

April 8, 2016

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

RE: Re-Application for Alternated Delivery Contracting - GCCM
Summit Pacific Medical Center Medical Office Building

Project Review Committee:

Our team appreciated the opportunity to present our MOB project and initial GC/CM application for consideration on March 24, 2016. We received many favorable comments from committee members immediately following the formal presentation and were encouraged to continue to pursue to GC/CM contracting option for the project value.

We fully understand the criteria established in RCW 39.10 and are prepared to meet the criteria with the addition of key team members as GC/CM advisory consultants. Howard Hillinger and Jim Dugan, both of Parametrix, will provide the necessary level of expertise in guiding our team through a successful GC/CM selection and contracting process.

In addition, Dick Bratton, SPMC Owner Rep/PM, has enrolled in the next GC/CM Workshop scheduled for June 13, 14.

Thank you for considering our Re-Application. We look forward to presenting the team and our MOB project plan to the Project Review Committee on April 28, 2016.

For additional information please contact Dick Bratton, SPMC Owner Rep/PM, at 425-894-4591 and dbrattonpmlc@aol.com.

Sincerely,



Renee Jensen, CEO

Enclosure: WSD Application and Exhibits



Grays Harbor County Public Hospital District #1

Medical Office Building and Site Improvements

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

Re-Application for Project Approval

Submitted by:
Grays Harbor County Public Hospital District #1
Summit Pacific Medical Center, Elma, WA

April 4, 2016 - **Updated April 8, 2016**



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Application for Project Approval: Medical Office Building

State of Washington

Capital Projects Advisory Review Board (CPARB) Project Review Committee (PRC)

APPLICATION FOR PROJECT APPROVAL TO USE THE GENERAL CONTRACTOR/CONSTRUCTION MANAGER (GC/CM) or DESIGN-BUILD (D-B) ALTERNATIVE CONTRACTING PROCEDURE

1. Identification of Applicant

- a) **Legal name of Public Body (your organization):** Grays Harbor County Public Hospital District #1 dba Summit Pacific Medical Center
- b) **Address:** 600 E Main St. Elma, WA 98541
- c) **Contact Person Name:** Renée Jensen
Title: Chief Executive Officer
- d) **Phone Number:** (360)346-2244
Fax: (360)346-2160
- e) **E-mail:** reneej@sp-mc.org

2. Brief Description of Proposed Project

GENERAL OVERVIEW:

A new multi-story 30,000+/- SF medical office building is to be located at the current Summit Pacific Medical Center (designated CAH) Campus. Specific site footprint location shall be determined as a result of project pre-design efforts but is generally anticipated to be built NW of the current CAH. The building is anticipated to serve outpatient care needs including emphasis on primary care, specialty care, behavioral health as well as general administrative, support and conference/group care needs. The building is intended to be flexible and adapt to the changing needs of rural healthcare and CAH designation within a demographic anticipated to see growth and increased demand for outpatient services for the foreseeable future. Ambulatory surgical needs have not been identified.

The building design and construction elements are anticipated to replicate the current SPMC facility to allow for consistency in materials, systems, maintenance and operational efficiencies.

Specific challenges of the project have currently been identified as sensitive site conditions including environmental, operational and maintained facility access requirements during the construction period. Systems interconnectivity and restricted site access are also key concerns with work occurring in a live healthcare environment.

3. Projected Total Cost for the Project

A. Project Budget as of January 2016

Costs for Professional Services (A/E, Legal etc.)	\$ 750,000
Estimated construction costs (including 5% construction contingencies)	\$ 9,575,000
Equipment and furnishing costs	\$ 500,000
Contract administration costs (Owner, PM, etc.)	\$ 350,000
Contingencies (design & owner)	\$ 500,000
Other related project costs (permits, bid advertising, utility fees, DOE)	\$ 100,000
Sales Tax	\$ 813,875
Total	\$12,588,875

B. Funding Status





The Owner has received Board approval for funding the project. The District will put a cash deposit of 20 to 25 percent of the construction value and finance the remainder from a previously selected bank issuer, secured with a revenue bond.

4. Anticipated Project Design and Construction Schedule Targets

Project Schedule	Start	Finish
Programming	2/1/2016	3/25/2016
Schematic Design	3/28/2016	6/28/2016
Design Development	6/29/2016	9/30/2016
Construction Documents	10/1/2016	1/5/2017
Permitting	12/15/2016	3/15/2017
MACC 90% CDs	Dec 2016	Dec 2016
Construction	April 2017	April 2018
Substantial Completion	5/1/2018	5/5/2018
Closeout	5/6/2018	5/12/2018
GC/CM Schedule		
PRC Application	4/4/2016	4/4/2016
PRC Presentation	4/28/2016	4/28/2016
Advertise #1 RFP for GC/CM	5/2/2016	5/2/2016
Advertise #2 RFP for GC/CM	5/10/2016	5/10/2016
Site Meeting	5/11/2016	5/11/2016
RFP Submittal Due	5/17/2016	5/17/2016
Score Submittals	5/18/2016	5/19/2016
Notification Highest Qualified, Invite to Submit RFFP	5/20/2016	5/22/2016
RFFP Submittal Due	5/23/2016	6/15/2016
Score and Notify Submitters-Select GC/CM	6/16/2016	6/17/2016
GC/CM Work Plan Due	6/18/2016	7/1/2016
Precon Agreement Executed	7/2/2016	7/6/2016
Pre-Con Services	7/7/2016	4/2017

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

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

-  • **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?**
-  • **If involvement of the GC/CM is critical during the design phase why is this involvement critical?**
-  • **If the project encompasses a complex or technical work environment, what is this environment?**

The Summit Pacific Medical Center project meets statute criteria as follows:

A) The project is technically complex.

The Summit Pacific project has several elements of complexity that must be addressed:

- An occupied site and maintained facility access requires detailed phasing plans to enable ongoing healthcare operations and promote safety of patients, vendors, public and staff.
- Site and environmental conditions will require extensive planning, maintenance and preparation for any potential disaster response scenarios during the construction period.
- There is a limited laydown and staging area, which will require close coordination with the hospital staff so that operations are not interrupted.
- The environmentally sensitive nature of the project area will require extensive hospital and general contractor coordination.
- Life safety systems sensitivity and critical nature to maintain essential health care operations throughout the construction period.

B) Involvement of GC/CM is critical during design

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

- Development of phasing plans for the safety of patients and staff to minimize the total cost of construction and disruption to operations.
- 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.
- 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.
- 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.
- The GC/CM will allow constructability and schedule management during design by

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integrating thoughtful systems, site evaluation and overall jurisdictional and design team performance.

- The GC/CM will be introduced to the project at the conclusion of Schematic Design early enough to have substantial impact and project benefit.

6. Public Benefit

The GC/CM alternative contractive method provides a significant benefit to the public entity in the surrounding geographic area in terms of delivering an essential, modern, and accessible medical office building in a schedule required for public uses at the earliest possible time. This enhanced delivery schedule is supplemented by the team of Project Manager, Architect of Record 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 SPMC MOB will benefit from the ability to select the contracting entities utilizing a qualified selection criterion.

In summary the GC/CM will provide SPMC MOB the following benefits as compared to the traditional DBB method of contract delivery:

- Scope review and constructability analysis from the GC during the preconstruction phase
- Design details reviewed by the GC/CM team during design development minimizing unknowns
- Cost budget information at the DD phase and CD phase of design
- Early establishment of a preliminary MACC for financing control
- Reduction of RFIs and ensuing GC/CM initiated Change Orders
- Public agency funding budget control will be established at the outset of early schematic design estimate prepared by the GC/CM team and tracked throughout the design phase to the implementation of a GMP MACC contract amount.
- Early contractor input relevant to logistics critical in building next to an operating hospital facility
- Critical Mechanical, Electrical, Plumbing and Structural Systems input during design development
- Ability to utilize qualifications and key staff criteria in GC/CM selection allows for the selection of the best match for the needs of the project.

7. Public Body Qualifications

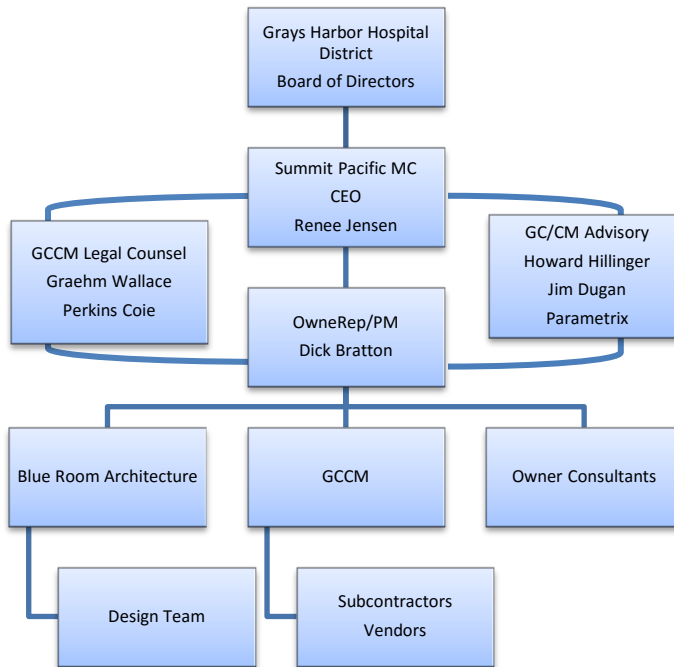
Grays Harbor Public Hospital District #1, dba Summit Pacific Medical Center is located in Elma, WA.

Representing Summit Pacific Medical Center (SPMC) are CEO Renee Jensen and Dick Bratton Project Management [DBPM]. Both have worked consistently together for several years including the development of SPMC's new Critical Access Hospital and together with GC/CM Advisor Parametrix they

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collectively provide the Owner applicant (Grays Harbor Public Hospital District) a proven level of project management expertise and understanding of the GC/CM process that will benefit the public district with exemplary results in terms over overall strategic planning, design control, cost and schedule control and QA/QC protocols.

Project Organization Chart:



a. The Project Team:

Owner: Renee Jensen, - Chief Executive Officer, Summit Pacific Medical Center

Renee Jensen will be the overall project lead and retain decision making authority on all matters related to the design and construction as delegated by the Board of Directors. Ms. Jensen and the Summit Pacific Medical Center leadership team to advise them through the process. Ms. Jensen has attempted to complete the AGC GC/CM training this past spring, but the class was full, and will be in attendance the next available opportunity to further her understanding of the GC/CM process and the critical role she will play throughout the duration of the project. In 2010, Ms. Jensen was responsible for securing the first USDA loan for hospital construction in Washington State for \$23 million. In February 2013 the \$23 million, green-field build of Summit Pacific Medical Center was completed on time, under budget, and open to the public. Ms. Jensen was a very engaged owner assuming many of the owner’s project management responsibilities. She provided oversight for the initial NEPA, SEPA, logging

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contract and stream restoration ground work. She worked very closely throughout the project with all the key team members including the local jurisdictions, design team, civil engineering, mechanical electrical plumbing (MEP), and contractor to make critical decisions throughout the project. Ms. Jensen had direct involvement in review and processing of RFIs, and change orders, review and acknowledgement of short term schedules and long term schedules related to contract requirements, direct involvement in contract approvals, buyout and long lead items directly purchased by Owner. She was also directly responsible for strategic planning for risk mitigation in the overall project key performance factors for QA/QC, cost and schedule control.

Project Commitment: Ms. Jensen will allocate more than 10% of FTE for the project duration.

Owner's Rep/Project Manager: Dick Bratton, Owner Dick Bratton Project Management (DBPM)

Mr. Bratton will have the overall project responsibility for managing the design phase and construction phase of work and will provide SPMC a strategic working plan to implement the necessary controls for a successful project completion. He will work closely with Ms. Jensen consistently throughout the project for implementing key decisions and project resolution conditions. His past experience as an Owner Rep/PM includes 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. Dick spent over 12 years as a Principal and Construction Manager for Mortenson Construction and later as a Construction Principal in Charge with Bovis Lend Lease with the responsibility of the management of public and private projects ranging from \$5M to over \$400M. Example projects include: State of WA Department of Ecology Headquarters valued at \$40M with a Design Build delivery; FDA Office and Laboratory valued at \$10M with a Design Build delivery; Sisters of Providence Hospital valued at \$20M with a Negotiated GMP delivery and Lincoln Square Mixed Use Development valued at \$400M with a Negotiated GMP delivery. Since beginning his consulting firm in 2003 Dick has represented owners on projects including: Mark Reed Hospital [SPMC] valued at \$15M with a Design/Bid/Build delivery; The 400 Condominiums valued at \$15M with a Negotiated GMP delivery, Third and Bell Apartments valued at \$10M with a Negotiated GMP delivery and The Empress Theater valued at \$6M with a negotiated GMP delivery. Mr. Bratton has enrolled in the June 13, 14 GC/CM Workshop.

Project Commitment: Mr. Bratton has contractually allocated 70% FTE during the Design Phase and 100% FTE during the Construction Phase.



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DBPM* Project Examples under Alternative Contracting Methodology

***DBPM denotes Dick Bratton Project Management**

Project	Size-SF	Role/Firm	Contract	Location	Entity
Department of Ecology HQ Public	500,000	Principal in Charge General Contractor/CM	Design Build MACC	Lacey	Public
UW Head Injury Clinic Public	40,000	CM/PM General Contractor/CM	Design Build MACC	Seattle	Public
Pediatric Care Center Public	12,000	Principal in Charge *DBPM	Design Build GMP	Kent	Public
Lincoln Square Private	1,200,000	Principal in Charge *DBPM	CM Risk GMP	Bellevue	Private
FDA Lab/Testing Public	37,500	CM/PM General Contractor/CM	Design Build MACC	Bothell	Public
Empress Theater Public	8,000	Owner Rep/PM *DBPM	CM Risk GMP	CA	Public
N-Habit Mixed Use Private	80,000	Owner Rep/PM *DBPM	CM Risk GMP	Seattle	Private
St Joseph Hospital Private	250,000	CM/PM General Contractor/CM	CM Risk GMP	CA	Private
St Dominic Hospital Private	90,000	CM/PM General Contractor/CM	CM Risk GMP	CA	Private

DBPM Project Examples with Applicant – Summit Pacific Medical Center

Project	Size SF	Role/Firm	Contract	Completed
Site Logging/ Stream Construction	20 acres	SPMC Owner Rep/PM DBPM	DBB	2011
New Mark Reed Hospital	45,000	SPMC Owner Rep/PM DBPM	DBB	2013
Expand Parking/Walk Path Scope: Managed design and construction for general contractor bid lump sum contract	20,000	SPMC Owner Rep/PM DBPM	DBB	2015
Medical Clinic Scope: Managed program, design and developer selection and contract negotiations, construction mgmt	8,500	SPMC Owner Rep/PM DBPM	Developer/CM	2016

GCCM Advisory Consultants: Howard Hillinger, Jim Dugan, Parametrix

Howard Hillinger has over 30 years of project management and construction management experience. He is a Principal Consultant with Parametrix for Project and Construction Management Services, where he has supported owners on a number of projects utilizing alternative project delivery. He is a GC/CM advisor who has supported several GC/CM projects including modernizations for Tacoma Public Schools,



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Washington State Ferries and new construction for Washougal School District and Metropolitan Park District Tacoma eastside Community Center. Howard is a member of the Project Review Committee, participated in the CPARB Heavy Civil GC/CM Task Force, and recently chaired the CMAA GC/CM and Design/Build Best Practices seminar.

Jim Dugan has 38 years of experience in managing the planning, design, engineering and construction of industrial, commercial and institutional projects in both public and private markets. Jim is highly experienced in GC/CM projects in the South Sound area including new construction projects for: Tacoma Public Schools, North Thurston Public Schools, Tumwater School District and the City of Tacoma.

Project Commitment: Mr. Hillinger will allocate 10%-20% FTE for CM/GC Selection and Contracting, and 5%-10% FTE for Preconstruction and Construction. Mr. Dugan will allocate 10% of FTE for Design and 20% FTE for Construction phases.

Counsel: GraehmWallace, Partner, PerkinsCoie

SPMC will be utilizing Perkins Coie and Graehm Wallace to assist with GC/CM related issues for this project including the forms of agreement for the architect and GC/CM [AIA 133/201]. 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.

Architect of Record: John McLean, Blue Room Architecture

Blue Room Architecture is providing Architect of Record services for the \$6M Dayton Community Hospital which received authorization for the State GCCM alternative delivery for a major facility expansion. Blue Room has extensive experience in negotiated construction contracts and GC/CM projects in the western States. John completed the AGC/UW GC/CM training in December 2015.

b. Organizational Controls:

Summit Pacific Medical Center has successfully managed major construction projects in the past utilizing a team of professional consultants. The MOB project team comprised of Dick Bratton Project Management [DBPM] , Blue Room Architecture, Perkins Coie, Parametrix are all proven experts in developing and implementing project controls and procedures to guide the SPMC MOB project to a successful and timely completion.

A specific project plan task matrix has developed with support and advice from Parametrix to outline project team responsibilities and procedures for budget, schedule and change of work controls. A draft Owner Team responsibility matrix can be found in the Exhibits section of this application.

Project budgets, schedules, MACCs will be established early on and revisited as the project design progresses. Each phase will be reviewed and approved by SPMC before moving to the next design

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phase. Contingencies will include statute driven contingencies and conservative owner contingencies to provide budget cushion beyond the 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 to review and facilitate the progress of the work. Schedule will be tracked on a weekly and monthly basis and budget will be tracked against the baseline budget on a monthly basis.

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

Task/Description	GC/CM Advisor	Owner Rep	Owner	A/E, Legal		
Task 1-PRC submittal and presentation						Lead
Task 2 - DRAFT GCCM contract						Support
Task 3 - GCCM Request for Qualifications/Proposal development						Review
Task 4 GCCM Selection Process - Evaluation Procedures						Approve
Task 5 - GCCM Selection Process Phase 1 RFP/Q						
Task 6 - GCCM Selection Process Phase 2 Interviews						
Task 7 - GCCM Selection Process - Phase 3 Request for Final Proposals						
Task 8 - Pre-Final Proposal Meeting and Addenda						
Task 9 - Final Proposals for Fee and Specified General Conditions						
Task 10 - Preconstruction Work Plan						
Task 11 - Consultation during Preconstruction						
Task 12 - Mechanical electrical Subcontractor Selection (if elected and project is eligible)						
Task 13 - Subcontract Plan						
Task 14 - Subcontract Buyout						
Task 15-MACC Negotiations and GCCM Contract Preparation						

c. Planned GC/CM Process:

SPMC is planning on using a modified AIA 133 GC/CM-Owner Agreement along with modified AIA 201 General Conditions developed in close coordination with their legal counsel, Perkins Coie and GC/CM advisor consultant, Parametrix. The process will include the selection criteria, interviews, scoring and final selection evaluations as outlined in the project schedule in Section 4 of this application.

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8. Summit Pacific Medical Center Construction History

Both Renee Jensen, SPMC CEO and Dick Bratton, as SPMC Owner Rep/PM worked closely together on the planning, preconstruction, construction and closeout of each of the projects listed below.

Project	Description	Contract	Start	Finish	Schedule Overrun	\$ Cost	\$ COs	Cost/schedule impact
Mark Reed Site Prep Elma	Clear/log and stream modifications	GC Fee	9/2011	11/2011	On time	285K	0	NA
Mark Reed Hospital [SPMC] Elma	New 42,000 SF Acute Care Facility	D/B/B	9/2011	2/2013	1 MO	12.9M	\$1M	Export volume unsuitable material, Owner initiated changes
Shop Elma	New shop	GC negotiated	3/2015	4/2015	On time	.05M	0	NA
Parking Addition Elma	42 spaces plus trail	D/B/B	7/2015	8/2015	On time	.27M	0	NA
New Clinic McCleary	8500 SF Clinic	Developer GC	7/2015	3/2016	On time	lease	0	NA

9. Preliminary Concepts, sketches or plans depicting the project

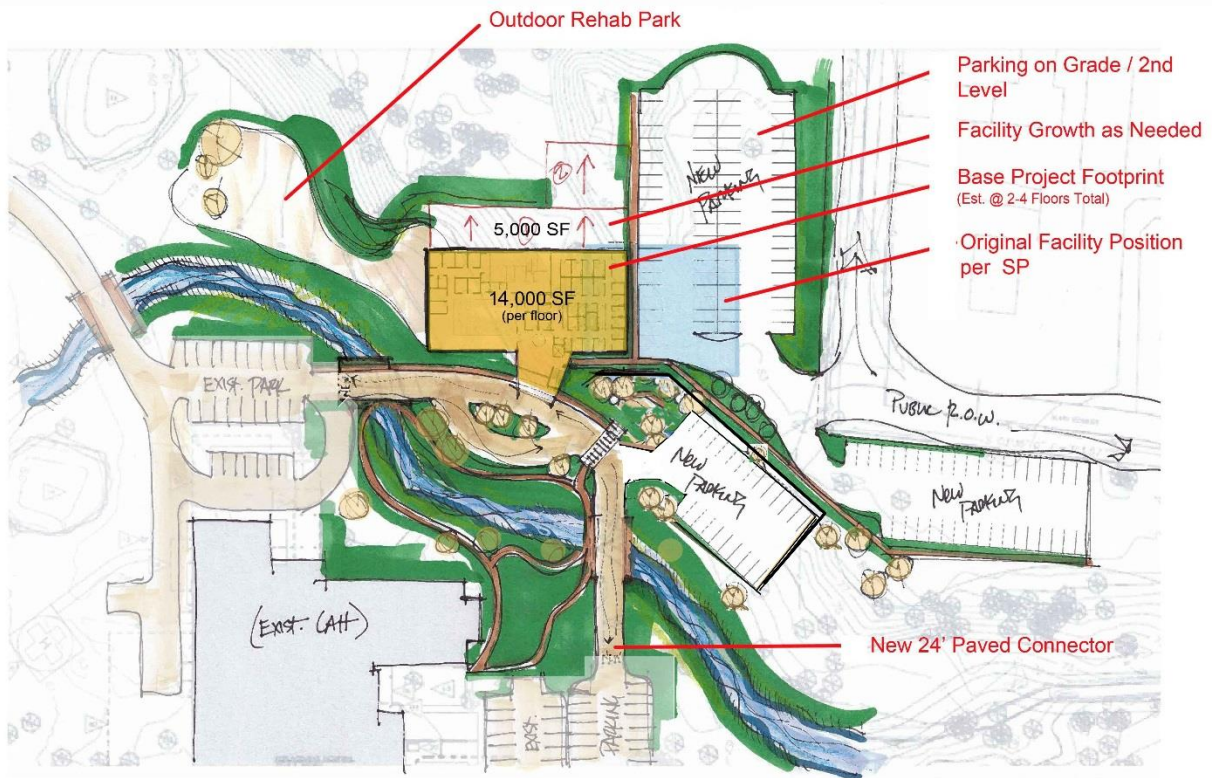
Predesign has been completed for the proposed project and are attached below for review. Formal architectural selection is anticipated to be complete prior to the PRC Interview and will be presented along with professional qualifications at that time.

Overall Site Plan: Current Conditions and Proposed Improvements



The existing CAH facility is located to the southern boundary of the site (page left). Topographical information shows approximately a 12' elevation gain to the west of the existing creek and additional buildable property for SPMC. Two preliminary site locations are identified (in blue) and will be further developed during schematic design. For purposes of predesign, the western site studies are attached. The new multi-story building is intended to be built where elevation gain occurs to serve as both retaining wall and connector between the two primary levels of the campus, affording on-grade access and parking to patient populations utilizing either building or a combination of both in patient referral scenarios.

While the creek is a technical challenge the opportunity to positively engage a creek within a healthcare environment is an asset and value added to the healing process. Management and protection of the resource is essential to the success of this project and will require team collaboration.



Visible in this concept sketch, the site currently has a year-round creek flowing through it, cutting off east and west portions of a common campus. This project seeks to unite the campus by carefully spanning the creek to improve both vehicle and pedestrian access from the existing CAH to additional patient services to be located within the new facility. Management of the existing waterway during construction will require a high level of teamwork, preparation and coordination.

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Anticipated public view/concept of SPMC campus with new MOB visible in the background.



Aerial view of existing [yellow] and proposed [red/blue] campus improvements.

10. Resolution of Audit Findings on Previous Public Works Projects

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

In 2010 the District was awarded a \$19 million loan from the USDA to fund hospital construction in Elma, WA. Internal control deficiencies in the District's compliance with requirements for its major federal program were reported during a Washington State audit, September 30, 2013. The District did not qualify as a low-risk auditee under OMB Circular A-133 CFDA No. 10.766 Program Title Community Facilities Loans and Grants Cluster- Community Facilities Loans and Grants. Federal grants prohibit contracting with or making sub-awards to parties suspended or debarred from doing business with the federal government. Auditors tested five vendors to determine if the District had checked to see if the vendor was suspended or debarred prior to making purchases exceeding \$25,000.

Recommendation was made by auditors to establish and follow adequate internal controls to ensure all contracts and purchases meet federal suspension and debarment requirements. The District did not agree with auditor findings. When receiving the loan from the USDA, the District had signed a certification titled *Certification Regarding Debarment, Suspension, and Other Responsibility Matters*. That certification noted that each participant may, but is not required to, check the Non-procurement List. Put another way, the USDA certificate indicated that checking for suspension or debarment was not required. During the audit, the auditors were in agreement that there is some confusion as to what requirements are applicable for federal loans versus federal grants. Never-the-less, the auditors and the District retroactively checked vendors and noted none were suspended or debarred. The District had used over 70 vendors for replacement hospital – of those, 20 exceeded \$25,000.

The District implemented a new process to inspect the Excluded Parties List System site on an annual basis to check the status of vendors if the annual payments to the vendors are expected to exceed the \$25,000 threshold. The District began documenting, maintaining and filing the results of the annual search.

Exhibit 1 - SPMC Team Relation Responsibility

SPMC-MOB		Functional Matrix Application for Project Completion		Renee Jensen		CEO		Executive Lead/Contracts/Staff Commitment		
Summit Pacific Medical Center		Medical Office Building		Dick Bratton		Owner Rep/PM		Project Oversight/GCCM Controls/Proj Facilitate		
Project Responsibility		Parametrix		GC/CM Advisory		GCCM Process, RCW 39.10 Processes		Daily Project Interaction/QA/QC/Reporting		
Project Responsibility		Danny Scott		Facility Director						
Owner	Owner Rep/PM	Design	GC/CM	FFE	Consultants	Design Mgr	Infection Cntrl	Accounting	IT	Agencies
Vision	GC/CM Selection	Program	Work Plan	Buyout	GC/CM advisory	Architect	Internal Depts	Budget Tracking	Cabling	County
Decisions	Cost/Schedule Cont	SD/DD/CD	Schedule	Pricing	Special Inspect	MEPS	GC/CM Require	AP	Equipment	DOH
Proforma	QA/QC	Estimating	Budget	Credits	Testing	Civil	Phasing Coord	Contracts	Security	City
Key Direction	Site Review	Specs	VE	Scheduling	Commissioning	Int Design	Policies/Proced	Outlay Report	Connectivity	
Staff Support	Lead OAC Mtg	Manual	Logistics	Reuse vs New	Envelop	Landscap	Notifications	Cost Records	Infrastructure	
Firm Scope	RFI Review	DOH Docs	MACC	Major Equip/D	Signage	Acoustics	ILSM	Cash Flows	Agreements	Regulators
Goals	Submittal Review	CA	Long Lead	Coord/Depts	Physicist	ASRs		Project Files	Low Voltage	ORCAA
Security	Scope Control	Certify CO	Buyout	Owner Installed	FFE	ASIs		Project Directory		FAA
On site Inspec	Value Engr	Certify PA	Reporting	Contractor Ins	Kitchen Equip	Review Invoicing		Contingency		DOE
Facility Mgmt	Change Order Review	Consultants	QA/QC	Transition Pla	Geo	Coord CA		Reporting		L&I
Internal Phasing	Compliance	Punch	Punch	Coord/GC	Survey			Change Review		
Shutdown Sch.	Risk Mitigation	Close Docs	Cloesout	Furniture Des	Hazmat			Final Reconcile		
ILSM	Punchlist		Warranty	Furniture Sele	Traffic					
Primary Oversight Responsibility										
Renee	Dick	Dick	Dick	Renee	Dick	Dick	Renee	Renee	Renee	Dick
Secondary Support: from SPMC Personnel										
Will C, CFO	Danny S	Danny S	Danny S	Carrie W	Danny S	Renee	Danny S	Will C	Rod W	Danny S
Third Party Support										
Dick	Parametrix	Parametrix	Parametrix	Dick	Carrie W	Danny S	Carrie W	Dick	JJ	Renee

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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 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 thru application.



Name: Renee Jensen, CEO
Title: Chief Executive Officer
Date: 4/04/2016