

DICK BRATTON PROJECT MANAGEMENT BELLEVUE, WA

August 2, 2018

Capital Projects Advisory Review Board
Project Review Committee
PO Box 41012
Olympia, WA 98504-1012

**RE: Application for Alternated Delivery Contracting - GCCM
Klickitat Valley Health – Bold Vision 20/20 Project**

Project Review Committee:

Klickitat Valley Health is please to submit the enclosed Application for Alternate Delivery Contracting for GC/CM services for the Bold Vision 20/20 project. This document is submitted in confirmation of a request to present the project scope of work and team to the PRC Board on September 27, 2018.

The project team assembled includes firms well experienced in the State RCW 39.10 provisions for GC/CM contracting including: Dick Bratton Project Management LLC, Mahlum Architects and Perkins Coie. The Bold Vision 20/20 project is comprised of new construction as well as existing space remodel and is a strong applicant for utilizing the benefits of GC/CM contracting.

On behalf of Klickitat Valley Health please contact Dick Bratton, dbrattonpmlc@aol.com, 425-894-4591, with any questions you may have regarding the subject project and Application.

Thank you for this consideration.

Regards,

Dick Bratton

Dick Bratton
Dick Bratton Project Management LLC

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): **Public Hospital District #1 Klickitat County, WA**
- b) Address: **310 S. Roosevelt Street, Goldendale, WA 98620**
- c) Contact Person Name: **Leslie Hiebert** Title: **CEO**
- d) Phone Number: **509-773-4022** E-mail: **LHiebert@KVHealth.net**

1. Brief Description of Proposed Project

- a) Name of Project: **Bold Vision 20/20**
- b) County of Project Location: **Klickitat County**
- c) Please describe the project in no more than two short paragraphs.
New two story 12,000 SF additions to an existing hospital campus to include a Surgery Suite area, new Acute Care area. Planned renovation work for: light remodel of existing 4,800 SF Acute Care to convert to Long Term Patient Care wing, heavy remodel of existing 3,600 SF Surgery area, medium remodel 4,800 SF Café area. Leveling and upgrade main entry parking area.

2. Projected Total Cost for the Project:

A. Project Budget

Costs for Professional Services (A/E, Legal etc.)	\$1,140,000
Estimated project construction costs (3% construction contingencies):	\$11,124,000
Equipment and furnishing costs	\$600,000
Off-site costs	\$250,000
Contract administration costs (owner, cm etc.)	\$300,000
Contingencies (7% design & owner)	\$756,000
Other related project costs (Bond Legal, Bond Issue, GC/CM Precon)	\$620,000
Sales Tax	\$918,000
Total	\$15,728,000

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*

Funding is anticipated to be provided by privately placed Bond Anticipation Notes issued by the hospital district in May 2019, Tax-exempt, fixed rate, unrated UTGO bonds issued by the hospital district.

3. Anticipated Project Design and Construction Schedule

Please provide:

The anticipated project design and construction schedule, including:

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

The project is in early program design. The Owner Rep/Project 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 schematic design allowing sufficient time to review the GC/CM contract and preconstruction agreement before Design Development commences and to provide an initial baseline estimate to which design phasing forward may be monitored against budget advice.

Item	Task	Hold design for Bond Approval**, then SD commences
	Project Predesign and Financial Feasibility Study/Market Analysis	Completed (Sept 2018)
1	GC/CM PRC Application	August 20, 2018
2	LCCHC PRC Presentation	Sept 27, 2018
3	GC/CM Delivery Approval	Sept 27, 2018
4	Official State Authority Notice	Oct 7, 2018
5	GC/CM RFP	Jan 28, 2019
6	GC/CM Selection	Mar 7, 2019
**	Bond Vote	April 2019
**	Bond Funding Released	June 2019
7	Schematic Design Complete	Sept 27, 2019
8	Baseline Estimate	Oct 27, 2019
9	GC/CM Budget - 50% DD	Jan 15, 2020
10	VE/Constructability	Jan/Feb 2020
11	Design Development Complete	Feb 16, 2020
12	Baseline MACC 90% Construction Docs	May 2020
13	Construction Docs 100%	June 15, 2020
14	Permitting	Aug 1, 2020
15	Final MACC	Aug 4, 2020
16	Site Mobilization	Sept 4, 2020
17	Construction	Sept 4, 2020-Oct 2021

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? 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.*
- 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:

1. Development of phasing plans for the safety of patients and staff to minimize the total cost of construction and disruption to operations while move into the new additions to the current operating facility may be staged for departmental functions.
2. Involvement early in the design process to ensure materials/systems selections and project scheduling are well-prepared to address seasonal weather conditions and overall schedule maintenance.

3. Having a GC/CM throughout the design phase will provide accurate and detailed cost information as the design progresses. The GC/CM will also provide input into the products and materials used to optimize the return on investment. The budget estimate established at 50% DD will confirm scope of work relevant to a Bond Issuance top limit.
 4. Having a qualified GC/CM on board will provide accurate cost estimates throughout the duration of design and help to address the ability to recruit and capitalize on current market conditions for well-qualified subcontractors.
 5. Design needs to allow constructability and schedule management by integrating thoughtful systems, site integration and overall jurisdictional and design team performance. These are all benefitted with the incorporation of a GC/CM.
 6. Design remains at a predesign/program level and the timing is ideal to introduce a GC/CM to this project. The GC/CM will evaluate various options for scope confirmation as the design progresses from SD to DD relevant to cost implications and constructability issues.
- If the project encompasses a complex or technical work environment, what is this environment? KVH is an operating efficient public care facility. On-going operations must be maintained during the course of construction of the Bold Vision 20/20 project. The hospital and project will benefit from the outset of GC/CM involvement during preconstruction planning and phasing and working with the KVH team to understand and organize construction activities around hospital daily functions.
 - 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? NA
 - 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? NA

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 entity in the surrounding geographic Goldendale area in terms of delivering an essential, modern, and accessible hospital addition and enhanced service facility in a schedule representative for public uses at the earliest possible time and within a prescribed budget capitalization. This improved project delivery model is supplemented by the team of Project Manager, AOR and GC/CM to completely define the project scope and costs of construction early in the design phase and the ability to select subcontractors based on competitive and qualified bid responses. The construction industry is currently at a peak load throughout the western US and it is very difficult to find available and competent sub trades in many contract categories of construction expertise in the near term. The KVH project will benefit from the ability to select the contracting entities based on a qualified and competitive selection criterion.

In summary the GC/CM will provide the following benefits as compared to the traditional Design Bid Build method of contract delivery:

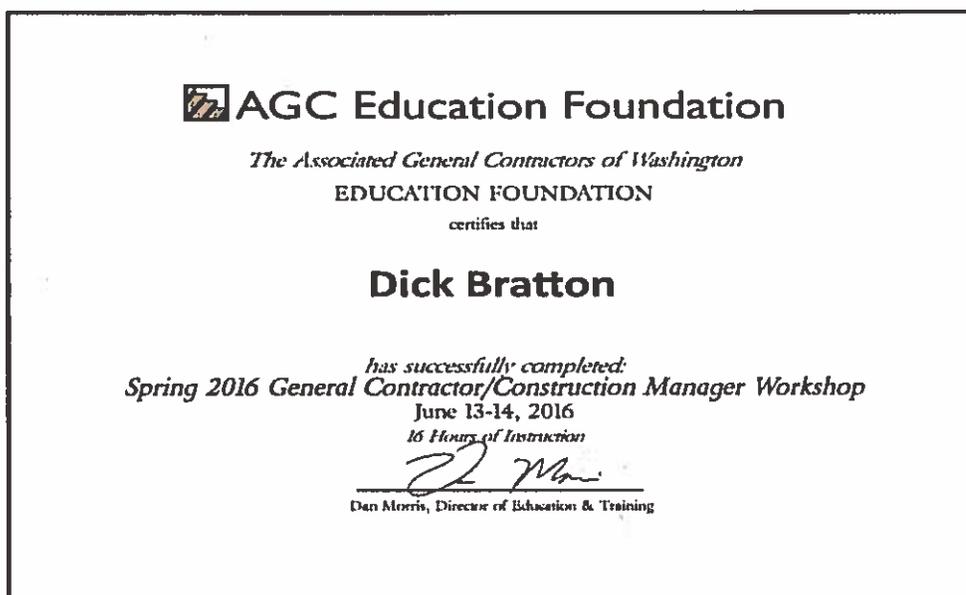
1. Scope review and constructability analysis from the GC/CM during the preconstruction phase, site utilization and logistics planning and coordination by the GC/CM with Goldendale Public Works can occur during the design phase
2. Design details reviewed by the GC/CM team during design development, unknowns are mitigated
3. Cost budget information at the DD phase of design essential for meeting Bond Issuance budget cap.

4. Early establishment of a baseline MACC for financing commitment and control
 5. Reduce RFIs and potential change orders by scrubbing Construction Documents
 6. Public agency funding budget control will be established at the outset of early schematic 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.
 7. Early contractor input relevant to coordinating construction alignment with ongoing hospital operations and transition planning activities
 8. Potential MEPS input familiar with the appointed GC/CM during design development with the contact and coordination of subcontractors for systems analysis and budget advice.
 9. GC/CM 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 assurance with the team will enhance the project confidence as a known and trusted stakeholder in the project success.
- 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.
As discussed above narrative items 1-9
 - In the case of heavy civil GC/CM, why the heavy civil contracting procedure serves the public interest.
NA

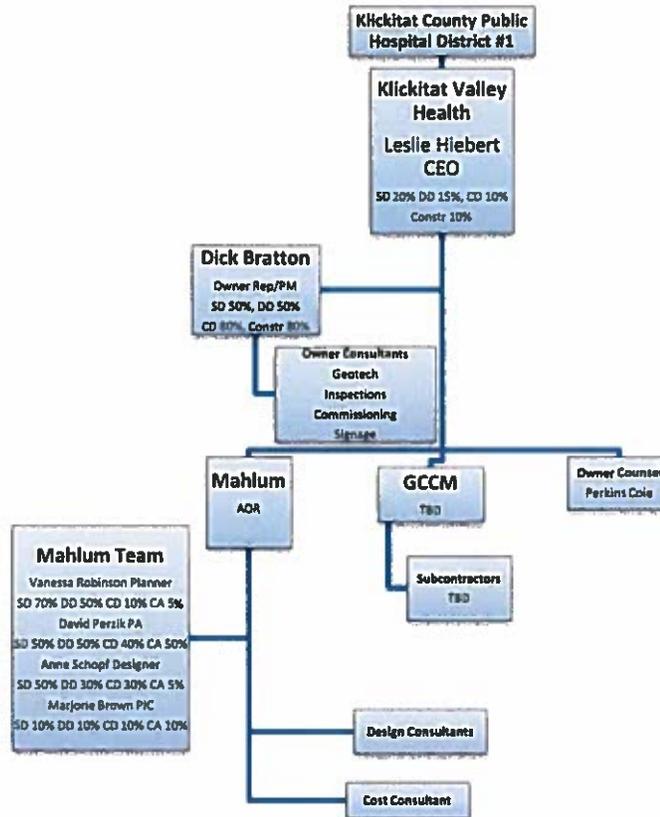
6. Public Body Qualifications

Please provide:

- A description of your organization's qualifications to use the GC/CM contracting procedure. The Owner [KVH] has retained the services of Dick Bratton to manage the project 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 as well as highlighted in **Attachment C** at the end of this application document. In addition, the selected Architect of Record, Mahlum, has considerable Healthcare related projects with GC/CM applications.



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



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

1. Owner Rep/PM: Dick Bratton, Dick Bratton Project Management (DBPM)

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 for two recent healthcare facility GC/CM selection and contract negotiations. He is also currently managing the construction of one of the aforementioned projects, valued at \$30M project cost. Project commitment and availability will be throughout the design and construction phases to project completion.

2. Architect of Record: Mahlum has extensive corporate and staff experience in designing health care projects and working as a collaborative team member in the

GC/CM process during the design phase of project development. Mahlum Healthcare Experience using GC/CM contract format:

**Peace Island Medical Center, Peace Health
Providence Medical Park, Providence Sacred Heart Medical Center
Pediatric ED Addition, Providence Sacred Heart Medical Center
Cardiac Intensive Care Unit, Providence Sacred Heart Medical Center
ICU Expansion, Providence St. Mary Medical Center
St. Elizabeth Hospital, Franciscan Health System
Redmond & Mill Creek MOBs, Swedish Medical Center
7SE Oncology Clinic, University of Washington Medical Center
Mental Health Unit Remodel, Skagit Valley Health
Inpatient Pharmacy Upgrades, MultiCare Health System
North Portland Clinic, Providence Health & Services**

The Mahlum project team approximate staffing percentages are as follows:

Vanessa Robinson: SD 70%; DD 50%; CD 10%; CA 5%
David Perzik: SD 50%; DD 50%; CD 40%; CA 50%
Anne Schopf: SD 50%; DD 30%; CD 30%; CA 5%
Marjorie Brown: SD 10%; DD 10%; CD 10%; CA 10%

3. Counsel: Graehm Wallace, Partner, Perkins Coie

KVH will be utilizing Perkins Coie and specifically Graehm Wallace to assist them with GC/CM contract related issues for this project. Mr. Wallace and his firm are highly respected throughout the industry for their knowledge in RCW 39.10. They have advised school and hospital districts across the State on the details and aspects of alternative delivery methods.

- 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.)* **Please refer to Attachment C herein.**
- The qualifications of the existing or planned project manager and consultants **Please refer to Attachment C herein.**
- 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 select PM is contracted for the duration of the project schedule.
- A brief summary of the construction experience of your organization's project management team that is relevant to the project.
As presented in Attachment C herein
- A description of the controls your organization will have in place to ensure that the project is adequately managed.

The KVH project team comprised of Dick Bratton, Mahlum, and Perkins Coie are all proven experts in developing and implementing project controls and procedures to guide the project to a successful and timely completion. 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.

Project budgets, schedules and VE in progress will be established and updated throughout the design phases. Each phase of design will be reviewed for scope and

budget and will be approved by KVH before moving into the next design phase. 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.

Once construction has commenced the work will be documented daily by the project management team and weekly meetings held on site to review and 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. On-site inspections conducted by KVH project management will be documented on a daily basis.

The table below provides a perspective of the team roles related to the GC/CM selection and implementation process.

	Task	KVH Owner	Owner Rep/PM	A/E	Legal
Key to Abbreviations: A=Approve L=Lead R=Review S=Support					
1	Application to PRC	A	L	R	S
2	Draft GC/CM Contract	A	L	R	S
3•	GC/CM RFQ development	A	L	S	S
4	GC/CM Selection procedures	A	L	S	S
5•	KVH Conduct Site Visit	S	L	S	S
6	GC/CM Selection Phase 1 RFP/RFQ	S	L	S	S
7•	GC/CM Selection Phase 2 Interviews	S	L	S	S
8	GC/CM Selection Phase 3 RFFP	S	L	S	S
9	Final Proposals for FEE/Specified GCs	A	L	S	S
10	Preconstruction Work Plan/Agreement	A	L	R	S
11	Consultation During Precon	S	L	R	S
12	MEP Selection [if elected and eligible]	A	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	KVH Approval MACC	A	L	R	S
17	Construction - Completion	A	L	S	S

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

KVH will contract for GC/CM 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 DJC issues in both Seattle and Portland, OR markets and will require responses based on a select set of criteria and consistent with RCW 39.10. An informational pre-submittal meeting will be held and proposals submitted for KVH review. Notification of the 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 A133 GC/CM-Owner Agreement with modified AIA A201 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. Preliminary contract forms AIA A133 and AIA A201 have been drafted and will be included in the RFQ for GC/CM solicitations

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:

Project Number	2017-185 G
Project Name	Energy Upgrade
Project Description	Campus wide LED lighting retrofit and upgrading Air Handler Units with new motors, Variable Frequency Drives and pneumatic to digital controls.
Contracting method used	ESCO process through WA State Enterprise Services
Planned start and finish dates	Design 12-26-17 to 3-25-18. Construction 4-8-18 to 7-1-18.
Actual start and finish dates	to 3-25-18.
Planned and actual budget amounts	Planned: \$600,000. Actual: \$590,000
Reasons for budget or schedule overruns	No overruns. Also added additional thermostats, battery back-up lighting and ambulance building lights to scope in order to fully use contingency.
Project Number	CRS 60687062
Project Name	Therapy Center
Project Description	Shell space build out of a new Wellness and Therapy Center. New therapy gym, occupational Therapy room, 4 Therapy exam rooms and Relocate mobile MRI Pad.
Contracting method used	Public Works competitive bid.
Planned start and finish dates	5-1-17 to 10-13-17
Actual start and finish dates	5-1-17 to 11-9-17
Planned and actual budget amounts	Planned: \$1,084,734 / Actual: \$1,187,300
Reasons for budget or schedule overruns	Mid project we found deficiencies in fire alarm system, ADA parking slope and main building air handler not on Equipment Branch that needed to be corrected. Also added new education room to the scope.
Project Number	17796
Project Name	Helipad
Project Description	New helipad location in front of Emergency Department.
Contracting method used	Competitive Bid.
Planned start and finish dates	12/1/15 to 4/30/16
Actual start and finish dates	12/1/15 to 10/30/16
Planned and actual budget amounts	Planned: \$219,132 / Actual: \$221,870
Reasons for budget or schedule overruns	Additional cost to reroute power pole by local utility.
Project Number	201338
Project Name	Family Medicine Clinic Remodel
Project Description	Remodel of 2 floors of a former assisted living facility into a licensed Rural Health Clinic with 6 pods and 24 exam rooms.
Contracting method used	Public Works Competitive Bid
Planned start and finish dates	6/24/14 to 12/23/14
Actual start and finish dates	6/24/14 to 1/28/15
Planned and actual budget amounts	Planned: \$944,000 / Actual: \$1,213,662
Reasons for budget or schedule overruns	Added exterior building improvements to scope: facade upgrades and painting, fire lane and parking lot changes.
Project Number	CRS 60762876
Project Name	Nurses Station Remediation
Project Description	A sewage backup caused contamination of the walls and the existing nurses station. Our insurance company and DOH required remediation. Nursing staff and services were relocated, contaminated items were removed and all the areas were rebuilt while the patient wing remained in full operation.
Contracting method used	Board Approved Emergency Project. In consultation with insurance company recommendation.
Planned start and finish dates	Mitigation: 5/15/17 to 6/2/17 / Construction: Start: 6/15/17 to 7/31/17
Actual start and finish dates	Mitigation: 5/15/17 to 6/2/17 / Construction: Start: 6/15/17 to 8/11/17
Planned and actual budget amounts	Mitigation T&M: \$108,150 / Construction \$126,859. Construction came in at bid amount.
Reasons for budget or schedule overruns	Construction came in at bid amount.

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)
Please see attached below as depicted Klickitat Valley Hospital Site Plan

KVH Elevations Concept



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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.

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.

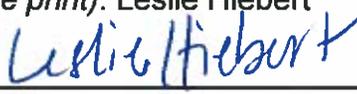
SIGNATURE OF AUTHORIZED REPRESENTATIVE

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 shall render your application incomplete.

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

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

Signature: 

Name (please print): Leslie Hiebert
Title: CEO
Date: 

Attachment C - Project Staff Experience

Firm: Dick Bratton Project Management-Owner Rep/PM					Role During Project Phases		
Name	Summary of Experience	Project Names	Project Size	Type	Planning	Design	Construct
1.Dick Bratton	Owner of Dick Bratton Project Management LLC specializing in GC/CM Healthcare Projects	Summit Pacific Medical Center Wellness Center	\$30M	GC/CM RCW 39.10	PM PIC	PM PIC	PM PIC
		Lake Chelan Hospital	\$52M	GC/CM RCW 39.10	PM lead in GC/CM selection	PM Consultant	Pending
		Klickitat Valley Health	\$15M	GC/CM RCW 39.10	PM lead	PM Lead	Pending
		PICC	\$5M	GC/CM	PM PIC	PM PIC	PM PIC
		St Joseph's Hospital	\$25M	GC/CM	PM PIC	PM PIC	PM PIC
		Summit Pacific Medical Center Hospital	\$20M	DBB	PM	PM	PM
		DOE Headquarters	\$40M	D/B	CM	CM	CM
		Lincoln Square	\$400M	GC/CM	PIC	PIC	PIC
Firm: Mahlum-Architect of Record					Role During Project Phases		
Name	Summary of Experience	Project Names	Project Size	Type	Planning	Design	Construct
1.Marjorie Ellason Brown	Principal at Mahlum Architects with a focus on Healthcare projects.	Northwest Kidney Centers - multiple projects	\$10M - \$40M	GC/CM	Principal in Charge	PIC	PIC
	HC Director at Perkins Will	Swedish Hospital Additions & Remodel	\$1.2B	GC/CM	Project Director	Project Director	Project Director
	VP & Northwest Managing Principal at HDR	MultiCare Tacoma General Additions & Remodeling	\$192M	GC/CM	PIC	PIC	PIC
		Whidbey Hospital Additions & Remodel	\$50M	GC/CM	PIC	PIC	
		Central Washington Hospital Additions & Remodel	\$125M	GC/MC	PM	PM	PIC
		University of Oregon LISB Research Building	\$65M	CM/GC	PIC	PIC	PIC
2.Vanessa Robinson	Project Manager at Mahlum Architects with a focus on Healthcare projects and the GC/CM process.	7C Cardiac Med/Surgical Renovation - Oregon Health and Science University	\$7M	CM/GC	PM	PM	PA
		6B Medical Observation Expansion - Oregon Health and Science University	\$3.5M	CM/GC	PM	PM	PA
		5B Short Stay Unit Renovation - Oregon Health and Science University	\$4M	CM/GC	PM	PM	PA
3.Anne Schopf	Partner and Director of Design with more than 30 years of Healthcare Design and GC/CM experience.	North Portland Clinic, Providence Health & Services	\$2.7M	CM/GC	PD	PD	
		Peace Island Medical Center, Peace Health	\$17.5M	GC/CM	PD	PD	
		St. Elizabeth Hospital, Franciscan Health System	\$43M	GC/CM	PD	PD	
		Providence Newberg	\$49M	CM/GC	PD	PD	

		Hospital					
4.David Perzlk	Project Manager at Mahlum Architects with a focus on Healthcare projects and the GC/CM process.	Providence Medical Park, Providence Sacred Heart Medical Center	\$29M	GC/CM	PM	PM	PA
		ICU Expansion, Providence St. Mary Medical Center	\$6M	GC/CM	PM	PM	PA
		Inpatient Pharmacy Upgrades, MultiCare Health System	\$8M	GC/CM	PM	PM	
		Cardiac Intensive Care Expansion, Providence Sacred Heart Medical Center	\$11M	GC/CM	PM	PM	PA
		Providence Newberg Hospital	\$49M	CM/GC	PA	PA	