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## Transmittal Letter

June 20, 2018

**To:**

Talia Baker, Administrative Support  
Capital Projects Advisory Review Board  
1500 Jefferson St. SE  
Olympia, Washington 98501

**From:**

Derek Rae, Principal  
701 Dexter Ave. N, Suite 301  
Seattle, WA 98109

**Subject:** EvergreenHealth Family Maternity Center / Obstetrics Program Renovation Project  
Approval Application

Dear Members of the PRC,

Enclosed please find 1 (one) copy of the EvergreenHealth Family Maternity Center / Obstetrics Program Renovation PRC Application. We have also submitted our application digitally via email.

With your approval, our team is looking forward to commencing with the GCCM procurement process right away. The EvergreenHealth Board has already approved this procurement method and we have no doubts this is in the best interest of our community and organization. We look forward to your review, questions, and presenting to the Committee on July 26<sup>th</sup>.

Greatly appreciate your consideration.

Derek Rae

A handwritten signature in blue ink, appearing to read "Derek Rae", is positioned below the printed name.

Principal

Enclosures:

- PRC Application
- Attachment A Organizational Chart
- Attachment B CORC Process
- Attachment C Responsibility Matrix
- Attachment D Construction History
- Attachment E Concept Drawings

**EvergreenHealth  
Family Maternity Center / Obstetrics Program  
Renovation Project**



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

**Application for Project Approval  
GC/CM Contracting Procedure**



**Submitted by:  
EvergreenHealth  
June 20, 2018**

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): **King County Public Hospital District No. 2 dba EvergreenHealth**
- b) Address: **12040 NE 128<sup>th</sup> St., Kirkland, WA 98034**
- c) Contact Person Name: **Ty Heim** Title: **Executive Director of Design, Construction and Facilities Services**
- d) Phone Number: **425-899-3742** E-mail: **tmheim@evergreenhealth.com**

**1. Brief Description of Proposed Project**

- a) Name of Project: **Family Maternity Center / Obstetrics Program Renovation**
- b) County of Project Location: **King County**

Please describe the project in no more than two short paragraphs. *(See Example on Project Description)*

EvergreenHealth is planning a substantial, multi-phase renovation of approximately 90,000 SF on levels 2, 4 and 5 of the Blue Patientcare Tower on the Kirkland Campus. This project will update the Family Maternity Center and Obstetric (OB) Services of the Hospital to meet changing industry standards by providing finish upgrades, remodeled inpatient care spaces and updated systems for these patientcare floors. The services which occupy these units include Labor and Delivery, Postpartum, Antepartum, Neonatal Intensive Care Units (NICU) and Pediatrics Services.

While this work will provide expanded services and capacity for these units, the project is presented with the challenge of continuing to remain operational and provide safe patient care while completing construction in these sensitive environments. In addition to the impact on the units being renovated, the work will affect the adjacent 11 bed Transitional Medical Care Unit on the west wing of 5 Blue, and all patient services on 3 Blue which includes the Pre-Surgery Care Unit, the hospital's primary surgery suite with 8 operating rooms, and the Post Anesthesia Care Unit. The work of this project will require significant phasing and coordination to meet the operational and safety needs of the hospital.

**2. Projected Total Cost for the Project:**

**A. Project Budget**

|   |                      |
|---|----------------------|
| Costs for Professional Services (A/E, Legal etc.)                   | \$ <b>1,500,000</b>  |
| Estimated project construction costs (includes MACC, SGC, and Fee): | \$ <b>10,000,000</b> |
| Equipment and furnishing costs                                      | \$ <b>500,000</b>    |
| Off-site costs  | \$ <b>0</b>          |
| Contract administration costs (Owner, CM, etc.)                     | \$ <b>750,000</b>    |

|   |                      |
|---|----------------------|
| Contingencies (Design, Construction, Owner)                             | \$ 1,000,000         |
| Other Project and Professional Services Costs (Special Inspections, Cx) | \$ 400,000           |
| Sales Tax (10%)   | \$ 1,150,000         |
| <b>Project Budget Total</b>   | <b>\$ 15,300,000</b> |

*Consistent with RCW 39.10.350 (1) (c), EvergreenHealth has established budget contingencies of more than 5% for this project.*

## **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*

Project is to be initially funded through cash reserves (\$1.5 million) for planning, design, and debt financing for construction. EvergreenHealth is on track for a Bond Referendum in April of 2019. If approved, funds are anticipated to be available the 1<sup>st</sup> Quarter of 2020. Initial project funding (\$1.5 million) for Precon and Design will be reimbursed out of the debt financing.

## **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.

*(See Example on Design & Construction Schedule)*

### Consultant Selection and Hiring:

EvergreenHealth (EH) selected OAC Services, Inc. to provide project and construction management services. Ty Heim, Executive Director and Steve Obrochta, Construction Project Manager, both with the Construction Management Department at EvergreenHealth, are working directly with Derek Rae, Principal and Melissa Teichman of OAC Services who is serving as the Senior Project Manager for the project.

EvergreenHealth selected Ankrom Moisan Architects, as the project's designer of record. OAC and Ankrom Moisan possess significant and relevant GC/CM alternative project delivery experience. (Team resumes and qualifications are in Item 6.)

OAC and Ankrom Moisan are currently working collaboratively with EvergreenHealth CM staff. Ankrom Moisan staff consists of Molly Wolf, Principal, and Marcy Naismith, Principal. EvergreenHealth CM, OAC, Ankrom Moisan Architects, CPL Structural Engineers, Notkin Engineering and Stantec Engineering are working in the pre-design / programming phase of this project. Schematic design is conservatively anticipated to start upon GC/CM selection in the 3<sup>rd</sup> Quarter of 2018.

**EvergreenHealth Family Maternity Center / Obstetrics Program Renovation  
Anticipated Project Design, Construction and GC/CM Procurement Schedule**

| <b>Project Design and Construction Schedule</b>                | <b>Start</b>  | <b>Finish</b> |
|--|---------------|---------------|
| Programming  | Feb 2018      | Aug 2018      |
| Schematic Design   | Aug 2018      | Oct 2018      |
| Design Development   | Oct 2018      | Feb, 2019     |
| Construction Documents + AHJ Review                            | Feb 2019      | Nov 2019      |
| 90% GMP Set Construction Documents                             | Feb 2019      | July 2019     |
| Negotiate MACC (includes Bid Pkgs)                             | July 2019     | Dec 2019      |
| 100% Construction Documents                                    | Aug 2019      | Dec 2019      |
| Construction   | Jan 2020      | Sept 2022     |
| Substantial Completion   |               | Oct 2022      |
| Commissioning / Owner Occupancy                                | Oct 2022      | Jan 2023      |
| Final Completion   |               | Jan, 2023     |
|  |               |               |
| <b>GC/CM Procurement Schedule</b>                              | <b>Start</b>  | <b>Finish</b> |
| PRC Application (Due June 20, 2018 by 4 PM)                    | May 30, 2018  | June 20, 2018 |
| Public Notice (must post by July 6 <sup>th</sup> )             | July 2, 2018  | July 6, 2018  |
| PRC Presentation; Assumes Application Accepted                 | July 26, 2018 |               |
| 1 <sup>st</sup> Advertisement for GC/CM Services; if Approved  | July 30, 2018 |               |
| 2 <sup>nd</sup> Advertisement for GC/CM Services               | Aug 6, 2018   |               |
| Pre-Proposal Conference  | Aug 8, 2018   |               |
| SOQ Submittals Due   |               | Aug 24, 2018  |
| Owner & Committee/Consultants Reviews/Scores Submittals        | Aug 24, 2018  | Aug 31, 2018  |
| Notification to Highly Qualified Firms                         | Aug 31, 2018  |               |
| Conduct Interviews (tentative)                                 | Sept 10, 2018 | Sept 14 2018  |
| Notification to Most Highly Qualified Firms + Prep/Submit RFFP | Sept 14, 2018 | Sept 28, 2018 |
| RFFP Submittal Date and Opening                                | Sept 28, 2018 |               |
| Owner Committee RFFP Review & Scoring                          | Sept 28, 2018 |               |
| Notify Firms of Scoring and Intent to Award                    | Sept 28, 2018 |               |
| EH Board Approve GM/CM Contract Precon Svcs                    | Oct 16, 2018  |               |

#### 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:

**The EvergreenHealth Family Maternity Center / Obstetrics Program Renovation Project meets four of the six statutory criteria as outlined below (one is required).**

EvergreenHealth feels strongly that GC/CM is the most appropriate contracting procedure for this project when each criteria is viewed through the lens of construction work being done in an active Acute Care Hospital where patient, staff and public safety is paramount.

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

##### 1. The project involves complex scheduling, phasing and coordination

- The project has many elements of complexity that must be addressed: GC/CM involvement during design is necessary to develop the optimal phasing plan to maintain critical healthcare occupancy, for safety, overall construction delivery, efficient subcontractor buyout and smooth execution.

This will include planning for:

- safe, ongoing occupancy where critically necessary
  - efficient construction traffic flow
  - access, infection control, noise abatement, and dust control
  - interim fire and life safety planning
  - careful utility coordination
- Main OR suite is on Floor 3-Blue and thereby sandwiched between project work areas on Floors 2 and 4. Significant plumbing tie in on the 3<sup>rd</sup> floor will be required with the planned renovation on level 4. These OR's must remain in operation 24/7/365.
  - Due to the adjacency of mission critical areas, the need for phasing, scheduling, and coordination is mandatory to minimize negative impacts and disruption due to construction work. This will include interruptions, outages, shut downs and access limitations which will be inherent in the completion of this work. It is vital to maintain infection control measures and interim life safety procedures during construction to again, protect our operations, patients, staff, and visitors.
  - EvergreenHealth will engage a GC/CM early in the design to inform a workable plan, develop a well-thought out and deliberate phasing plan to provide a safe, secure environment that aligns construction sequencing with minimal impact to patientcare and operational flows.
  - By engaging a GC/CM contractor during the conceptual design phase, risks to patient safety will be greatly minimized by identifying critical life safety, environmental and utility services, and working closely with Staff and design professionals to tightly manage shut downs, relocations, and disruptions
  - There will be extensive demolition and construction requiring a phased occupancy approach. The GC/CM will help mitigate these issues on critical operations by collaborating with design teams during the design phases.
- 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.*

## **2. The project involves construction at an existing facility that must continue to operate during construction**

- The work environment in an existing Acute Care Hospital is very challenging, especially when some existing departments must remain operational (eg. NICU and OR's). The Family Maternity Center / OB Renovation is located in the Blue building, which is fully functional 365/24/7 to serve the medical needs of the local community. EvergreenHealth and will require reorganization of functioning departments and creative solutions to safely navigate patients, staff and the public.
  - It is the intent of EvergreenHealth to continue to provide patient care services for the Family Maternity Center during construction. Construction within each department will need to be phased to allow for the ongoing care delivery of these units. The GC/CM will work with EvergreenHealth and the design team to design a phasing plan that allows for efficient construction while providing appropriate patient care space to maintain operations.
  - Flow outside of the existing facility is very busy, constricted, and congested with ongoing daily activities operating continuously 24 hours a day, including frequent emergency vehicle access and egress. Traffic and pedestrian circulation, parking and wayfinding will be affected during construction.
  - With patient and public safety being the utmost importance, the GC/CM delivery method will help ensure impacts are eliminated or effectively mitigated.
- If involvement of the GC/CM is critical during the design phase, why is this involvement critical?

## **3. Involvement of GC/CM is critical during design**

Involvement of the GC/CM during the design phase is critical because:

- Effectively planning and executing phased Obstetrics and Maternity Center projects rely on a clearly developed and communicated Phasing Plan to communicate to all project participants the specific scope, boundaries, constraints and contingency plans for each discrete aspect of the project. Leading the development of the phasing plan, in close coordination with hospital staff, will be the primary role of the GC/CM during the pre-construction phase. The Phasing Plan will detail the precise steps needed by each sub-trade, hospital staff and others to effectively and safely complete each phase. The Phasing Plan requires an interactive and iterative process. For this process to occur precisely and effectively, the GC/CM must be involved in the design process.
- GC/CM delivery greatly enhances the accuracy of phased delivery, reducing the risk to patients and general hospital operations, and reduces the risks of unforeseen costs due to flawed phasing plans.
- Having GC/CM involvement throughout the design phase will provide accurate and detailed cost information to inform the design process and EH Leadership as design progresses. The GC/CM will provide input into the products and materials used to optimize the return on investment and consider the total cost of ownership for critical environmental systems. Continuous value engineering and constructability reviews during design will allow for the free flow and critical thinking to test design intent and solutions against budgets and schedules necessary for an informed decision-making process. This collaboration will also benefit the quality of construction.

- Attracting and keeping quality subcontractors engaged during the design through the buyout phase is a critical component to managing the budget. In a traditional design-bid-build scenario, the lowest responsive and responsible bids may exceed allocated funds. Having a qualified GC/CM on board provides accurate cost estimates throughout the duration of design and lowers cost risk. The GC/CM will collaborate with EvergreenHealth, its consultants, and the entire project team to effectively manage cost, schedule, and quality with a higher degree of predictability to fulfill the commitments made by a Public Hospital to its constituents.
- If the project encompasses a complex or technical work environment, what is this environment?

#### **4. The project involves a complex and technical work environment**

- There are few building types more complex and technically challenging than a fully operational Acute Care Hospital.
- Compounding the inherent complexities, infrastructure, medical gases, mechanical, plumbing, sprinkler, conveying, pneumatic systems, electrical, low voltage control, data, telephony and emergency power systems will be affected and in places upgraded within this project. This work will require highly coordinated technical shutdowns to existing systems that are a life safety concern to the operations being served.
- The GC/CM delivery method will allow for teaming with an experienced healthcare contractor, and highly experienced sub-contractors in key trades, to provide the sophisticated management necessary to ensure patient safety when integrating technical infrastructure improvements. We are strongly considering MCCM and ECCM, but will await GC/CM input. Some of the impacted work or immediately adjacent operational zones include labor and delivery, main OR's, neonatal intensive care unit (NICU), cardiac and neurology interventional radiology labs, and digital imaging suite. All will require well thought out plans by highly experienced contractors, subcontractors, and the Owner team.
- If the project requires specialized work on a building that has historical significance, why is the building of historical significance and what is the specialized work that must be done?  
N/A
- If the project is declared heavy civil and the public body elects to procure the project as heavy civil, why is the GC/CM heavy civil contracting procedure appropriate for the proposed project?  
N/A

#### **5. Public Benefit**

In addition to the above information, please provide information on how use of the GC/CM contracting procedure will serve the public interest. For example, your description must address, but is not limited to:

- How this contracting method provides a substantial fiscal benefit; or
- A. GC/CM will be a fiscal benefit to the Public by mitigating construction unknowns and risk, affording deeper understanding of design intent by the constructor, and reducing financial risks over traditional design-bid-build by utilizing, open-book accounting.**
- Construction pricing is about risk mitigation. In a project with as many variables and unknowns as this project has, it is virtually impossible to develop a set of bid documents robust enough to adequately address the vast variety of conditions that will be encountered. GC/CM involvement is critical to develop thoughtful and adequate contingencies. Combining this with an open book/transparent sub-contractor procurement process and a transparent fee, the Public's interest is better protected.



- With 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 consistent cost and schedule information. Additionally, understanding of design intent of the documents is much deeper due to participation in the design process.
- Retaining a contractor via the GC/CM method is much more likely to result in broader subcontractor bid coverage. The GC/CM contractor's subcontracting plan leverages their relationships, heightens local subcontractor interest, increases competition and manages costs in an inflationary material and labor market.
- An additional fiscal benefit is gained through using the GC/CM's expertise in value engineering and constructability reviews during the design phase to assist in developing a complete, understandable and cost-effective construction document set, again, a deeper understanding of design intent. Collaborating with the GC/CM in developing clear, concise scopes of work, and building a safe, workable, and productive phasing plan is critical to the success of this project and minimizing impacts to the hospital's operations. This includes complex site logistics, MEP coordination, vendor coordination, timing, rough-in, delivery, off-loading and storage. Communicating the need for this level of coordination on a design-bid-build method is complex and very difficult to enforce with less well-informed contractors.
- Having a GC/CM on board through early planning will provide the design professionals, and the owner, a resource for investigating existing infrastructure systems, hazardous materials, and structural connections that only a contractor can see and understand from a construction/constructability perspective.
- A GC/CM will also be heavily involved in minimizing the impact on Hospital functions and logistical operations by doing such things as improving the efficiency of utility routing in crowded interstitial spaces; minimizing the impact of structural systems in critical functional areas, and smoothly relocating entire departments out of the way and decanting them into other areas of the facility. These are just a few examples of how the public will benefit fiscally. The GC/CM will have the opportunity to assist the design team with all of this during the schematic design phase – a process not available in traditional design-bid-build.
- 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.

**B. Utilizing traditional design-bid-build it is not practical to meet quality standards or delivery schedules for the following reasons:**

**1. Delivery Schedules**

- It is impossible to get contractor input for phasing, site logistics, constructability and value engineering integrated into the design, and in turn the construction documents, using a traditional method. For example, as described previously Phasing is critical, and GC/CM input is integral to this process. Phasing with GC/CM involvement is built into the design process and an integral part of the Construction Documents. With traditional design-bid-build, phasing is layered on afterward; usually at the Owner's operational and cost expense.
- Procurement of Long Lead Items during the design phase to expedite construction, utilizing Bid-Packages, is not possible with a traditional approach. Mechanical equipment, pneumatic equipment, medical gas outlets, headwalls, specialty light fixtures, overhead support, conveying equipment, just to name a few, all have significant lead times. These

items can be identified, specified, procured, and ideally delivered in a just-in-time fashion reducing construction time, staff/patient disruption, and saving money.

- Accelerating a schedule by utilizing 'what-if' scenarios during the design phase is not possible with a traditional approach. We intend to utilize this approach heavily if this project is approved.

## **2. Quality Standards**

- As stated previously, retaining a contractor via the GC/CM method is much more likely to result in broader sub-contractor bid coverage. The GC/CM contractor's subcontracting plan, including MWBE recruiting, leverages their relationships, heightens local subcontractor interest, and usually results in a higher quality product.
  - Realistic schedules balancing owner operational needs, constructability and market realities and logistics are developed utilizing a GC/CM approach. Realistic schedules increase quality by allocating the proper time and construction sequence to be planned, procured and implemented.
  - True Value Engineering is not possible with a traditional Design/Bid/Build approach; it is with GC/CM. We see the VE process being extremely valuable, especially during the design of the patient headwalls, mechanical systems, conveying upgrades, and assessing difficult site logistics.
- In the case of heavy civil GC/CM, why the heavy civil contracting procedure serves the public interest.

N/A

## **6. Public Body Qualifications**

Please provide:

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

EvergreenHealth has a full time staffed in-house Construction Management Department of 12 personnel, which includes 5 CM/PM's, 1 APM, 2 Medical Planners, and Contract and Admin staff. A rigorous public agency capital projects process is well established, with over 40 years of highly successful, highly technical and complex, acute care project delivery experience, yielding a campus with built value in excess of \$1 billion.

Ty Heim, Executive Director of Design, Construction and Facilities, was a member of the CPARB and public hospital district representative voice in Olympia in support of alternative project delivery for 2+ years.

EvergreenHealth has retained OAC Services, Inc. (OAC) to provide GC/CM PM/CM services for this project. OAC's alternative contracting experience includes over fifty GC/CM projects totaling over \$1.5 billion dollars. One of those projects was a very complicated existing hospital renovation that was a highly successful GC/CM project; completed 4 months early and saved half a million dollars. Most recently, OAC was engaged to work with EvergreenHealth on their first (and presently ongoing) GC/CM project – the Aging Infrastructure and Seismic Improvements project. OAC is committed to sharing its GC/CM knowledge and expertise to mentor EvergreenHealth's Construction Management Staff in alternative contracting and ensure a successful project throughout all phases: procurement, pre-construction, buyout, negotiation, contract execution, construction, occupancy and closeout.

EvergreenHealth has retained John Palewicz to act in a capacity of Executive Advisor. Mr. Palewicz is a recognized leader in Washington State in utilizing GC/CM procurement through both his involvement with the PRC and past leadership positions at the University of Washington.

EvergreenHealth has retained Ankrom Moisan Architects as its Architect for this project. Ankrom Moisan works on projects for multiple public agencies, including The University of Washington and Harborview Medical Center using various project delivery structures. In particular, Ankrom Moisan has led the design teams for a number of large and complex GC/CM and Progressive Design Build projects that have required a high level of collaboration to achieve success. Notable examples include the renovations of the UWMC Family Waiting & Admitting Space, Central City Concern Affordable Housing Project, Mercy Othello Plaza, and the multi-phased renovation of the Central Processing Unit at Harborview Medical Center. Ankrom Moisan understands the depth of collaboration that is required between the design and contracting teams to assure this project's success.

EvergreenHealth a long-standing relationship with David Alskog of Livengood Alskog, on construction legal matters and now with matters relating to GC/CM agreements and general conditions aligned with Washington State RCW 39.10 procurement processes and best practices. Livengood Alskog is an experienced alternative public works contracts attorney. Mr. Alskog has been a partner and advisor for Lake Washington School District on their alternative delivery projects. Livengood Alskog has been providing construction and property procurement-related legal services to on a wide variety of projects for EvergreenHealth for more than 25 years. Most recently, Livengood Alskog aided EvergreenHealth in the drafting of their first GC/CM AIA contract.

- 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 Attachment A for the project team organization chart.**

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

#### **Ty Heim, EvergreenHealth**

*Role on this project: Executive Director*

As Executive Director, Mr. Heim offices in the Construction Management department at EvergreenHealth and will directly oversee the activities of the Construction Management department, its consultants and coordinate the allied internal departments of Plant, Security/Safety, Environmental Services, and IT. Mr Heim will use previous experience and knowledge of complex public works construction, Department Health, JCAHO, Infection Control procedures, and general building codes to ensure that ongoing physical plant and construction activities are accomplished in a safe manner, meet regulatory requirements, and are consistent with the mission of EvergreenHealth. Mr. Heim will interact regularly with senior management,

physicians, governmental and regulatory agencies and may interact with various committees and citizen groups. Mr. Heim has approximately 16 years experience in Healthcare Facilities and over 30 years managing public works capital improvement projects ranging from small works to over \$100 million in value.

**Steve Obrochta, EvergreenHealth**

*Role on this project: Construction Project Manager*

Mr. Obrochta will oversee and manage the design professionals, the GCCM, the interface with internal departments and stakeholders, and work closely with in-house medical planners. He will also assist in preparation of RFQ's, contract and project management documents and procedures, and prepare reports on the status and progress of the project. Mr. Obrochta has 40 years of construction experience. He has spent the last 28 years in Healthcare Facilities and Construction Management. He has worked on projects ranging from \$1 million up to \$49 million in value. Projects of note and complexity, DeYoung Pavilion MOB, Cancer Center/SCCA, new build out of Evergreen's Kitchen Cafeteria, Central Lab Remodel, Pre-Surgery Remodel. These projects included comprehensive hospital wide coordination, hazardous materials abatement and remediation, major shutdown coordination of mechanical systems, while the hospital continued day to day operations.

**David A. Alskog, Livengood & Alskog, PLLC**

*Role on this project: GC/CM Legal Advisor*

Mr. Alskog will provide the District and its Project Manager, OAC, with legal advice on contract matters associated with the Project, especially in the GC/CM selection process, contracts, RFPs, bonding requirements, subcontractor bidding and dispute resolution. Mr. Alskog has more than 30 years of experience handling public and private construction transactions. Mr. Alskog's experience in GC/CM and other project delivery methods includes his work as General Counsel for Lake Washington School District, Riverview School District, legal consulting with other school districts, and the representation of EvergreenHealth for over 25 years. During this time, he has been involved with projects ranging from \$1 million to over \$100 million. He also has represented private owners, contractors and architects throughout the Northwest in the construction of office buildings, condominiums, projects and University of Washington, Portland State, and many other projects.

**John Palewicz, John Palewicz Consulting**

*Role on this project: Executive Advisor*

Mr. Palewicz served at the University of Washington Capital Planning and Development office for 21 years, starting in 1996, serving initially as a Senior Project Manager and then as a Director for Major Projects where he managed or directed 24 GC/CM and DB projects with a total project cost of over \$1.2 Billion.

As the Director for Major Projects, Central Campus, Mr. Palewicz was in the forefront of the University adopting the then recently approved State of Washington RCW 39.10 Alternate Public Works Contracting Procedures for General Contractor/Construction Manager (GC/CM). During this time, Mr. Palewicz was responsible for 18 GC/CM projects with a total project cost of \$780 Million.

**Derek Rae, OAC Services Inc.**

*Role on this project: Principal in Charge for OAC Services*

Mr. Rae has over 20 years of construction experience, with personal involvement in GC/CM projects, over the last 8 years, totaling more than \$120 million. Mr. Rae will serve as the Principal-In-Charge (PIC) of the OAC project team and has a direct line of communication to the Executive Director and CM Staff. He will advise and consult with EvergreenHealth senior leadership during the project.

He is a respected and seasoned GC/CM practitioner. Mr. Rae's role is to support EvergreenHealth and OAC staff during the GC/CM application, selection process, through the MACC negotiation phases and during construction. His background includes extensive experience in construction delivery methods including GC/CM and design-bid-build projects in the public and private sectors.

**Melissa Teichman, OAC Services Inc.**

*Role on this project: Program/Senior Project Manager for OAC Services*

Ms. Teichman has more than 15 years of healthcare construction experience, including new build, critical access tenant improvements, renovations, medical equipment planning, and modernizations for both private and public hospitals. Ms. Teichman's background includes experience in various construction delivery methods, including design/bid/build, design/build, design/build/operate maintain, and negotiated work. Ms. Teichman's role is to support EvergreenHealth through the GC/CM procurement process, providing schedule management, GMP analysis, financial oversight and budget tracking, overall program communications, and implementation of the project. Ms. Teichman is also supporting EvergreenHealth on the Aging Infrastructure and Seismic Improvements GC/CM project.

**Architects**

**Molly Wolf, Ankrom Moisan Architects**

*Role on this project: Principal in Charge and Project Manager for Ankrom Moisan Architects*

Ms. Wolf's entire career has been dedicated to Healthcare Design and Construction with a focus on projects that require multi-phased renovations of existing acute care environments. She spent 3 years of her career working as a Construction Project Manager for Swedish Medical Center where she learned the value brought to a project by the collaboration between design team members and the Construction Team. Her understanding of phased renovation, maintaining operational workflows during construction and alternative project delivery methods will provide leadership to the design team as we navigate this project. Ms. Wolf will be actively involved in the design and planning phases of this project by providing project management services and project oversight.

**Marcy Naismith, Ankrom Moisan Architects**

*Role on this project: Interior Designer and Medical Planner for Ankrom Moisan Architects*

Ms. Naismith has over 15 years of experience as an Interior Designer and Medical Planner. She has worked on healthcare projects of all scales ranging from replacement hospitals to small tenant improvements. Her experience also spans a variety of project delivery methods from hard bid to true Integrated Project Delivery. Ms. Naismith brings many innovative ideas to the team regarding design team and contractor collaboration. On this project, Ms. Naismith will lead the medical planning and interior design effort. She will work closely with the GC and users to identify project phasing and how to maintain operations and patient care during the multiple project phases.

## **Engineers**

### **Darren Schwend, Notkin**

*Role on this project: Mechanical Principal & Project Manager*

Mr. Schwend has 20 years of mechanical engineering experience and extensive healthcare and GCCM experience for facilities. Mr. Schwend has been instrumental in the execution of some of Notkin's larger projects, including the \$70M UW PACCAR Hall GCCM, \$15M Pacific Tower Tenant Improvements GCCM, \$46M UW Dempsey Hall Phase II – Balmer Hall Replacement, and \$56M WSU Biotechnology and Life Sciences Building. His focus on partnering and collaborating with clients on healthcare GCCM projects UWMC Emergency Department Extension and Remodel, Swedish Issaquah Bed Expansion, and Swedish Bariatric-Diabetes Clinic contributes to successful projects that serve the needs of the client and especially, those in critical and progressive care environments. Mr. Schwend is active in the Northwest Chapter of Design Build Institute of America and a strong supporter of the integrated project delivery approach. Mr. Schwend will lead Notkin's team of mechanical engineers. His enthusiasm for this delivery style will make him a stalwart champion of collaboration and innovation throughout the entire project. Mr. Schwend is our lead for all EvergreenHealth projects and has managed and/or engineered more than 90 projects for EvergreenHealth over the course of his career.

### **Maureen Jackson, Stantec**

*Role on this project: Electrical Principal & Project Manager*

Ms. Jackson works hand-in-hand with clients, owners, and her integrated services team to continually stay one step ahead of market trends and future electrical engineering technology. With 27 years in her field, Ms. Jackson will advise and consult with EvergreenHealth leadership throughout the project.

As a Principal at Stantec, Ms. Stantec will be responsible for contractual issues and staff assignments, as well as actively participate in the design phase QA/QC of the project. Ms. Jackson has been involved in electrical upgrade projects on the region's largest hospitals, including the design of more than 200 projects for healthcare clients. The largest of these projects have utilized the GC/CM contracting method and have been completed ahead of schedule and within budget.

### **Bryan Zagers, Coughlin Porter Lundeen**

*Role on this project: Structural Principal*

Mr. Zagers has provided structural design services on more than 20 health care construction projects worth \$300 million for clients that include EvergreenHealth, Swedish Medical Center, Seattle Children's, Virginia Mason, and Salem Hospital. Complex research facilities for Washington State University and the University of Idaho as well as a major renovation and seismic upgrade of the Carver Hall complex at Western Washington University are representative of projects in his GC/CM construction portfolio worth \$185 million. His background also includes design-bid-build and integrated project delivery projects. His guidance during analysis, phasing, and permitting phases will accommodate EvergreenHealth's technical requirements. Mr. Zagers will lead the structural team in providing a highly collaborative approach with EvergreenHealth and the project team that places patient safety, project goals, objectives, budget, and schedule firmly at the center of the design process.



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

EvergreenHealth has a full time staffed in-house Construction Management Department of 12 personnel, which includes 5 CM/PM's, 1 APM, 2 Medical Planners, and Contract and Admin staff. A rigorous public agency capital projects process is well established, with over 40 years of highly successful, highly technical and complex, acute care project delivery experience, yielding a campus with built value in excess of \$1 billion.

The OAC team will augment EvergreenHealth staff and are seasoned PM/CM practitioners who specialize in GC/CM procurement, contract administration, preconstruction, and MACC negotiations. OAC, in close coordination with EvergreenHealth, will procure, negotiate contracts and manage the required EvergreenHealth consultants to support the project, coordinate with authorities having jurisdiction and assist with occupancy planning and warranty procedures and protocols. Additionally, the OAC team present on this project is also working alongside EvergreenHealth on their first GC/CM project (presently in design phase).

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

EvergreenHealth project leadership and OAC will hold regularly schedule meetings to report on and coordinate activities within the project and hospital. Roles and responsibilities will be tailored for the project to create highly collaborative opportunities, create clear lines of communication, decision making authority and provide flexibility that is beneficial to the Owner and responsive to project requirements and needs.

Authority to substantially change the project scope and budget rests with Evergreen's Board of Directors. Specific project Board resolutions will be coordinated with the Executive Director and OAC.

EvergreenHealth staff will have day to day operational control and decision-making authority for the project. Authority to sign change orders during construction rest with Evergreen's Change Order Review Committee (CORC). This committee requires all change orders be fully described and signed off by the Project Manager, the Executive Director, a Vice President, and if the dollar value is large enough, the CFO and CEO, with Board approval.

**See Attachment B for the CORC Process.**

The project will have "Principal's-In-Charge" (Owner, Design and GC/CM contractor Executives) meetings so senior leaders are kept ahead of the issues, make timely business decisions or commit project resources to positively affect the project.

Project controls include processes and procedures to manage project documents, drive timely decision making, and document budget and schedule. OAC has established project controls and reporting systems to effectively manage the scope, schedule and budget for their projects. Ms. Teichman will utilize OAC's standard project budgeting tools and project management websites to manage communications and monitor progress. Budget tracking tools will establish the overall detailed budget to be approved by EvergreenHealth and then track actual expenses and forecast future costs. Schedule progress will be tracked and monitored by OAC against the master schedule developed by the GC/CM.

**See Attachment C for the Responsibility Matrix.**

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

The GC/CM preconstruction services contract, firm selection, is tentatively scheduled to be presented to EvergreenHealth Board of Directors at its October 2018 meeting and will provide preconstruction services prior to the end of schematic design per RCW 39.10. EvergreenHealth has its GC/CM procurement selection team in place and will include approval by EvergreenHealth's Board of Directors during the selection process. OAC will facilitate and manage the procurement process.

Preparation of the GC/CM RFP and selection process is based on the OAC's internal methods that have been refined over the years, with the latest lessons-learned items from other healthcare organizations and school districts. We have an open selection process to promote competition within the contracting community.

EvergreenHealth plans to use a three-step GC/CM selection model:

1. Public outreach followed by a Request for Qualifications
    - a. Focusing on experience, proposed team, and approach
    - b. Short list three or four firms for interviews
  2. Extensive Interviews, site and office visits
    - a. Gather more information regarding team proposed, approach and experience
    - b. Perform due diligence regarding bonding capacity, financial soundness, insurance capacity, resume vetting, and reference checking
  3. Fee and Specified General Conditions Bidding
    - a. Maximizing a combination of qualifications and value based approach
- Verification that your organization has already developed *(or provide your plan to develop)* specific GC/CM or heavy civil GC/CM contract terms.

Counsel has already drafted AIA-133-2009 Standard Form of Agreement Between Owner and Construction Manager as Constructor where the basis of payment is the cost of the Work Plus a Fee with a Guaranteed Maximum Price. Contract shall follow RCW 39.10.

## 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

See **Attachment D** for EvergreenHealth's and supporting consultants' construction history.

## 8. Preliminary Concepts, sketches or plans depicting the project

To assist the PRC with understanding your proposed project, please provide a combination of up to six concepts, drawings, sketches, diagrams, or plan/section documents which best depict your project. In electronic submissions these documents must be provided in a PDF or JPEG format for easy distribution.



(See Example concepts, sketches or plans depicting the project.) At a minimum, please try to include the following:

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

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

See **Attachment E** for the project's concept drawings, which include a campus map and stacking diagram. The drawings are conceptual for discussion purposes.

## 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.

EvergreenHealth has no audit findings on projects identified in this application.

### 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.

### Attachments:

**A - Project Team Organizational Chart**

**B - CORC Process**

**C - Responsibility Matrix**

**D - Construction History**

**E - Project Concept Drawings**

### 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:  \_\_\_\_\_

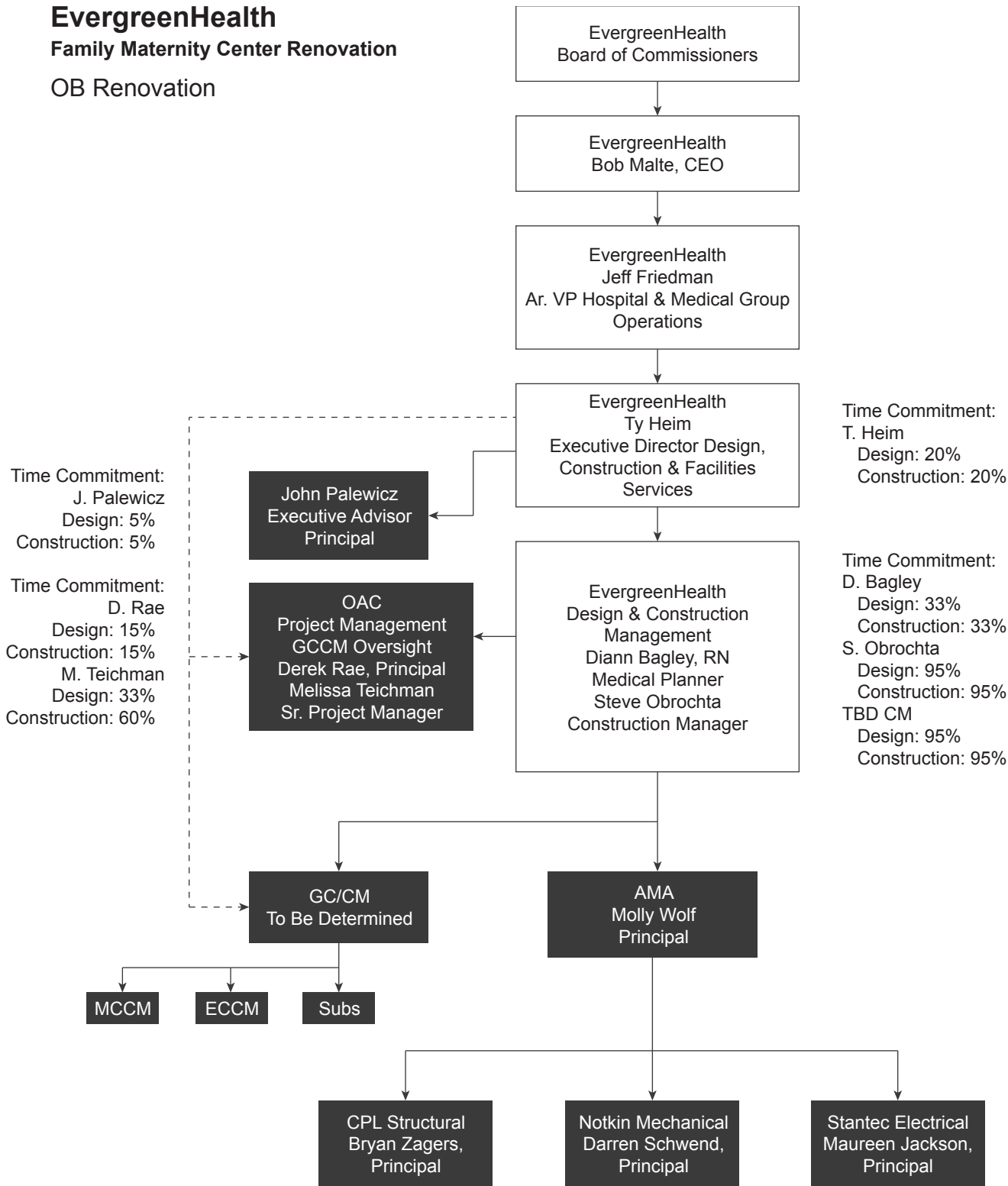
Name (please print): Ty Heim

Title: Executive Director of Design, Construction and Facilities Services

Date: 6/19/18

# Attachment A

## EvergreenHealth Family Maternity Center Renovation OB Renovation



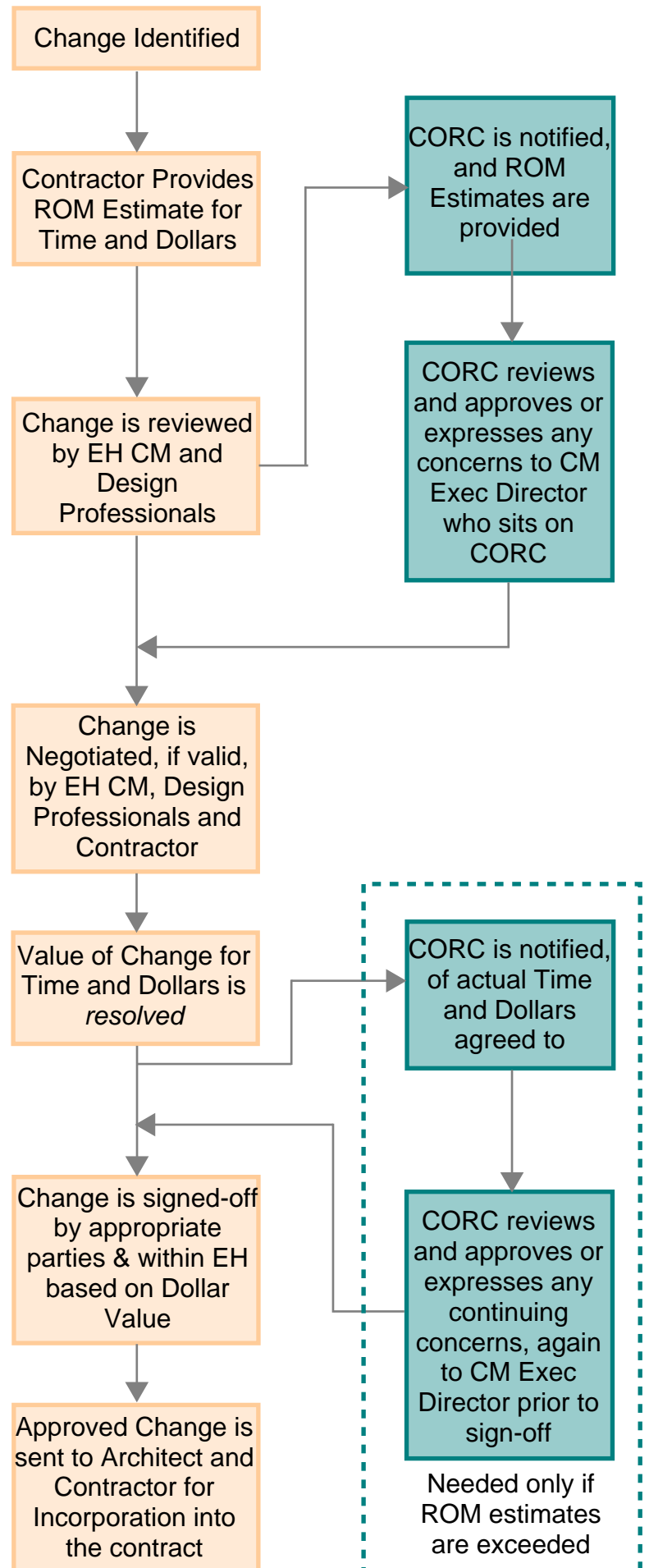
# EvergreenHealth

## Change Order Review Process Committee (CORC Process)

Family Maternity Center / Obstetrics Reno  
Attachment B

### Approvals required are Based on Dollar Value of Change; CORC Oversees Process

| \$ Value of change  | Approval Required  |
|---------------------|--|
| \$0 to \$50k        | 2) Exec. Dir of CM<br>1) Project Manager   |
| >\$50k up to \$200k | 3) Vice President<br>2) Exec. Dir of CM<br>1) Project Manager  |
| >\$200k             | 5) Board of Commissioners<br>4) CEO<br>3) Vice President<br>2) Exec. Dir of CM<br>1) Project Manager |



# Attachment C

## EvergreenHealth

Responsibility Matrix

Family Maternity Center / Obstetrics Program Renovation Project

### Responsibility Matrix

|    | Tasks  | EH Board | EHCM | OAC | Palewicz | Legal | A/E | GC/CM |
|----|--|----------|------|-----|----------|-------|-----|-------|
| 1  | Conceptual Project Schedules and Project Budget                                  | A        | L    | I   | -        | -     | I   | -     |
| 2  | Application to PRC   | -        | S    | L   | S        | -     | S   | -     |
| 3  | Draft GCCM Contracts   | -        | A    | S   | S        | L     | -   | -     |
| 4  | GCCM RFQ   | -        | A    | L   | R        | R     | I   | -     |
| 5  | GCCM Winnowing   | -        | L    | S   | S        | -     | I   | -     |
| 6  | GCCM RFP   | -        | A    | L   | S        | R     | I   | -     |
| 7  | GCCM Selection   | A        | L    | S   | S        | -     | I   | -     |
| 8  | Design Process   | -        | S    | I   | -        | -     | L   | S     |
| 9  | Preconstruction Process (Schedules, Budgets, Constructability, VE and Logistics) | -        | S    | S   | S        | -     | S   | L     |
| 10 | GCCM Responds to Request for Final Proposal (RFP)                                | -        | S    | L   | -        | -     | I   | I     |
| 11 | MACC negotiation and Contract resolution   | A        | L    | S   | S        | R     | I   | I     |
| 12 | Sub-contractor Bidding & Procurement   | -        | A    | S   | -        | -     | I   | L     |
| 13 | Construction   | -        | S    | S   | S        | -     | S   | L     |
| 14 | Evergreen Internal Processes and Approvals                                       | -        | L    | S   | -        | -     | S   | S     |
| 15 | Review of CPM Schedule   | -        | R    | L   | -        | -     | S   | S     |
| 16 | Construction Administration  | -        | R    | S   | -        | -     | R   | L     |
| 17 | Change Order Review and approval   | -        | L    | R   | S        | -     | R   | S     |
| 18 | Close-out  | -        | R    | R   | -        | -     | R   | L     |

**Key to Abbreviations:** A= Approve I= Input L= Lead R= Review S= Support

## Attachment D EvergreenHealth Construction History

|      | Project                                     | Description  | Project Value | Delivery Method | Scheduled - Start date | Planned Budget | Scheduled - Finish date | Actual Budget/Final Costs |
|------|---|--|---------------|-----------------|------------------------|----------------|-------------------------|---------------------------|
| 2013 | Kitchen Remodel                             | Renovate existing kitchen area and build new server kitchen  | \$ 10,750,000 | D-B-B           | Jul-13                 | \$ 9,999,896   | Nov-14                  | \$ 9,750,747              |
|      | Golden Hours                                | Remodel OR 9 to Infant Resuscitation Room, remodel OR 10,11 & 12 surgical lighting                                       | \$ 1,000,000  | D-B-B           | Jun-13                 | \$ 999,099     | Nov-14                  | \$ 993,552                |
|      | ESC DOH Compliance                          | TI improvements to convert existing ASF to Hospital Based  | \$ 690,261    | D-B-B           | Aug-13                 | \$ 690,261     | Aug-14                  | \$ 675,570                |
|      | 25 smaller projects                         |  | \$ 3,967,294  | D-B-B           | 2013 various           |                | Various                 |                           |
| 2014 | Linac Replacement                           | Remodel existing Linear Accelerator Vault to prepare to install of new machine   | \$ 4,902,980  | D-B-B           | Jun-14                 | \$ 4,901,158   | Aug-15                  | \$ 4,955,110              |
|      | ENT Acquisition TI                          | Selective demo and remodel of suites in Coral 120 & Coral 400 of the EPC   | \$ 1,500,000  | D-B-B           | Mar-14                 | \$ 935,166     | Nov-14                  | \$ 807,675                |
|      | Nuclear Medicine Camera                     | Remodel existing space to prepare for install of new CT/Gamma Camera   | \$ 1,136,821  | D-B-B           | Sep-14                 | \$ 1,136,789   | Dec-16                  | \$ 1,051,904              |
|      | 35 smaller projects                         |  | \$ 6,754,023  | D-B-B           | 2014 various           |                | Various                 |                           |
| 2015 | PCU Buildout in 5-Silver                    | Create new Progressive Care Unit on floors 4 & 5 of Patient Bed Tower  | \$ 46,942,531 | D-B-B           | Aug-15                 | \$ 47,280,096  | Jun-17                  | \$ 39,517,265             |
|      | MSK Ortho Buildout at DeYoung               | Build out 2 floors in DeYoung Bldg to consolidate & expand Ortho, Spine, Podiatry clinics                                | \$ 18,000,000 | D-B-B           | Aug-15                 | \$ 15,654,305  | Jul-17                  | \$ 13,991,727             |
|      | North Market Clinic                         | TI remodel to prepare for new clinic   | \$ 4,496,875  | D-B-B           | Jul-15                 | \$ 4,079,089   | Jul-17                  | \$ 3,357,609              |
|      | 39 smaller projects                         |  | \$ 6,715,233  | D-B-B           | 2015 various           |                | Various                 |                           |
| 2016 | Cath-IR Vascular Lab Addition               | Increase current Interventional Radiology Dept from 1 CATH Lab to 3 Labs   | \$ 13,786,602 | D-B-B           | Dec-16                 | \$ 13,786,602  | ongoing                 | \$12,657,062 to date      |
|      | Infrastructure - Master Facility Plan       | Include, but not limited to: Misc utility upgrades, replace Boiler, Air Handling Units, Security system improvement etc. | \$ 10,000,000 | D-B-B           | Apr-16                 | \$ 10,000,000  | ongoing                 | \$3,789,696.00 to date    |
|      | Siemens MRI TIM Upgrade                     | Repair, upgrade existing area to prepare for replacement of the Siemens TIM MRI  | \$ 800,000    | D-B-B           | Mar-16                 | \$ 789,043     | Apr-17                  | \$ 747,984                |
|      | 22 smaller projects                         |  | \$ 2,251,631  | D-B-B           | 2016 various           |                | Various                 |                           |
| 2017 | Kenmore Clinic TI                           | Construction for new clinic  | \$ 8,882,865  | D-B-B           | Mar-17                 | \$ 8,882,866   | ongoing                 | \$6,294,028 to date       |
|      | Third Generator Blue Zone                   | Expansion of current power plant room and install new generator  | \$ 1,896,467  | D-B-B           | Jan-17                 | \$ 115,089     | ongoing                 | \$38,600 to date          |
|      | ED X-Ray Replacement & Remodel              | Remodel rooms to prepare for replacement of 2 X-Ray machines   | \$ 1,190,000  | D-B-B           | Sep-17                 | \$ 1,125,234   | ongoing                 | \$729,486 to date         |
|      | 5 smaller projects                          |  | \$ 456,000    | D-B-B           | 2017 various           |                | Various                 |                           |
| 2018 | Transitional Medical Care Unit              | Renovate existing patient care unit to accommodate mental health patients  | \$ 1,107,913  | D-B-B           | Aug-18                 | \$ 1,107,913   | ongoing                 | \$190,027 to date         |
|      | New Critical Care Unit                      | New 20 bed state of the art critical care unit   | \$ 32,000,000 | D-B-B           | Jun-18                 | \$ 32,000,000  | ongoing                 | \$1,893,480 to date       |
|      | Canyon Park Expansion                       | Expansion of existing primary care clinic  | \$ 4,388,444  | D-B-B           | Nov-18                 | \$ 4,388,444   | ongoing                 | \$1,825,300 to date       |
|      | Aging Infrastructure & Seismic Improvements | Resolve various aging infrastructure on campus and upgrade seismic standards in several buildings across campus          | \$ 40,000,000 | GC/CM           | Jan-18                 | \$ 40,000,000  | ongoing                 | Design/Precon to date     |
|      | 13 smaller projects                         |  | \$ 3,032,207  | D-B-B           | 2018 various           | \$ 3,032,207   | Various                 | TBD                       |

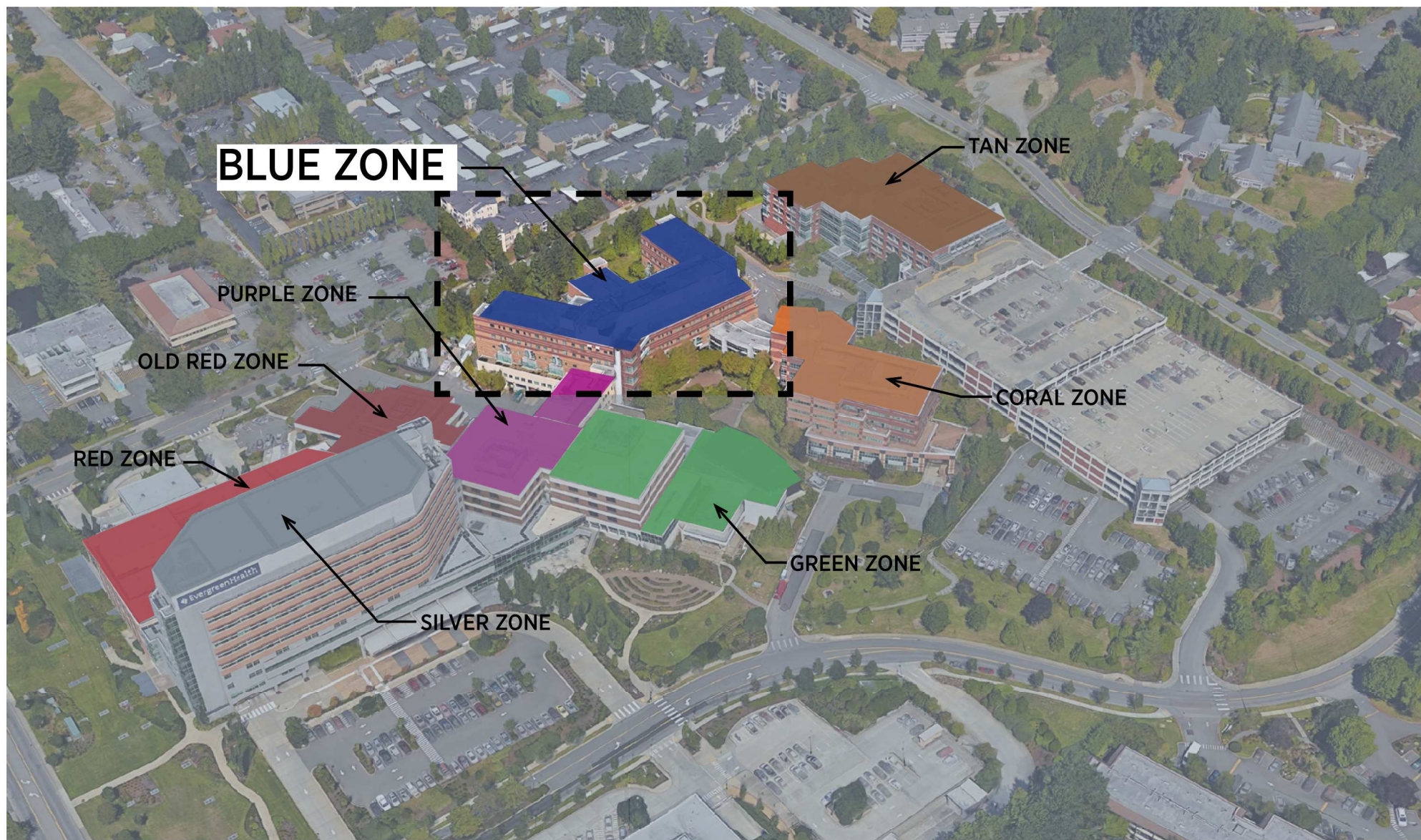
### OAC Services, Inc. Construction History

|           | Project  | Description  | Project Value  | Delivery Method | Scheduled - Start date | Planned Budget | Scheduled - Finish date | Actual Budget/Final Costs |
|-----------|--|--|----------------|-----------------|------------------------|----------------|-------------------------|---------------------------|
| 2012-2018 | Mason General Hospital                         | Campus Renewal Project - Infrastructure Upgrades and Surgery Expansion.  | \$ 36,000,000  | GC/CM           | Apr-10                 | \$ 37,000,000  | Mar-13                  | \$ 36,500,000             |
|           | Mason General Hospital                         | Medical Office Building.   | \$ 35,000,000  | GC/CM           | Dec-17                 | \$ 35,000,000  | Jul-19                  | TBD                       |
|           | Asian Art Museum                               | Museum Structural/Infrastructure Upgrades and Expansion.   | \$ 54,000,000  | GC/CM           | Jul-16                 | \$ 54,000,000  | Apr-19                  | TBD                       |
|           | Virginia Mason                                 | Jones Pavilion - Various Projects including Infrastructure Upgrades.   | \$ 100,000,000 | GC/CM Private   | May-12                 | \$ 106,000,000 | Nov-16                  | \$ 98,000,000             |
|           | Salish Oncology Care Center                    | Infrastructure upgrades, Cancer center, Pharmacy, Lab, and research lab built-outs. Full-scale re-clad of existing building. | \$ 14,300,000  | D/B Private     | Oct-14                 | \$ 15,000,000  | Oct-16                  | \$ 14,300,000             |
|           | 6 smaller projects with Swedish Medical Center | Infrastructure upgrades, Pharmacy, Short Stay Unit, Bariatric/Diabetes, and Pediatrics.                                      | \$ 18,000,000  | GC/CM Private   | May-15                 | \$ 18,000,000  | Jul-17                  | ongoing                   |
|           | Aging Infrastructure & Seismic Improvements    | Resolve various aging infrastructure on campus and upgrade seismic standards in several buildings across campus              | \$ 40,000,000  | GC/CM           | Jan-18                 | \$ 40,000,000  | ongoing                 | TBD                       |

### Ankrom Moisan Architects Construction History

|           | Project  | Description   | Project Value | Delivery Method | Scheduled - Start date | Planned Budget | Scheduled - Finish date | Actual Budget/Final Costs |
|-----------|--|---|---------------|-----------------|------------------------|----------------|-------------------------|---------------------------|
| 2012-2018 | UWMC Family Waiting & Admitting                                  | Multi-Phases renovation of Radiology and Cardiac Procedure Admitting, Waiting and Support Services in an operational acute care environment.  | \$ 4,000,000  | Progressive D/B | Jan-17                 | \$ 4,200,000   | Nov-18                  | Ongoing                   |
|           | Harborview Central Processing Unit - Cart Wash Replacment        | Infrastrucutre Heavy, phased renovation and equipment replacement in the operational CPU serving Harborview Medical Center.   | \$ 4,200,000  | Progressive D/B | Feb-18                 | \$ 4,500,000   | Aug-19                  | Ongoing                   |
|           | The Salvation Army Community Center - Bellevue                   | Community Center Development with complex mix of program.   | \$ 6,500,000  | GC/CM Private   | Jun-13                 | \$ 6,500,000   | Dec-16                  | \$ 6,547,000              |
|           | Lytle Center for Pregnancy and Newborns - Swedish Medical Center | Complex renovation and exterior modification to the First Hill campus of Sweidhs Medical Center. This project included maintaining operations of the adjacent NICU, Emergency Department and Surgical Recovery Suite. | \$ 7,000,000  | GC/CM Private   | Mar-12                 | \$ 7,000,000   | Nov-13                  | \$ 7,000,000              |
|           | WSH South Hall East Campus Renovation                            | Renovation and Infrastrucutre Improvements to 10 patient care wards spread across 2 buildings of the Western State Hsopital Campus. Work is split into 6 phases in order to facilitate occupancy during construction. | \$ 8,500,000  | D-B-B           | Jan-16                 | \$ 7,600,000   | Feb-19                  | Ongoing                   |
|           | Aegis Mercer Island  | Senior Housing Development. Range of Acuity includes Memory Care, Assisted Living and Independent Living  | \$ 24,500,000 | GC/CM Private   | Feb-15                 | \$ 24,500,000  | Feb-19                  | Ongoing                   |





**BLUE ZONE**

TAN ZONE

PURPLE ZONE

OLD RED ZONE

CORAL ZONE

RED ZONE

GREEN ZONE

SILVER ZONE

## ATTACHMENT E - CAMPUS MAP

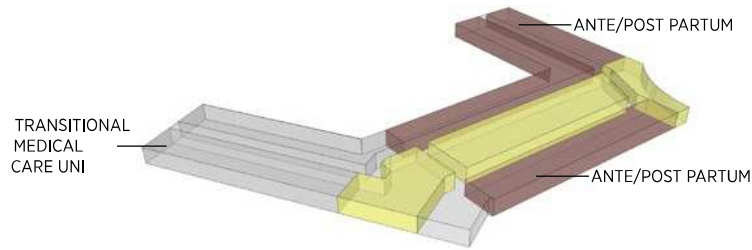




## ATTACHMENT E - CAMPUS CIRCULATION

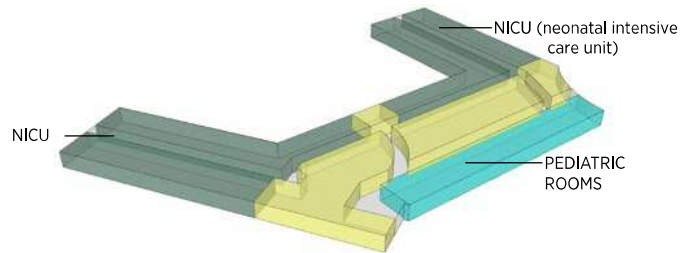


# ATTACHMENT E



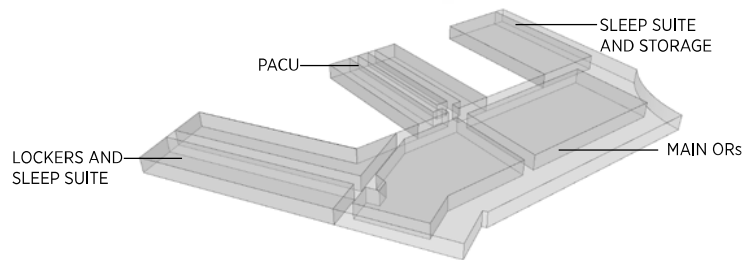
## LEVEL 5

- (21) Ante/Post Partum with new code compliant gases, patient bathroom sink and full finish upgrade.
- Circumcision relocated here.
- Education Space and Offices relocated here.
- Complete finish update to all spaces.



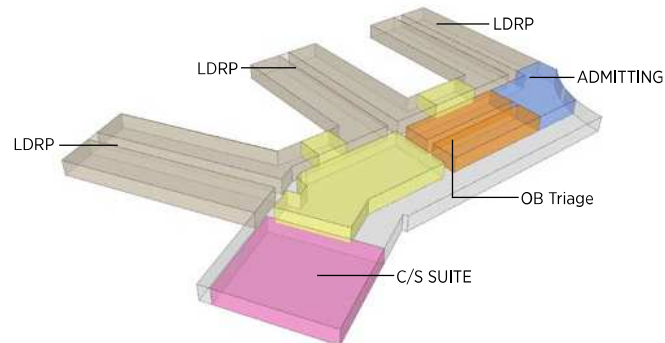
## LEVEL 4

- Complete finish update to all spaces.



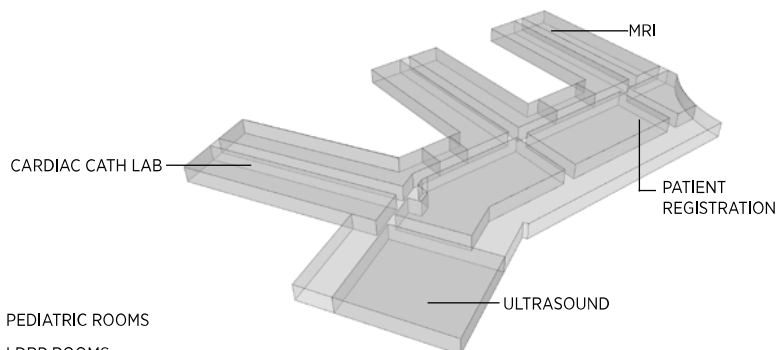
## LEVEL 3

Work on this floor limited to plumbing points of connection. Will need to be coordinated with operational patient care spaces.



## LEVEL 2

- (34) LDRP Rooms with new head-wall, patient bathroom sink and full finish upgrade.
- New OB Entry/Lobby and check-in with (5) new Triage bays.
- Decentralized nursing with new central Team Room.
- Complete finish update to all spaces.



## LEVEL 1

Work on this floor limited to plumbing points of connection. Will need to be coordinated with operational patient care spaces.

|  |                        |
|--|------------------------|
|  | PEDIATRIC ROOMS        |
|  | LDRP ROOMS             |
|  | NICU ROOMS             |
|  | POST/ANTE PARTUM ROOMS |
|  | OB TRIAGE              |
|  | ENTRY/LOBBY            |
|  | CORE/SUPPORT           |
|  | C/S SUITE              |