, why the heavy civil contracting procedure serves the public interest.

GC/CM will benefit the public by increasing predictability and reducing financial risks.

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 constant market condition costs, labor and material availabilities as well and schedule information to the benefit of the project. In relation to our overall project schedule, we intend to bring the GC/CM on board near the end of schematic design in order to maximize their overall impact to the project. This assistance early on will look at construction methodologies based upon the concrete nature of the job, site planning, construction logistics and material selections. In addition, recognizing the need for this project to be phased throughout the hospital, we will be looking for the GC/CM to provide cost value analysis on how to approach the construction as it related to their means and methods to maximize the dollar and minimize operational impacts.

The Pullman area has a limited number of qualified subcontractors but is located within a reasonable proximity to the Spokane and Tri-Cities markets which will make retaining a contractor via the GC/CM method more valuable as they will be able to provide outreach to a much broader sub-contractor base which will likely result in predictable cost and bid coverage. By working with the GC/CM in the development of a subcontracting plan and leveraging their relationships, regional and local area interest in the project will be heightened, increasing competition and local participation.

Additional fiscal benefit will be gained through using the GC/CM's expertise in value engineering and constructability reviews to assist in developing a complete, understandable and cost-effective construction document set. Collaborating with the GC/CM in building a safe, simple and productive construction phasing plan is critical to the success of this project and minimizing impacts to the Hospital's operations.

Other specific fiscal benefits include:

- Real-time, subcontractor-verified cost estimates: During the design process, the GC/CM contractor can engage subcontractors to accurately reflect the current market conditions and validate scope and budgets.

- Continual constructability reviews, value analysis and design coordination: This approach will help lower the construction costs, maximize scope and protect the project budget and contingency dollars.
- Responsible bidders and responsive bids: The GC/CM is able to exercise greater control in the assembly and tailoring of bid packages and subcontractor qualifications to reduce the potential for non-responsible bidders and/or non-responsive bids.
- Better control of site activities: The GC/CM will play an important role in the design phase by preparing a construction and logistics plan that considers the factors of safety, noise, traffic flow, odor and dust control which is extremely important in and around the Hospital. The GC/CM will be able to inform the Hospital of potential risks associated with various operations, allowing appropriate planning for risk reduction strategies prior to breaking ground.
- Complex scheduling: The preparation of a construction schedule, with appropriate phasing, by the GC/CM in collaboration with the design team provides a detailed, realistic Critical Path Method schedule. This schedule will assist the Hospital in timely decision making, coordination with all stakeholders for proper notifications, as well as foreseeing other potential impacts related to the construction of the project.

Aligning Construction Schedule - The potential for the GC/CM and the hospital project team to plan and schedule bid packages to align with project phases, prioritized needs, and long lead items will be key to the success. Determinations will need to be made as a complete project team as it relates to bidding out as a complete package or with potential early packages. In addition, as the project commences will need to coordinate appropriate with any planned activities around the hospital that could impact ability to do construction work in the area.

Open Book Accounting - The GC/CM alternative contract delivery method allows for open book cost accounting and verification process. This method meets the needs of potential grant opportunities that could possibly arise for this project.

Broader Reach of Qualified Subcontractors - Retaining a contractor via the GC/CM method is much more likely to result in predictable costs and broader subcontractor bid coverage. The GC/CM and PRH can develop a subcontracting plan that meets hospital security and systems with local or specialty contractors resulting in increased competition, and if needed qualified subcontractors. Additionally, the GC/CM method allows for more focused DBE outreach to the local and regional market.

Early GC/CM Involvement in Value Added Measures – Traditional D-B-B contract methods do not benefit from the contractor’s perspective of adding value into the project during the design phase. The added fiscal benefit gained through using the GC/CM’s expertise in value added measures, project phasing, value engineering and constructability reviews in all phases of the design rather than merely single points on a schedule. This project has very unique components related to growing various departments/labs/clinics all of which have sensitive components and need to be coordinated properly from an operational perspective that will require the complete project team to work together in unison to accomplish properly. GC/CM recommendations on product or quality standards and developing a complete, understandable and cost-effective construction document set controls costs.

6. Public Body Qualifications

Please provide:

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

Pullman Regional Hospital has decades of experience in delivering expansion and remodel projects within and around the hospital as well as an experienced organizational structure that supports this work. The hospital has strictly utilized the traditional design-bid-build deliver model and therefore this will be their first project that will utilize the GC/CM alternative contracting delivery method.

Due to the Hospital’s lack of experience in GC/CM they retained Turner & Townsend Heery (TTH) to provide GC/CM Advisory services from procurement through design and construction, in addition the TTH team will provide project/construction management assistance throughout the project as it relates to contract oversight, financial, document and schedule controls. This team provides the County with GC/CM experience and will guide and assist them to administer the procurement of the GC/CM and contract negotiations. David will lead the procurement then have constant oversight and provide advice to the entire project team. TTH’s eastern Washington team consists of 6 project managers and support team members, all of whom have worked under the GC/CM guidelines and are ready to provide support the project as required.

Pullman Regional Hospital has also contracted with Jon Hongladarom of Foster Garvey to provide GC/CM legal support. This legal team has provided contract and general legal guidance on numerous municipal GC/CM projects. With over thirty successful GC/CM projects on their resume, TTH is committed to sharing their GC/CM knowledge, lessons learned and expertise with Pullman to increase their knowledge and understanding of alternative delivery as that will ultimately increase the chances of a successful project throughout all phases: procurement, pre-construction, buyout, negotiation, contract execution, construction, occupancy and closeout.

- 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)

See Exhibit A for Project Organization Chart

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

Matt Forge, Chief Executive Officer, Pullman Regional Hospital

Role on this project: Project Support

Mr. Forge has served as Chief Executive Officer since November 2022, after serving as Assistant Chief Executive Officer beginning in August 2022. Previously, Mr. Forge served as President and CEO of Osceola Medical Center in Osceola, Wisconsin for three years, as Chief Administrative Officer for Essentia Health overseeing St. Mary's & Clearwater Valley Hospital and Clinics in Orofino, Idaho and St. Mary's Hospital and Clinics in Cottonwood, Idaho for a total of four years. He earned a Master of Healthcare Administration degree from the University of Minnesota's School of Public Health and a Bachelor of Sciences degree from the University of Idaho, College of Business.

Steve Febus, Chief Financial Officer, Pullman Regional Hospital

Role on this project: Project Support

Steve Febus has served as Chief Financial Officer since 1997. He has more than 35 years of financial management experience in an acute healthcare setting. Mr. Febus received his Bachelor of Arts in Business Administration with an emphasis in Accounting from Washington State University in 1987 and a Masters of Business Administration from the University of Phoenix in 2007. Mr. Febus is also an active member of Healthcare Financial Management Association. He has been involved in several significant projects in his career ranging from Medical Office building, the new hospital construction for Pullman Regional Hospital that concluded in 2004 with the first green field build in the State of Washington in over a decade, along with the efforts to build a micro-hospital in Fountain Springs, AZ. Most recently, he supported the expansion Same Day Expansion project at Pullman Regional and remodel to support the WSU Family Residency program that opened the spring of 2023.

Jeannie Eylar, MSN, Chief Nursing Officer, Pullman Regional Hospital

Role on this project: Project Support

Jeannie Eylar has been the Chief Clinical and Patient Safety Officer at the Hospital since 1993. She graduated from Washington State University in 1981 with her Bachelor of Science in Nursing and in 2009 with her Master of Science in Nursing. She has served as a commissioner on the Nursing Care Quality Assurance Commission since 2013. She has served on multiple healthcare committees in the state and is a member of the NW Organization of Nurse Leaders. Ms. Eylar was a pivotal person in the construction of the new hospital and expansion efforts at Pullman Regional Hospital.

Pat Wuestney, Facility Director, Pullman Regional Hospital

Role on this project: Project Manager

Patrick Wuestney, has served as Director of Facilities since 1999. He attended Washington State University in Mechanical Engineering from September 1981 until January 1984. His role as the Director of Facilities has included directing facilities functions, implementing safety procedures, coordinating remodeling and refurbishment initiatives as the owner's representative as project manager. This included all projects and expansion efforts at Pullman Regional Hospital.

David Beaudine, CCM, Assoc DBIA, Vice President, Turner & Townsend Heery

Role on this project: GC/CM Advisor

David Beaudine, a Vice President with Turner & Townsend Heery has been selected to oversee the GC/CM process for PRH. David's role will be to oversee the GC/CM procurement and operations for the project from design through construction and close-out and will work alongside with the design team and selected GC/CM. David has over 20 years of industry experience with majority of that working within Washington State public agencies. David's experience includes being involved in over 30 GC/CM projects which includes Spokane Airport's current expansion projects as well as assisting Spokane, Grant and Asotin Counties through their first GC/CM alternative delivery projects. David recently completed his second term as a member of the PRC, representing construction managers

and will be providing guidance to the overall project as it relates to best practices established and learned by the committee.

Representative Project Experience for David Beaudine

Project	Project Value	Tasks Performed	Time Involved
SIA – TREX Central Hall (GC/CM)	\$180M	GC/CM Advisor	Nov 2022 - Present
SIA – New Administrative Office Building (GC/CM)	\$15.6M	GC/CM Advisor	Nov 2022 – Present
SIA – Concourse C TREX (GC/CM)	\$149.7M	GC/CM Advisor	2021 – Present
Grant County – New Jail (GC/CM)	\$100M	GC/CM Advisor	Aug 2022 - Present
Spokane County – Avista Stadium (GC/CM)	\$22M	GC/CM Advisor & Project Exec	April 2023 - Present
Asotin County Justice Complex (GC/CM)	\$14.6M	GC/CM Advisor	May 2022 - Present
Prosser Memorial Hospital (GC/CM)	\$57.4M	GC/CM Advisor	2020 - 2021
Apple Valley & Summitview Elementary School Replacements (GC/CM)	\$68.7M	Program Manager	Apr 2019 – Sept 2022
Market Street Complex (GC/CM)	\$65.4M	Program Manager	Mar 2018 – Dec 2021
Highland Middle School (GC/CM)	\$51.6M	Program Manager & Senior PM	Mar 2018 – Dec 2020

Ned Warnick, AIA, LEED AP, Principal – Design West Architects

Role on this project: Managing Principal

Ned has been with Design West Architects since 1997. Ned has developed specific professional areas of expertise that are invaluable to the Design West Team. He is the building code expert for all of our offices, regularly attending code conferences to remain on top of constantly changing building codes. Ned is a LEED Accredited Professional and strives to include sustainable design features in all Design West projects. Ned’s experience with Pullman Regional Hospital goes back over two decades and includes approximately 50 different design and planning projects for this client.

Representative Project Experience for Ned Warnick

Representative Projects	Project Value	Delivery Method	Tasks Performed	Time Involved
Ephrata Middle School <i>Ephrata School District</i>	\$28.6M	D-B-B	Managing Principal	April 2021 to Current
Columbia Ridge Elementary <i>Ephrata School District</i>	\$22.4M	D-B-B	Managing Principal	April 2021 to Current
Pullman Regional Hospital Residency Clinic <i>Pullman Regional Hospital</i>	\$2.5M	D-B-B	Managing Principal	May 2021-August 2022
Apple Valley Elementary <i>West Valley (Yakima) School District</i>	\$22M	GC/CM	Principal	April 2019 to July 2021
Summitview Elementary <i>West Valley (Yakima) School District</i>	\$22M	GC/CM	Principal	April 2019 to July 2021

Groff Elementary <i>Moses Lake School District</i>	\$14.5M	D-B-B	Managing Principal	2019 to Current
Pullman Regional Hospital Same Day Services Addition <i>Pullman Regional Hospital</i>	\$3.5M	D-B-B	Managing Principal	2017-2019
Pullman Regional Hospital Pharmacy Expansion & Relocation <i>Pullman Regional Hospital</i>	\$2.0M	D-B-B	Managing Principal	2017-2018
Pullman Regional Hospital Emergency Dept. Renovation <i>Pullman Regional Hospital</i>	\$1.0M	D-B-B	Managing Principal	2016-2017
Kamiak Elementary <i>Pullman School District</i>	\$19.1M	D-B-B	Managing Principal	2016-2020

Rob Rembert, Legal Council, IMSB Law

Role on this project: Hospital Local Legal Council

Robert Rembert of Irwin, Myklebust, Savage & Brown, P.S., 1230 Bishop Boulevard, Pullman, Washington, will assist Public Hospital District No. 1-A of Whitman County d/b/a Pullman Regional Hospital, as general counsel, and work with outside counsel relative to the GC/CM contract documents and contracting procedures. Robert has 26 years of experience focusing in the areas of litigation and municipal law, including complex construction claims. Robert has experience representing public entities in projects utilizing the GC/CM process, including the Pullman-Moscow Regional Airport which recently completed a major runway realignment and a Sixty-One Million dollar terminal upgrade.

Jon Hongladarom, Principal, Foster Garvey

Role on this project: Construction Legal Council

Jon Hongladarom will assist PRH with alternative public works contracting procedures and preparation of GC/CM contract documents. Jon has more than 35 years of experience in construction law, with both transactional and litigation matters, emphasizing resolution of construction disputes, and preparation of construction-related agreements. Mr. Hongladarom and Foster Garvey have great experience over many years with preparing alternative public works contract documents – to name a few recent examples, preparing such for (i) the Thurston County Infrastructure Upgrade/Court Complex Renovation Project (Design/Build \$50 Million+), (ii) the Housing Authority of the City of Everett’s 3826 Rucker Avenue affordable housing project (GC/CM \$70 Million+), and (iii) the Washington State Convention Center Addition Project (GC/CM \$900 Million+).

- 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. *Qualifications of the project manager and consultants are described in the staff and consultant biographies above.*
- 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.

The Hospital is intending to leverage as much in house resources as possible in the management of the project, and therefore will utilize the services of Facilities Director Pat Wuestney as the main point of contact project manager through the project. Pat has a long history at the hospital managing all projects at the facility for the past 36 years and has keen understanding of the operations of the facility. In support of Pat will be the TTH team to provide advisory services as it relates to the GC/CM process and associated procedures, in addition TTH will provide specific cost and schedule controls specifically as it relates to the negotiations of the GMP, contracting, use of contingencies and so forth as well as any additional support services determined by the hospital.

Funding has been allocated from the general budget to continue to support Pat, and the project budget has allocated appropriate funding to support the TTH work throughout the life of the project.

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

Construction experience for each proposed staff member and consultant is described in the staff biographies.

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

Organizational Controls

This project will be managed through the hospital's facility department in direct collaboration with hospital leadership. The project's approval, budget and contractual authority resides within the CEO & CFO and ultimately the Hospital Commissioners.

Authority and day-to-day decision making responsibility reside with facility director Pat Wuestney in coordination with the TTH team. Pat is supported by Steve Febus, CFO and Matt Forge, CEO. Pat is the single point of contact for the hospital as it relates to the project.

Pat is the full-time director who has initiated this project and will continue through procurement to occupancy. Pat has a team of over 6 staff in support of building operations allowing him to serve in this role, with the support of TTH, and still maintain the facility. TTH will augment the hospital staff with its significant GC/CM procurement and project expertise and services. The TTH staff of David Beaudine and support team out of the Spokane office are committed throughout the entire duration and to the success of the projects and will be responsible to the hospital for the project.

TTH is already in the works with CFO Steve Febus and his staff to refine the establish controls and reporting systems to effectively manage the scope, schedule, and budget for the project.

Budget Monitoring

TTH will be managing and tracking the project finances using hospital's accounting codes. Financial reporting will be provided on a regular basis to the hospital and other appropriate stakeholders. The hospital will have line items for its own contingency and a Management Reserve line item in the project budget to address any owner betterment changes and appropriate change orders.

Budget authority controls are exercised through a signature authority process for consultant procurement and project changes which are consistent with County capital project policies and procedures. Change order signature authority is to be delegated between Matt, Steve and Pat up to \$50,000 dollars. Change order amounts exceeding the signature authority of the CEO will require approval by the District's Board of Commissioners. Use of the GC/CM contingency must be approved by the Director after thorough review by the owner team.

Pullman has developed standard communication protocols to manage its construction projects, hospital personnel and TTH will review the communications protocol and refine processes to meet the project requirements within the project management plan as it relates to each members defined project roles.

The project's master milestone schedule includes design around each project component, preconstruction services, subcontractor buyout, construction, occupancy and closeout phases. Schedule progress will be reviewed and tracked on a monthly basis as required by the AIA agreement. Inclusion of permitting meetings and approval timelines, potential early bid packages approved by the hospital will be incorporated into the master project schedule as the design matures.

Adherence to the established scope, phasing of the work and project budget is critical. Ongoing design meetings are currently and will continue to be held with the project team and the selected GC/CM to monitor, update and align the budget, scope of the work and the contract documents. The GC/CM will be required to develop and maintain a design/risk decision log throughout the design phase to capture all design decisions, deviations or additions to project. The GC/CM will assist the project team with updated market costs to aid decision makers in making timely decisions.

Once the GC/CM GMP contract amendment is approved, the hospital, GC/CM, A/E team and TTH will closely monitor the design log against the final construction documents to determine if there are changes that may impact the agreed upon GMP. If so, then changes will be brought back into alignment with the budget and the GMP. The GC/CM will be responsible to review the specifications and drawings to determine if there are changes that may have been incorporated and confirm the GMP budget.

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

TTH will lead the GC/CM procurement process as specified within RCW 39.10, and in close coordination with the hospital and their procurement department, including the preparation of the GC/CM RFQ and selection process which will be based on TTH's internal methods that have been refined over the years, along with the lessons learned from other public agencies and all team member experiences. We have an open selection process to promote as much competition as we can within the contracting community. The intention is to market this project throughout

the state and beyond to firms with experience in GC/CM and knowledge of similar type project experience. Due to previous passing of the bond and earlier publicity of this project, it has already received a great amount of attention in the local market, and with those that have similar type project experience.

The RFP/RFQ will be a 3-step process, which involves proposals, interviews and submittal of sealed bids for the specified general conditions and fee percentage, based upon the preliminary MACC, each of which will be weighted as part of the final score in alignment with the hospital's values for the project. A recommendation will then be given to the hospital Board of Commissioners for approval.

Careful considerations will be made in the selection of the GC/CM to make sure that their qualifications related to both construction and pre-construction are in line with the services related specifically to this project and the scheduling and phasing demands due to the ongoing use of the facility, as well as current concerns of budgeting and community awareness.

The hospital has engaged with Jon Hongladarom, Foster Garvey, to provide GC/CM and construction legal services for the project. Foster Garvey will be preparing the AIA A133 agreement and A201 general conditions which will be modified to align with hospital best practices and will be providing them to the hospital and TTH for utilization through the procurement. These documents will be provided during the process to the potential GC/CM's to allow for them to review and provide questions so that a final contract is understood before going into the final fee proposals.

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

Foster Garvey will be responsible for preparing the GC/CM contract. The hospital will utilize a customized A133/A201 agreements by Foster Garvey in close coordination with the hospital and its GC/CM consultant team. The contract will be drafted to comply with Washington State law, TTH best practices and the hospital's policies and procedures. Foster Garvey's GC/CM experience is detailed above.

The hospital and TTH will work closely with Foster Garvey to develop selection criteria and to write Divisions 00 language that will address specific requirements of the project, including a comprehensive pre-construction services scope of work.

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
- Small-, minority-, women-, and veteran-owned business participation planned and actual utilization

[See Exhibit B](#)

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:

- An 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.

[See Exhibit C](#)

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.

Pullman Regional Hospital has not had any audit findings on the projects listed within Exhibit B.

10. Subcontractor Outreach

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

Pullman Regional Hospital desires to maximize its subcontractor outreach to the extent possible through the local and neighboring communities, but also recognizes the lack of MWBE and DBE participation that is in the local area.

The hospital intends to include a requirement, which will be part of the overall scoring in the RFQ, for proposers to describe not only their strategies for increasing outreach locally but their past performance and ability to demonstrate meeting project goals and supporting small, woman, and minority owned businesses.

The hospital will be working hand in hand with its selected GCCM during the pre-construction phase to identify MWBE and DBE opportunities and as part of the GC/CM contract will also require, as part of the subcontracting plan, the team to develop an inclusion approach to track and report utilization of minority and women's business enterprises certified business and veteran certified businesses. Bid package planning will be evaluated as a team to discuss opportunities for outreach and look to break portions out as appropriate to encourage additional participation from smaller firms. The project team will send appropriate bid packages to OMWBE, and work with the selected GC/CM as part of buyout to do so as well so it can be posted and viewed on their website for contracting opportunities to aid in the encouragement of small, woman and minority-owned businesses to participate in the project.

The hospital will work with TTH and Design West on a plan to further reach out to the diverse business community in advance of solicitation to generate interest and provide education around the delivery method. This outreach will occur not just through the construction work but also through the various sub-consultants that will be needed in order to make the project successful.

To date, the TTH team has worked with a local contractor to support a certification seminar alongside the regions PTAC advisor to increase understanding of (a) what it means to be certified, (b) the opportunities that are available once you are certified and (c) how to go about getting certified. This seminar is just a step in the outreach process and the hospital will be looking to partner with the selected GC/CM to provide outreach through the local AGC and other entities to spread the word about the project and the opportunities that are coming available.

11. Alternative Subcontractor Selection

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

The hospital is not seeking alternative subcontractor selection at this time.

CAUTION TO APPLICANTS

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

SIGNATURE OF AUTHORIZED REPRESENTATIVE

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

If the PRC approves your request to use the GC/CM contracting procedure, you also you also agree to provide additional information if requested. For each GC/CM project, documentation supporting compliance with the limitations on the GC/CM self-performed work will be required. This information may include but is not limited to: a construction management and contracting plan, final subcontracting plan and/or a final TCC/MACC summary with subcontract awards, or similar.

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

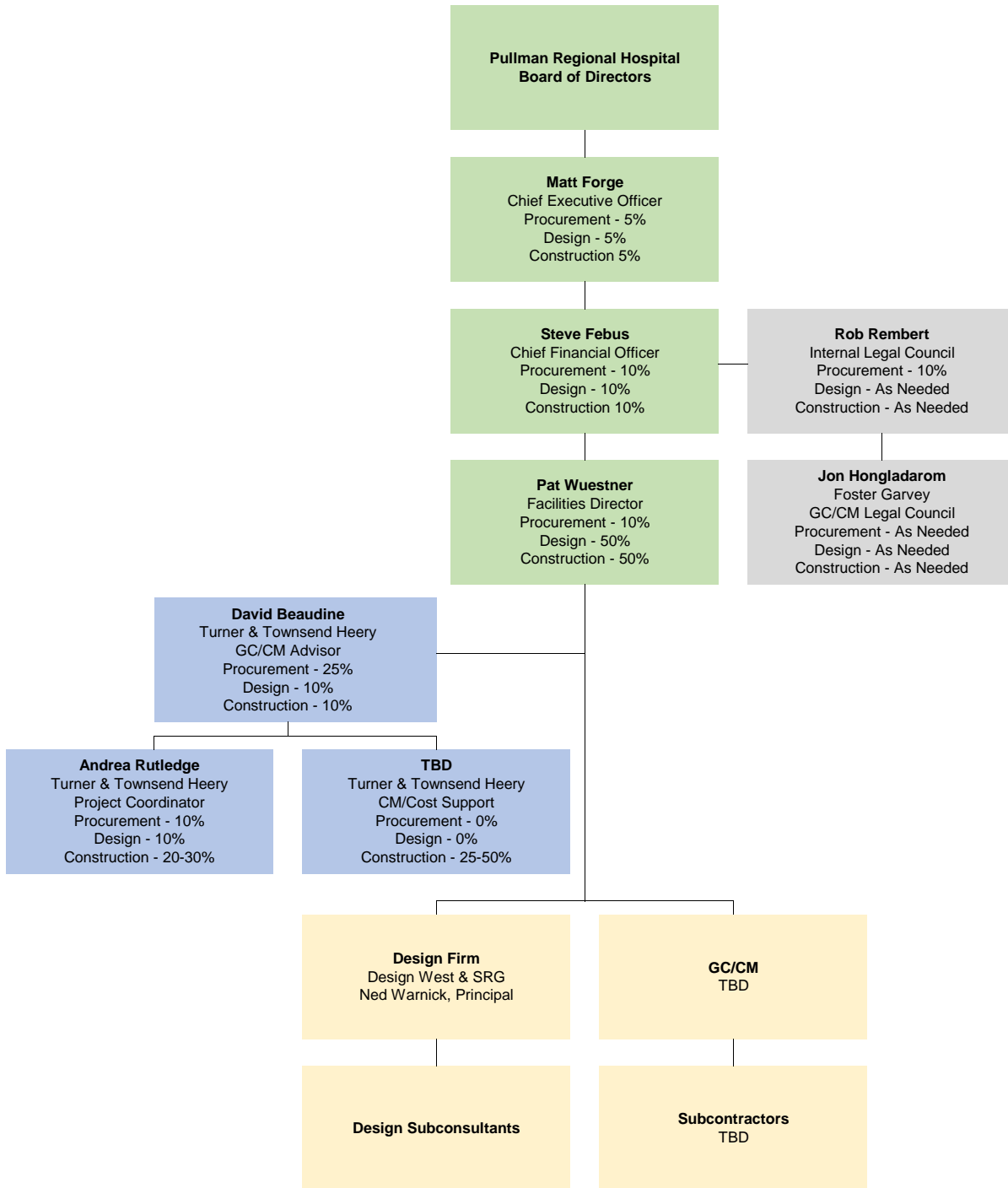
Signature: Steven D. Febus, CFO

Name *(please print)*: Steven D. Febus, CFO *(public body personnel)*

Title: Chief Financial Officer

Date: October 19, 2023

EXHIBIT A
 PULLMAN REGIONAL HOSPITAL
 PULLMAN REGIONAL HOSPITAL EXPANSION PROJECT
 ORGANIZATION CHART

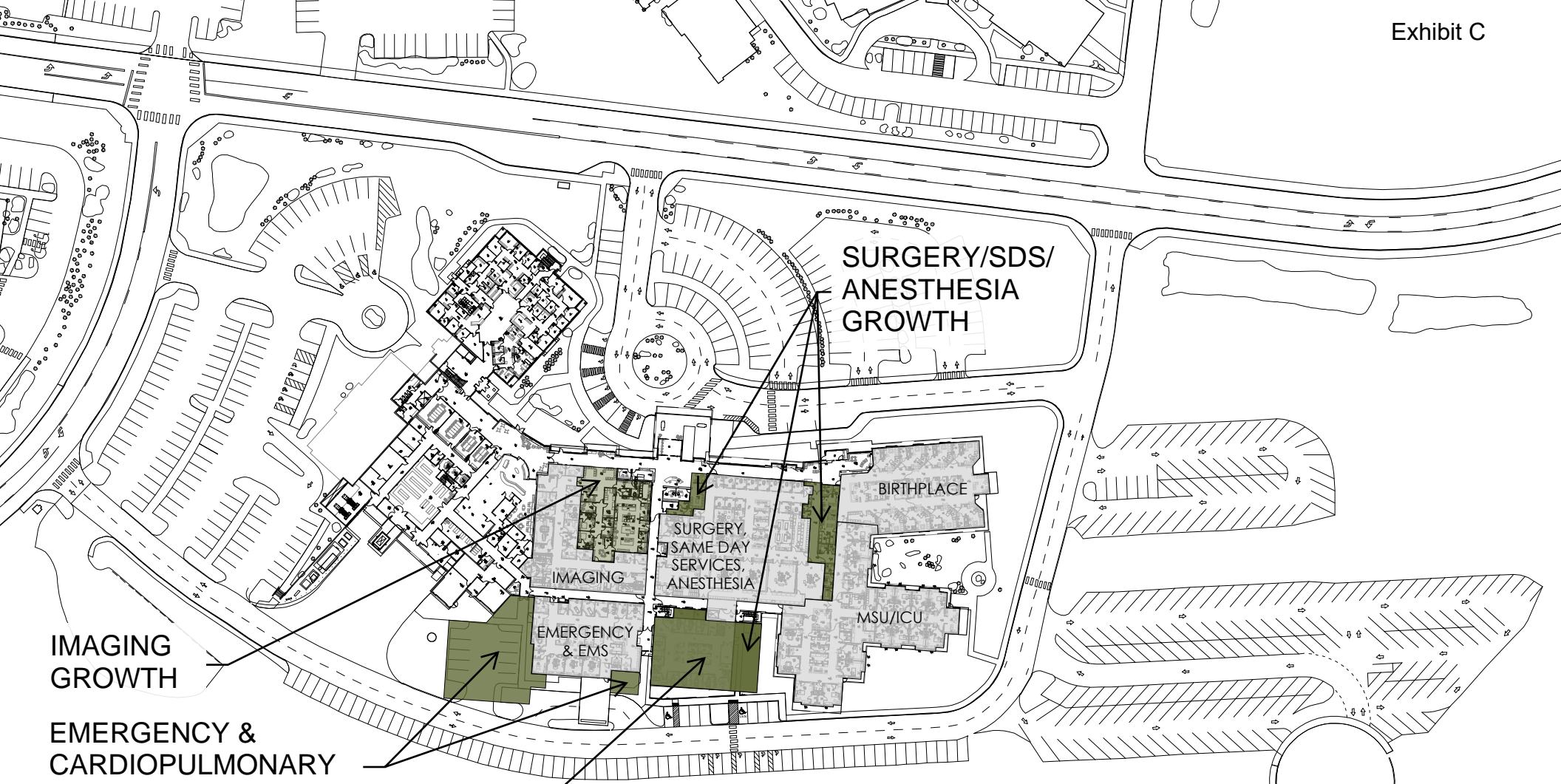


Pullman Regional Hospital Projects

Project #	Project Number	Project Name	Project Description	Contracting Method	Planned Start	Planned Finish	Actual Start	Actual Finish	Planned Budget	Actual Budget	Reason for budget or schedule overrun	DBE Planned Participation	DBE Actual Participation
1		Family Medicine Residency Center/ Specialty Clinic	Create clinic space for residency program and specialty clinics	DBB	Oct-21	Aug-22	Nov-21	Sep-22	\$ 2,000,000	\$ 2,129,000	Increase in scope for training of residence within the clinic space	0%	Not Tracked
2		MOB Expansion effort - Orthopedic	Double MOB clinic space for orthopedic utilization	DBB	Oct-19	Mar-20	Oct-19	Mar-20	\$ 1,000,000	\$ 924,667	No schedule or budget overrun	0%	Not Tracked
3		Same Day Services (SDS) Expansion Project	Add an additional 10,000 square feet for SDS and future lab	DBB	Jun-18	Jul-19	Jun-18	Sep-19	\$ 2,928,086	\$ 3,079,581	Enlarged clean sterial and minor procedural room, supply distribution resulted in slower process	0%	Not Tracked

* estimate on dates

** estimate on finish dates



IMAGING GROWTH

EMERGENCY & CARDIOPULMONARY GROWTH

LAB RELOCATION AND GROWTH

SURGERY/SDS/
ANESTHESIA
GROWTH

BIRTHPLACE

SURGERY,
SAME DAY
SERVICES,
ANESTHESIA

IMAGING

EMERGENCY
& EMS

MSU/ICU

Planning Themes

Addressing Core Hospital Facility Needs	Planning Requests	Preferred Plan
Birthplace - growth	700	no
Cardiopulmonary - existing & growth	2,900	2,000 addn.
Emergency & EMS - growth	6,600	3,300 addn.
Imaging - growth	4,900	3,500 remodel
Lab - existing & growth	5,300	4,100 remodel
Observation Ward (MS / ICU)	3,000	no
Nutrition - existing & growth	1,900	1,900 remodel
Social Work and Care Coordination - existing & growth	1,500	1,500 remodel
Surgery/SDS/ Anesthesia	6,200	6,200 remodel
Sim Lab - Education and Learning - existing & growth	4,200	2,100 no
Summit Therapy - Existing Space	12,900	12,900 new
Summit Therapy- Growth	19,500	4,000 new
		17,200
		22,200
		41,500 total



PRELIMINARY MASTER PLAN

