



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

Application for Project Approval

Submitted by
Kennewick General Hospital
April 30, 2009

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APPLICATION FOR PROJECT APPROVAL
TO USE THE
GENERAL CONTRACTOR/CONSTRUCTION MANAGER (GC/CM)
OR DESIGN-BUILD (D-B) 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 1-8 and 10 should not exceed 20 pages (font size 11 or larger). Provide no more than six sketches, diagrams or drawings under Question 9. ***(Note: A Public Body that is certified to use the GC/CM procedure and is seeking approval to use this procedure on a GC/CM project with a total project cost of less than \$10 million is not required to submit information for Questions 7 or 8.)***

1. Identification of Applicant

- (a) Legal name of Public Body (your organization):
Kennewick Public Hospital District dba Kennewick General Hospital
- (b) Address:
**PO Box 6128
900 South Auburn Street
Kennewick, WA 99336**
- (c) Contact Person
Name: **Chuck Barnes**
Title: **Executive Director Support Services**
- (d) Phone Number: **509-586-5735**
Fax: **509-586-5892**
E-mail: **chuck.barnes@kphd.org**

2. Brief Description of Proposed Project

Please describe the project in no more than two short paragraphs. (See Attachment A for an example.)

CPARB / GCCM PROJECT DESCRIPTION

Proposed Hospital at the New Southridge Campus

Kennewick Public Hospital District (KPHD), dba Kennewick General Hospital (KGH), is a public district hospital operating an acute care hospital (101 licensed beds) and a multispecialty physician clinic at their current Auburn Street Campus. The District also operates an outpatient campus approximately 8 miles west of the hospital (the KGH Medical Mall) consisting of an Ambulatory Surgical Center, a complete diagnostic imaging facility and women's services center, a GI/Endoscopy Center and multispecialty physician clinic. The District also operates multiple other locations for walk-in care clinics (2), home health, urgent care (2), adult day services, senior (geriatric) physician service clinic, etc.

KPHD has received Certificate of Need approval to build a partial replacement hospital consisting of 74 acute beds and attending ancillary services. The approximate size of the replacement hospital is projected to be 171,000 building gross square feet. The District owns a 40 acre green field site in an area known as Southridge, which is a large master-planned area of new development bordering state route 395 and Interstate Highway 82 (about 3 miles southwest of the present Auburn Street Campus). The District will continue to operate 27 beds for women's and children's services at the Auburn Campus. The eventual plan is to accomplish a complete move of all beds to Southridge. The current planned structure will be designed to accommodate future

growth of the acute care facility. The full 40 acre campus will be master-planned to accommodate the District's needs for the next 50 years.

The current project and Certificate of Need are not prompted by a need to expand. Rather, the current facility is fast approaching its maximum usable life. The core structure of the hospital was built in 1952 and received many additions over time. The interstitial spaces are minimal and make additions and compliance with new codes difficult. Sixty percent (60%) of the licensed beds are double-occupancy. We also have many beds tied up in specialty units. These two factors severely limit the usability and functionality of the facility. A space utilization study 2 years ago revealed that when compared to current standards, most of our ancillary and support spaces are as much as 70% under-sized. Hence, given these factors our need is to gain more functional, up-to-date space.

Proposed Medical Office Building at the New Southridge Campus

In addition to the new hospital, a new medical office building complex will be constructed adjacent to the hospital that will accommodate physician offices and related services. Its size has yet to be finalized. This facility will be privately financed; however it will be constructed concurrently with the campus and will share common spaces and site infrastructure and amenities.

Please see Attachment A at the end of the application.

3. Projected Total Cost for the Project:

Note: By law, the D-B contracting procedure cannot be used unless the total cost of the project is over \$10 million. Although there is no total project cost requirement for using the GC/CM contracting procedure, every applicant must provide the information requested in Question 3.

A. Project Budget

Costs for Professional Services (A/E, legal etc.)	\$ 5,379,799
Estimated project construction costs (includes contingency):	\$ 63,711,420
Equipment and furnishing costs (medical equip & FF&E)	\$ 9,500,000
Soft costs (testing, printing, med equip planner, etc)	\$ 297,423
Contract administration costs (PM/CM, Owner, etc)	\$ 1,692,786
Other related project costs (I.T., low voltage)	\$ 3,185,571
Other related project costs (City Fees)	<u>\$ 380,000</u>
Subtotal	\$ 84,146,999

WSST: Construction and Equipment Costs	\$ 6,340,950
Other Developer Contingencies	<u>\$ 3,822,685</u>

Total: (With sales tax & contingency) \$ 94,310,634

B. Funding Status

Please describe the funding status for the whole project.
(If funding is not available, please explain how and when funding is anticipated)

Funding for the hospital will come from a combination of sources including federally backed bonds. This mix of financing is in response to the Tri-Cities' community mandate to meet its health care needs without additional tax dollars.

The hospital is in the process of securing FHA/HUD 242 financing for this project. We have filed our preliminary application with HUD. Our financial feasibility consultants are more than half way through their analysis and report that we have a strong case to present to FHA. We are very optimistic that this financing will be the best, lowest cost option for our District residents.

4. Anticipated Project Design and Construction Schedule

Please provide:

- The anticipated project design and construction schedule, including (1) procurement; (2) hiring consultants if not already hired; and (3) employing staff or hiring consultants to manage the project if not already employed or hired. *(See Attachment B for an example schedule.)*

Please see Attachment B at the end of the application.

- **Project Milestones:**

Milestone Event	Milestone Date
Retain A&E Team	Completed
Retain PM/CM Consultant Team	Completed
Submit CPARB Application-1 st Deadline	04/30/2009
Review Committee Presentation - PRC	05/28/2009
Receive GC/CM Approval	05/28/2009
Project Team Established (Owner, Architect, GC/CM)	07/15/2009
Retain GC/CM	07/15/2009
Owner Acceptance of SD - NTP	08/21/2009
HUD/FHA Funding Approvals	10/02/2009
Construction Bidding (90% CDs)	02/16/2010
Receive City Permit – Site Package	03/19/2010
Issue 100% CDs Construction Set	03/22/2010
Start Construction-Mobilization	03/24/2010
Procurement Completed (MACC/GMP)	03/24/2010
Substantial Completion	07/08/2011
Receive Certificate of Occupancy	08/22/2011
State Hospital Review Approval	10/07/2011
Medicare Certification	10/07/2011
Owner Acceptance – Closeout	10/07/2011
Patient Move	10/10/2011

- If your project is already beyond completion of 30% drawings or schematic design, please list compelling reasons for using the GC/CM or D-B contracting procedure.

The functional programming and master planning are in their final stages.

5. Why the GC/CM or D-B 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:

For GC/CM projects:

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

Complex Funding Mix Will Be Supported by GCCM Delivery

Financing of the Kennewick General Hospital will be complex with its mix of federally backed bonds (US Housing and Urban Development’s FHA 242 program), cash reserves, state and federal grants, sale of non-core assets and capital campaign donations. Without the use of additional taxes, a highly innovative financing plan has been designed to meet the community’s demand for additional medical facilities and the costs associated with the Southridge expansion project. Before KGH can secure the bond funds, it must successfully complete two significant activities: 1. Receive approval of its Certificate of Need application and 2. Obtain a guaranteed maximum construction price (GMP) for the final costs for the new facility.

The Certificate of Need was submitted in July 2008 and has been approved. To acquire the GMP, KGH will need to provide completed, detailed and bid-ready architectural and engineering construction documents (90% CDs). This approach differs from conventional financing plans in that traditionally the hospital would obtain public approval of a bond measure or levy prior to investing in the construction documents. Since no new tax dollars will be required for this project, KGH hopes to start construction sooner and take advantage of the current weak economic conditions.

Scheduling Hospital and Medical Office Building Construction Activities will be Critical

With the adjacency of the MOB, the GC/CM will play a critical role in the overall phasing of the project and coordination of a shared site with shared, common space. Scheduling and phasing will be one of the strongest attributes a GC/CM will bring to the team. In order for a completely successful delivery, this project will rely heavily on the GC/CM's early selection and vital collaboration with the Owner and design team in the following areas:

- **Site Logistics of Combined Public and Private Land Development**
Both the hospital and the medical office building are planned to be under construction at the same time. Both will require access to infrastructure, shared temporary site utilities, and possible common staging and lay-down areas. Construction of an acute care hospital and an outpatient MOB will share some similar attributes; however an astute general contractor with specific medical construction qualifications will be necessary to maintain rigid control over the jobsite activities and deliveries to ensure materials or equipment are not comingled or confused.
- **Simultaneous Construction of the Hospital and Medical Office Building**
Each facility will require integration of its own specialized mechanical, IT and imaging systems. The coordination of these activities will require close collaboration and monitoring by a GC/CM fluent with the extraordinarily complex requirements that constructing an acute care hospital requires.
- **Complex Funding Plan**
As noted earlier, financing for the hospital is expected to be a complex mix of bonds, grants, available cash and donations. Budgetary tracking by the contractor and periodic audit by the Owner will be required for the administration of the funds. Validating and coordinating the monthly payment applications with the complexities of the hospital's construction sequencing and material procurement will require the experience of a GC/CM successful in the construction of healthcare facilities.
- **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?**
(Please identify functions within the existing facility which require relocation during construction and how construction sequencing will affect them. As part of your response you may refer to the drawings or sketches that you provide under Question 9.)

N/A

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

GC/CM Will Play a Vital Role During the Design Phase

One of the most vital roles the GC/CM will play will be the close collaboration with the Owner and design team during preconstruction. During this stage, the GC/CM will need to advise the team of schedule impacts relating not only to materials and labor, but also medical equipment coordination, phasing and sequencing of systems unique to an acute care hospital; logistics specific to this site and the inter-relationships of the adjacent (private development) MOB's construction. Constructability and budget reviews will require detailed scrutiny as the

technical aspects of the design are evaluated and implemented. Value engineering exercises and change requests addressed by the Owner, design team and contractor during the design phase will ensure budget variances are addressed sooner rather than later in the field.

In summary, bringing the GC/CM on board early in the design phase and the close working relationships generated by a complete team working in concert will significantly add to the overall success of this project.

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

Constructing a New Hospital is Greatly Enhanced with Specific Expertise:

Coordinating the parade of medical-specific subcontractors will require a general contractor with this highly specialized experience. Scheduling, installing, testing, and commissioning the utilities that will serve the hospital's operating suites, imaging department, patient recovery rooms for example, will require a heightened degree of sophistication and technical expertise that a "typical" general contractor does not possess.

- 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

For D-B projects:

- If the design and construction activities, technologies, or schedule to be used are highly specialized and a D-B approach is critical in developing the construction methodology or implementing the proposed technology, (1) What are these highly specialized activities, technologies or schedule, and (2) Why is D-B critical in the development of the methodology or the implementation of the proposed technology?
- If the project design is repetitive in nature and an incidental part of the installation or construction, why is the design repetitive and incidental to the installation or construction?
- If regular interaction with and feedback from facilities users and operators during design is not critical to an effective facility design, why is regular interaction and feedback not critical?

N/A

6. Public Benefit

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

- How this contracting method provides a substantial fiscal benefit; or
- How the use of the traditional method of awarding contracts in a lump sum (the "design-bid-build method") is not practical for meeting desired quality standards or delivery schedules.

Maximizing Strengths

By bringing on the GC/CM early in the design phase, the project realizes the benefits of a strong medical design team and a truly qualified general contractor experienced in the construction of a complex medical facility. The GC/CM will add value to the early stages of the project's development by assisting the design team and Owner with constructability and coordination reviews, early material procurement strategies to take full advantage of market conditions, preliminary cost estimates, value engineering studies and design integration of the medical utilities and other support infrastructure. Without this early architect/contractor collaboration, constructability issues would become known much later in the process, potentially creating costly change orders and disruption to the construction schedule.

The GC/CM alternative model of contracting is also the best form of construction procurement for our very unique project financing model and schedule utilizing the FHA 242 program.

Ultimately, the general public will receive the greatest benefits with early access to a quality hospital facility built with the best use of its funds.

Construction Costs Known Early

In the event this project would be constructed using the traditional method of design-bid-build delivery method, the cost of construction would not be known until much later in the process. Design changes would come too late to meet our current schedule if bids exceeded the available funds. Assurance of quality standards required to meet the complexities of an acute care hospital would be severely limited without the early involvement of a GC/CM hospital expert to guide the quality assurance / quality control process and construction reviews during the design phase.

7. **Public Body Qualifications**

Please provide:

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

Kennewick General Hospital is not experienced in procuring work using an alternative construction delivery method. As a result, KGH has hired DAY CPM Services to lead it through the GC/CM regulatory reviews; RFQ, RFP and selection processes; contract administration and other project and construction management responsibilities.

DAY and HCG have successfully managed in excess of a billion dollars in recent Hospital construction projects and have delivered more than 25 projects in Washington and Oregon utilizing the GC/CM and CM/GC methods of delivery for both public and private sector clients. DAY has recently facilitated and managed the GC/CM selection and procurement process for the Fort Vancouver Regional Library and is very familiar with RCW 39.10.

Having represented owners, architects and general contractors for over 2 decades, Mike Day is considered a local subject matter expert in the areas of alternative project delivery methods. Joe Kunkel has over 20 years of leadership in all facets of health care management. His expertise in strategic planning and development, Finance and Operations, provide a perfect compliment to Mike for overall strategic leadership and oversight of this development.

The strengths of the project team that KGH has assembled, with and Integrated delivery approach, utilizing the expertise of a group seasoned Healthcare professionals including HCG, DAY, PKA, Mitchell, Foster Pepper and KGH in house operations staff, will ensure the successful outcome of this collaborative contracting delivery model.

Please see Attachment D for list of relevant GC/CM and CM/GC experience.

- 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 Attachment C for an example.)

Please see Attachments C & C1 at the end of the application.

Attachment C – Kennewick General Hospital Project Organizational Chart

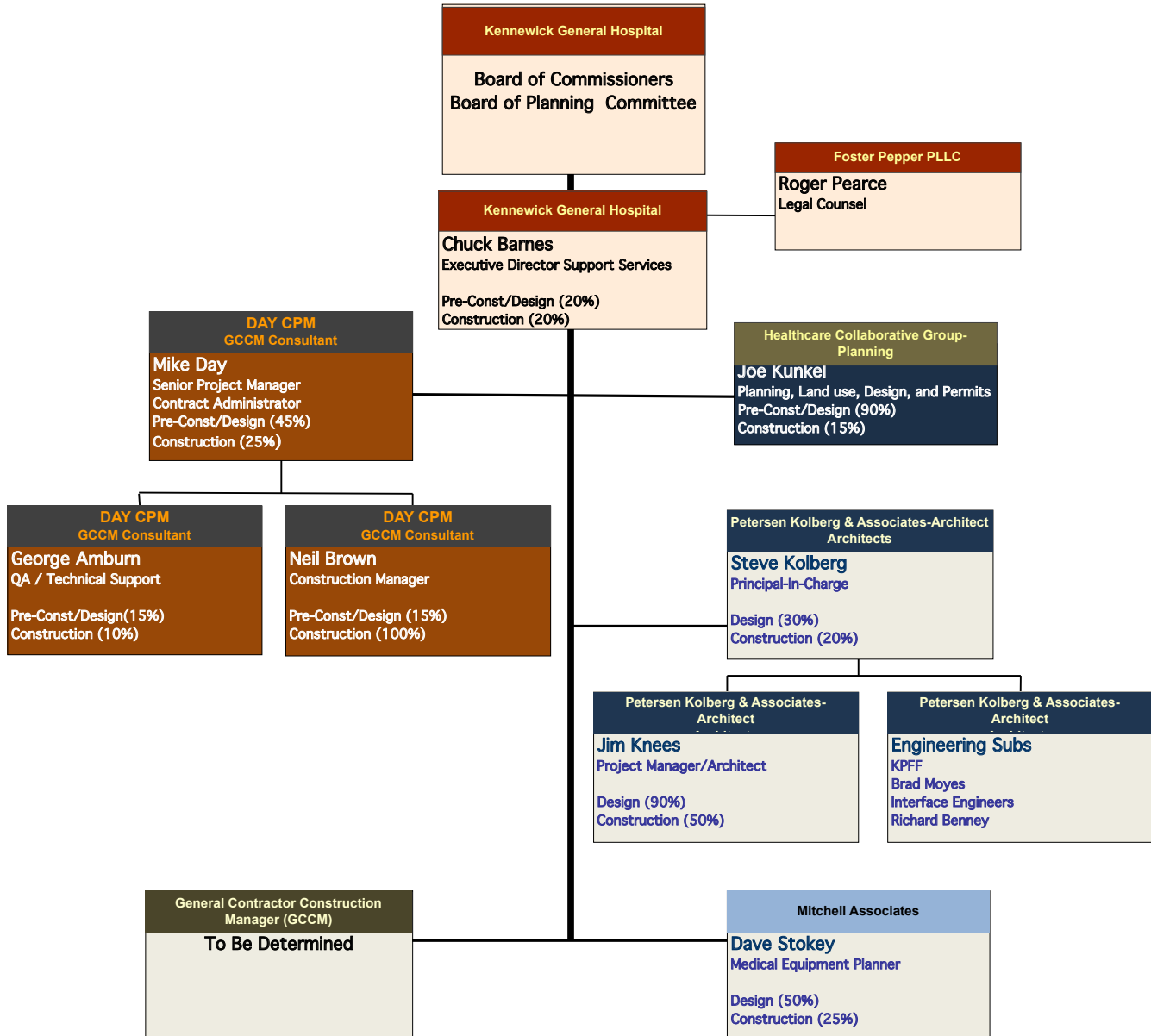
Attachment C.1 – Leadership Matrix for further definition of the project team roles and responsibilities.

Attachment C

Kennewick General Hospital Project Organizational Chart – Phase 1

Kennewick General Hospital has created a highly experienced team of consultants who will manage all aspects of this project including legal counsel, architectural design, program and project management, GC/CM oversight and the selection process of the GC/CM.

The Project Organizational Chart below identifies the roles of the leading project staff and consultants.



Owner Group

Kennewick General Hospital (KGH)
Healthcare Collaborative Group (HCG)
DAY CPM Services (DAY)

Design Team

Peterson Kolberg & Associates Architects (PKA)
kpff Consulting Engineers (KPFF)
Interface Engineering
Mitchell Associates: Medical Equipment Planning

Construction Team

GC/CM - To Be Determined

Summary of the Organizational Chart

Upon approval by CPARB to form a GC/CM delivery model, DAY CPM Services (DAY) & The Healthcare Collaborative Group (HCG) will guide Kennewick General Hospital (KGH), Petersen Kolberg & Associates Architects and Planners (PKA) the General Contractor Construction Manager (GC/CM) from design to close out of the project. Mike Day will lead the overall GC/CM process as the Contract Administrator and provide steering and guidance to the Owner on matters related to the GC/CM process. Joe Kunkel (HCG) will provide strategic oversight and project management related to the preconstruction phases including design, consultant oversight, operations, budgeting, planning, land use and entitlements as well as permitting.

Joe will be supported by Mike Day who will also serve as the Senior Project Manager acting on the owner's behalf to ensure the day-to-day GC/CM deliverables are completed. These include (but are not limited to): estimating, value engineering, constructability reviews, site logistics, planning, scheduling, subcontractor procurement and MACC/GMP development. Mike will ensure that all activities adhere to the requirements set forth in the RCW 39.10 and contract deliverables. DAY and HCG have a combined track record of leading and managing the planning, programming and construction of 4 replacement hospitals in the Northwest within the past seven years.

Mike and Joe will be supported by George Amburn at key milestones which require additional manpower (i.e. estimating reconciliation, budget variance reporting and bid recap formation, etc.). George will also provide detailed, technical reporting for design decisions associated with Mechanical, Electrical, Plumbing, and Structural (MEPS) coordination.

The construction manager will be involved in preconstruction services to maintain continuity from the beginning of the project through closeout. Following design and execution of the MACC/GMP with the GC/CM, the CM will take over day-to-day management duties supported by Mike Day and George Amburn. As an experienced construction manager with over \$2.5 billion dollars in completed construction, Neil Brown, the proposed CM, will represent the Owner and interface with Kennewick General Hospital's construction team on all matters related to execution of the construction project, including management oversight of schedule, budget, change orders, monthly progress reports, 3rd party inspections, safety, quality, owner FF&E procurement, I.T. technology, and medical equipment integration.

Supporting Neil particularly in matters related to GC/CM contractual matters and RCW 39.10 compliance, will be Mike Day. Mike will continue his involvement during construction & will attend project meetings and support Neil directly on tasks such as reviewing monthly payment applications, monthly project status reports, negotiating change orders and monitoring schedule, reviewing GCCM deliverables, and supporting the Owner in procurement of equipment and furnishings.

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

Please refer to the staff and consultant biographies, located at the end of Question 7.

- Provide the **experience and role on previous GC/CM or D-B projects** for each staff member or consultant in key positions on the proposed project. (See Attachment D for an example.)

Please see Attachment D at the end of the application.

- The qualifications of existing or planned for project manager and consultants.
Note: For design-build projects, you must have personnel who are independent of the design-build team, knowledgeable in the design-build process, and able to oversee and administer the contract.

Please refer to the staff and consultant biographies, located at the end of Question 7.

- The qualifications of an interim project manager until your organization has employed staff or hired a consultant as the project manager. Also indicate whether sufficient funds are available for this purpose and how long it is anticipated the interim project manager will serve. *Note: This information is required only if your organization has yet to select a project manager at the time of application.*

DAY, in collaboration with HCG, has been hired by KGH to provide complete program, project and construction management services; no interim project manager will be required.

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

Please refer to the staff and consultant biographies located at the end of Question 7 and to Attachment D for a list of relevant GC/CM experience and roles at the end of the application.

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

The KGH project team will provide the technical resources, project controls and reporting tools necessary to effectively manage the scope, schedule and budget tracking of this project. Basepin software is a management tool developed specifically to manage mechanical, electrical, plumbing and structural (MEPS) issues during the preconstruction phase before they become field conflicts and possible change orders during construction. This tool has been proven to bring substantial cost savings to owners' on large, complex projects.

Additionally, we will utilize web-based and password protected project management information system (PMIS) tools available to assist the entire team to manage project related email, attachments, construction drawings, budgets and construction administration documents. DAY will act as the administrator of these tools, managing approved users' access to project information at each person's specific level.

Lastly, the project team will use a host of its own MS Word and Excel document templates as well as MS Project and Primavera scheduling software to assist with communications; track the budget against actual costs and forecast future costs and schedule progress against the master schedule.

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

Kennewick General Hospital is planning on utilizing a modified AIA A121/CMC Owner Agreement and a modified AIA A201 General Conditions. Both documents will be developed and scrutinized with advice from outside legal counsel. In addition, KGH, DAY and HCG are preparing a comprehensive Pre-Construction Services Scope of Work and General Requirements (Division 01) that will be coordinated thoroughly with the modified AIA documents for the GC/CM construction procurement within Washington State.

Preparation of the GC/CM Request for Qualifications (RFQ), Request for Proposal (RFP) and selection process will be based on a DAY standard form and modified with the latest lessons learned from other public agencies. This process will include responses to selection criteria questions, scoring matrix for fee and general conditions, interviews, and final selection evaluations. Refer to Attachment B for detailed information and timelines for the GC/CM procurement process. The roles and responsibilities of the Owner, project manager,

construction management consultant, architect and the GC/CM are defined and coordinated through our Leadership Matrix that is tailored to the specific contract deliverables of each team member. Refer to Attachment C.1 at the end of the application.

Management of the project's scope, phasing, and budget is of the utmost importance to the team in administering and controlling the project. Regular cost estimates will be completed by the Owner's 3rd party estimator and GC/CM and will be reviewed and reconciled at each major design phase and throughout the construction process.

DAY will manage and oversee the GC/CM's subcontractor procurement outreach efforts to ensure the conditions of RCW 39.10 are met and the Owner receives maximum benefit of a well managed bid process as part of the MACC development.

Upon agreement of MACC/GMP, the construction manager along with the GC/CM will regularly evaluate the documents to determine the changes to the project which could adversely affect the MACC as set forth in the agreement. At every level of design, the design team will forward a list of all changes which have been made to the project to determine impacts. However, by thoroughly analyzing changes as we progress, impact should be minimal.

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

DAY and Foster Pepper PLLC have developed and implemented contract terms specific to GC/CM utilizing modified AIA A121 & A201 documents.

KENNEWICK GENERAL HOSPITAL - SOUTHRIDGE CAMPUS PROJECT TEAM

PROJECT EXECUTIVE TEAM

Chuck Barnes, MBA

**Executive Director Support Services
Kennewick General Hospital**

Chuck has over 40 years of progressively responsible management positions in the healthcare profession. Throughout his career, he has been involved in various types of hospital projects with responsibilities ranging from planning to working as the Owner's Representative on a number of major projects. Among his accomplishments are facility additions, construction of new hospital wings and major complex remodels in existing, larger facilities.

Chuck is a member of the following professional healthcare organizations:

- American College of Healthcare Executives
- Association of Healthcare Resource & Materials Managers
- American Society for Healthcare Engineering
- Washington State Society for Healthcare Engineering (WSSHE)

Joe Kunkel

**Principal
Healthcare Collaborative Group**

Joe Kunkel is a Founding Principal of the Healthcare Collaborative Group and has over 20 years of leadership in all facets of health care management. He is expert in the areas of strategic planning and development, finance, operations, new hospital development, ambulatory care, board and community management.

As part of his extensive healthcare background, Mr. Kunkel has the unique distinction of leading the development of the only 2 Certificate of Need approved new hospitals in Washington State in the last 25 years (Salmon Creek in Vancouver and St. Anthony in Gig

Harbor). He also has experience with Critical Access Hospitals by working with clients in Republic WA, Lakeview OR, Enumclaw WA and Friday Harbor WA.

His operational experience includes being the Vice President in charge of Clinical Operations at Legacy Health System in Portland, OR, where he had operating responsibility for emergency services, oncology, rehabilitation, neurology, and security services across a four-hospital system. He also culminated ten years at Southwest Washington Medical Center as the Vice President of Strategic Development and Ambulatory Care, during which time he provided strategic planning, development, administration, financial management and operations expertise.

His expertise and vision throughout his career in strategic planning and hospital operations have earned him awards in operational improvement and business leadership. Joe will consult with the Project Executive Committee in all matters regarding planning, land use, design, permits and construction.

PROJECT ADMINISTRATION and MANAGEMENT TEAM

Mike Day

Senior Project Manager
DAY CPM Services

Mr. Day is an Executive Leader with more than 25 years of Construction Management / Owner's Representative experience providing full-service project management expertise in both the public and private sectors. He is a dynamic principal who supports the foundation of teams and leads through example and mentoring. A money-wise Owner's Representative, he manages construction capital with strict accountability. His in-the-trenches contracting knowledge translates to protection of Owner interests with persuasive authority in dealing with construction entities.

Mike is very well respected by major construction corporations throughout the Northwest and is considered a local subject matter expert in alternative contracting methods including GC/CM. Key elements to Mr. Day's success include:

- *Over \$1 billion worth of recent successful healthcare expansions and large institutional construction projects including new construction, renovations, remodels and mechanical and electrical systems upgrades;*
- *Proven team leadership style with ardent emphasis on collaborative communication and building cohesive team relationships;*
- *Seasoned expertise with negotiated GMP, GC/CM, CM/GC and Design-Build contracting and delivery methods;*
- *Extensive background in all facets of the building and design process with special emphasis on design constructability, value engineering, estimating, scheduling and budget tracking and construction administration.*
- *Recent "Vista" Award winner for new hospital construction as part of the leadership team overseeing the development of the PeaceHealth replacement hospital in Springfield, OR.*

As the project's Senior Project Manager, Mike will be responsible for the project's financial supervision (including budget, auditing and contracting); overall management of the GC/CM process and management of the contract between Kennewick General Hospital and DAY CPM Services.

Mike is a member of the following professional healthcare organizations:

- American Society for Healthcare Engineering
- Washington State Society for Healthcare Engineering (WSSHE)

Neil Brown

Construction Manager DAY CPM Services

Representing Kennewick General Hospital, Neil Brown will serve as the project's Construction Manager. Neil has worked on approximately \$2.5 billion worth of construction projects spanning several states and the Middle East. His recent client representative work in the medical and research fields is backed with construction experience in managing large, complex design-build infrastructure programs. Recent clients include Oregon Health Sciences University and PeaceHealth for work completed on the replacement hospital project.

Most recently, Neil has represented the Medford School District 549C in Medford, OR on its new \$80M high school project. As the direct report to the district superintendent and facilities manager, he has provided complete Owner representation and overall project management and preconstruction services including management of the design review process (coordination/constructability); CM/GC contract negotiations; budget variance reports, estimate reconciliation and value engineering; public relations (neighborhood outreach meetings) and media coordination; and complete construction administration responsibilities.

George Amburn

Technical Support DAY CPM Services

Mr. Amburn is an experienced Owner Representative with a broad knowledge of multi-discipline engineering, preconstruction services, technical commissioning and construction management. He excels at simultaneous delivery of several design packages and is capable of fine focus at critical project milestones.

His technical insight of complex architectural-engineering issues makes him a strong leader and valued single-point contact for owner groups and design/construction teams. His technical insight of complex architectural engineering issues qualifies him as an excellent problem solver and architectural, structural and MEP coordinator. George is a prime contract manager who is characterized by his peers as well organized and focused.

Roger Pearce

Attorney Foster Pepper PLLC

Mr. Pearce of Foster Pepper PLLC, is legal counsel to Kennewick General Hospital and has extensive experience in corporate matters, land use planning, permitting, SEPA/NEPA, and the entitlement process inherent with large capital construction projects. The firm is experienced in design and construction contracting and procurement processes for public construction as well as private construction using GC/CM processes. Foster Pepper has significant expertise with respect to the requirements of Chapter 39.10 of the RCW and has advised the Association of Washington Public Hospital Districts regarding the RCW amendments to Chapter 39.10.

Recent hospital GC/CM clients of Foster Pepper include:

- Chelan County Public Hospital District No. 2
- Klickitat County Public Hospital District No. 2, Skyline Hospital
- Skagit County Public Hospital District No. 1
- Skagit County Public Hospital District No. 2
- Whitman County Public Hospital District No. 1A

PROJECT DESIGN TEAM

Steven Kolberg AIA

Principal

Petersen Kolberg & Associates Architects and Planners

Since graduating from California Polytechnic State University in 1973, Steve Kolberg has acquired a solid background in institutional, commercial and governmental design. He has directed projects as diverse as office and medical buildings, hospitals, churches, assembly halls, retail stores, and schools. To all projects Steve brings commitment to ongoing close client contact that begins from the initial design meeting through final construction and occupancy.

In 1981, Steve joined Duane Petersen to form Petersen Kolberg & Associates. Steve's leadership has resulted in the continued growth of a premier award winning healthcare architectural firm with clients located throughout the Pacific Northwest. Since its inception, Steve has maintained the firm's continued emphasis for personalized attention to client needs matched by the necessity for an understanding of complex medical equipment and building systems. Steve enjoys a well earned reputation for being both an authority and resource for medical and healthcare facility planning.

Steve is registered in the states of Washington, Oregon and California.

James Knees

Project Architect

Petersen Kolberg & Associates Architects and Planners

Jim began his architectural career in Portland working for a large Architecture / Engineering firm specializing in commercial and industrial projects. His experience also included work in Seattle for an Architect who designed multi-family and mixed-use projects.

In 1991 Jim joined Petersen Kolberg & Associates where he has designed, detailed, and administered a wide variety of medical and healthcare facility projects. Jim's office project experience is diverse and wide ranging, including: radiology/catheter lab; neo-natal intensive care units; research laboratories; labor and delivery units; general practice medical clinics; and, emergency department remodels. With each project, Jim brings a comprehensive approach, matching his attention to each design's objective with his responsiveness to every client's needs.

Jim is a registered architect in Washington.

Leif Lindseth

Design Manager

Petersen Kolberg & Associates Architects and Planners

Joining PKA in 2000, Leif serves as one of the firm's dedicated design professionals who work daily to assist clients with translating their initial vision into a three-dimensional built environment.

Leif's philosophy is shared throughout the firm and includes the principle that a building's design should draw on its surroundings to achieve harmony without replication. He is skilled at applying design theme throughout all elements of the built environment, exterior and interior, to assure consistency for the building's language and interpretation by those using and visiting the building long after the project's completion. Leif utilizes a variety of media and tools during the design process, including hand drafting, sketching, AutoCAD and other computer graphic programs, and perspective rendering to study design challenges, explore options and illustrate solutions.

Theodore Gentner

Core and Shell Manager

Petersen Kolberg & Associates Architects and Planners

Ted began his architectural career in St. Louis working for a large, multinational architectural firm specializing in retail projects. After moving home to Portland in the early 90's, Ted worked for a national retail chain designing and managing construction of stores throughout the western region. Prior to joining Petersen Kolberg and Associates, Ted worked for another Portland architectural firm as a project architect/project manager on a number of neighborhood retail centers anchored by large supermarkets. Ted's experience in retail gives him extensive experience with the design, detailing, and construction of building exteriors.

In 2008 Ted joined Petersen Kolberg and Associates where he has done design development, detailing, construction document production, and procuring of building/planning approvals with the local jurisdiction for a new community hospital in western Oregon. While Ted is new to medical architecture, his experience with building shell design, detailing and construction is a valuable component of the project team.

Ted is a registered architect in Oregon.

Sean-Scott Ingersoll, AIA

Tenant Improvement Manager

Petersen Kolberg & Associates Architects and Planners

Sean joined Peterson Kolberg & Associates in 2005, bringing with him almost ten years of dedicated healthcare design and architecture experience.

Sean's work with clients typically starts at the project's onset, clarifying primary and secondary user needs. Once the program and criteria are established, Sean works closely with various user groups (typically physicians, clinicians, administrators and support personnel) to ensure those needs are addressed and incorporated into the final design. Managing the project from start to finish, Sean is able to ensure that the design on paper is fully realized in the field. He has worked on a wide range of medical project types at all scales, including new construction, department remodels, outpatient facilities, and single room renovations.

Sean is working toward his Oregon architect registration.

Anthony Fenning, AIA

Quality Control and Construction Administration Manager

Petersen Kolberg & Associates Architects and Planners

Joining Petersen Kolberg & Associates in 2004, Tony has close to 20 years experience directing office, medical, religious, assembly hall, retail and education projects. At Petersen Kolberg & Associates, he serves as the firm's leading manager during the construction administration phase on many large projects.

Tony has a strong understanding and expertise in the area of medical facility design and construction. He provides valuable review and consul for the real-world constructability of design elements and details for all client projects, large and small. Once the construction documents are completed and permits issued, Tony's attention to detail and personalized consideration for client needs guide the project from demolition or groundbreaking through completion and occupancy. He has consistently delivered with the project being completed on time and within budget.

Tony is a registered architect in Washington and Oregon.

Ted Luvaas, AIA

Senior Architect

Archibald Little Dillman Architects, P.S.

Ted is a Senior Architect with ALD in Richland and has more than 20 years of healthcare design and functional operation experience focusing on construction documentation and specifications; cost estimating and project administration. His expertise in building codes and state regulations governing healthcare facilities will be a significant value to the project. Ted will serve as a local liaison to the city of Kennewick during preconstruction activities and assist Petersen Kolberg & Associates with construction administration.

Ted is a registered architect in Washington and Oregon.

Brad Moyes, PE, SE

Principal, Structural Engineering Manager

KPFF Consulting Engineers

As principal-in-charge for structural engineering, Brad Moyes acts as the "design structural engineer" and with other members of the design team selects structural systems and oversees comparative analyses between systems. He attends meetings at which structural engineering input is required, provides the project manager with technical and managerial guidance, and follows the progress and direction of the work. In addition, Brad provides internal peer review at critical milestones, and checks and approves the final documents. During construction, he approves any changes to the structural design and participates in problem resolution.

He has been with KPFF since the Portland office opened in 1974. He was named a principal of the firm in 1991.

Brad is a registered Structural Engineer in Washington, Oregon, California, Nebraska, Rhode Island and Idaho.

Creighton Kearns, PE

Principal

Interface Engineering

Creighton serves as a Principal at Interface. His 20+ years of experience covers medical, institutional, commercial, industrial and educational facilities where he has been extensively involved in master-planning and large infrastructure upgrades, as well as the development of new and renovated facilities. Creighton's project experience includes Kaiser Sunnyside Medical Center, Clackamas, Oregon; Legacy Emanuel Hospital, Portland, Oregon; and Southwest Washington Medical Center, Vancouver, Washington.

Richard Benney

Electrical Design

Interface Engineering

With 30 years in the industry, Richard Benney has a strong background of electrical experience in the design of healthcare and laboratory projects. Richard's design experience includes lighting, power quality, power distribution, and fire alarm design. He strives to respond quickly to client needs, and works to communicate effectively with other disciplines to successfully complete each project. Richard's project experience includes numerous projects at Adventist Medical Center, Portland, Oregon; Oregon Health & Science University, Portland, Oregon; and Kaiser Sunnyside Medical Center, Clackamas, Oregon.

Dave Stokey

Medical Equipment Consultant

Mitchell Associates

Mr. Stokey brings over 30 years of medical operations experience to the Mitchell Team. His background in healthcare includes clinical experience as an RN in the operating room and critical care arena, Nursing Administration, Hospital Administration, and Senior Project Management for a National HMO's Facilities Department.

As a Nursing Administrator, Dave has been responsible for major program developments, start-ups, and project delivery, as well as hospital supervision and medical office management.

With over 15 years experience as Chief Operating Officer for a 300 bed medical center, Dave has directed long range capital planning, budget development, institutional master planning, and management of the environment of care for regulatory compliance, quality and safety.

As an owner's representative, Dave has partnered with the local business community and political leaders, and has served as the liaison between contractors, sub-contractors, architects and medical center managers.

8. 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: *(labeled Att. 'E')*

- 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

Please see Attachment E at the end of the application.

9. 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. Some examples are included in attachments E1 thru E6. At a minimum, please try to include the following:

- A overview site plan (indicating existing structure and new structures)

Please see Attachment F at the end of the application.

- Plan or section views which show existing vs. renovation plans particularly for areas that will remain occupied during construction.

N/A

Note: applicant may utilize photos to further depict project issues during their presentation to the PRC

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.

No audit findings on previous public works projects.

Caution to Applicants

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

Signature of Authorized Representative

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

Should the PRC approve your request to use the GC/CM or D-B 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 or D-B process. You also agree that your organization will complete these surveys within the time required by CPARB



Name (please print) _CHUCK BARNES_

Title: _EXECUTIVE DIRECTOR SUPPORT SERVICES_

Date: __APRIL 28, 2009_

ATTACHMENT A



KENNEWICK GENERAL HOSPITAL
P.O. Box 6128 • 900 South Auburn Street, Kennewick, WA 99336
Tel 509-586-6111 / Fax 509-586-5892
www.kennewickgeneral.com

CPARB/GCCM PROJECT DESCRIPTION

Kennewick Public Hospital District (KPHD), dba Kennewick General Hospital (KGH), is a public district hospital operating an acute care hospital (101 licensed beds) and a multispecialty physician clinic at their current Auburn Street Campus. The District also operates an outpatient campus approximately 8 miles west of the hospital (the KGH Medical Mall) consisting of an Ambulatory Surgical Center, a complete diagnostic imaging facility and women's services center, a GI/Endoscopy Center and multispecialty physician clinic. The District also operates multiple other locations for walk-in care clinics (2), home health, urgent care (2), adult day services, senior (geriatric) physician service clinic, etc.

KPHD has received Certificate of Need approval to build a partial replacement hospital consisting of 74 acute beds and attending ancillary services. The District owns a 40 acre greenfield site in an area known as Southridge, which is a large master-planned area of new development bordering state route 395 and Interstate Highway 82 (about 3 miles southwest of the present Auburn Street Campus). The District will continue to operate 27 beds for women's and children's services at the Auburn Campus. The eventual plan is to accomplish a complete move of all beds to Southridge. The current planned structure will be designed to accommodate future growth of the acute care facility. The full 40 acre campus will be master-planned to accommodate the District's needs for the next 50 years.

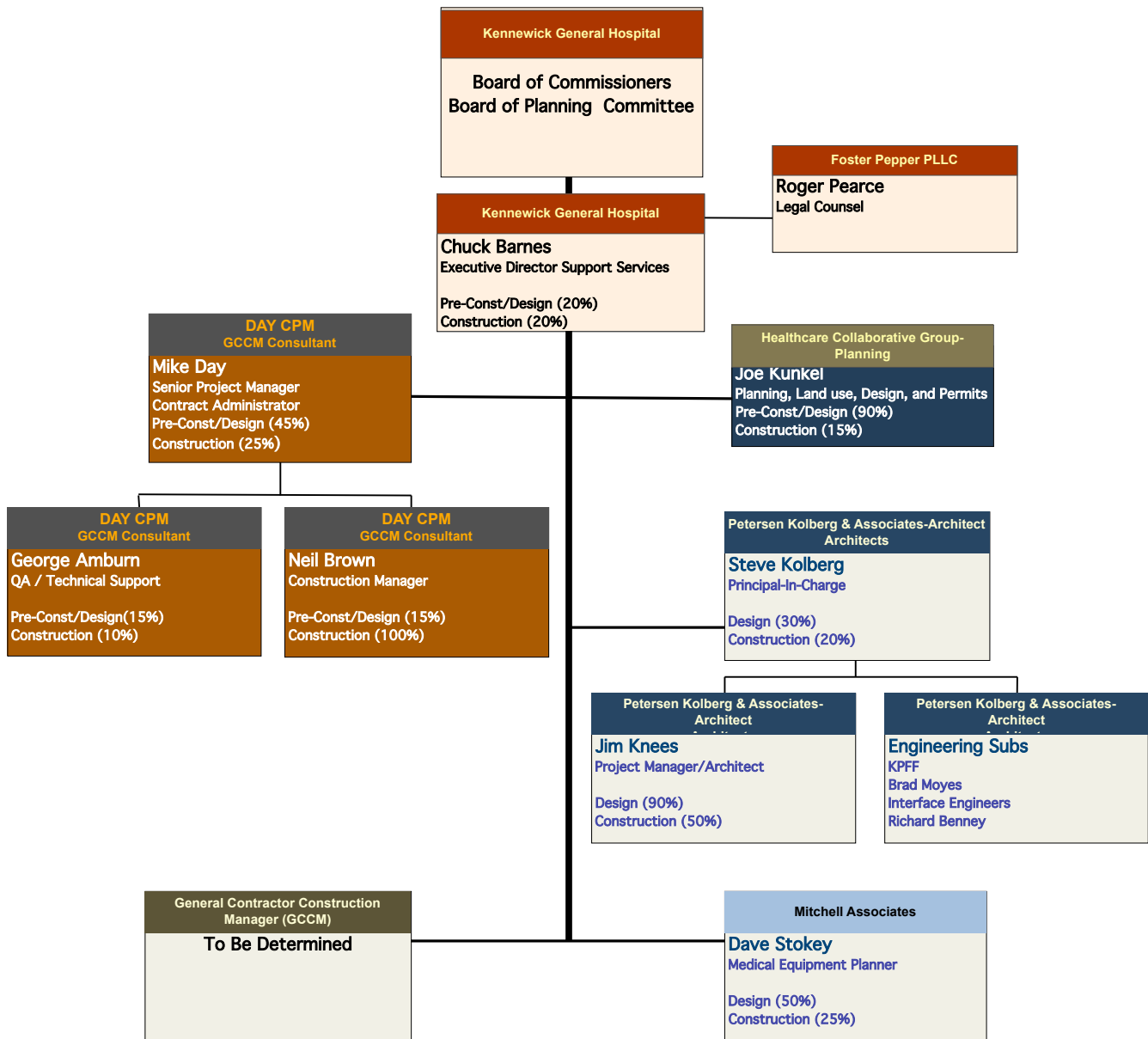
The current project and Certificate of Need is not prompted by a need to expand. Rather, the current facility is fast approaching its maximum usable life. The core structure of the hospital was built in 1952 and received many additions over time. The interstitial spaces are minimal and make additions and compliance with new codes difficult. Sixty percent (60%) of the licensed beds are double-occupancy. We also have many beds tied up in specialty units. These two factors severely limit the usability and functionality of the facility. A space utilization study 2 years ago revealed that when compared to current standards, most of our ancillary and support spaces are as much as 70% under-sized. Hence, given these factors our need is to gain more functional, up-to-date space.


The hospital is in the process of securing FHA/HUD 242 financing for this project. We have filed our preliminary application with HUD. Our financial feasibility consultants are more than half way through their analysis and report that we have a strong case to present to FHA. We are very optimistic that this financing will be the best, lowest cost option for our District residents.


Kennewick General Hospital Southridge

Project Organization Chart

Attachment C - Preconstruction Construction Phases



LEADERSHIP MATRIX		INTEGRATED PROJECT DELIVERY TEAM (IPD)							
		Owner / Owner Rep Team			Design Team		Constructors		
		KGH /	HCG /	DAY CPM SERVICES	PKA		GCCM		
Activity Description	Phase	Sr. Leadership / Users, Planning, Operations & Facilities	Planning & Development- HCG	Project Management: GCCM Consultant	Construction Manager	Architect	MEPS & Other Sub-Consultants	GCCM Contractors	Remarks
Overall Program Mgt Oversight/CA during planning	All	Review	Lead	Support		Support			HCG lead Planning, & land use development
Overall Program Mgt Oversight/CA during design	All	Review	Lead	Support		Support			HCG lead Design, Permits and entitlements
Overall Program Mgt Oversight/CA during construction	All	Review	Support	Lead	Lead	Support		Support	DAY lead overall Program/Project Management
PMIS/Doc Control Development/Implementation	All	Review	Support	Lead		Support		Support	x
Master Budget Development,	All	Lead	Support	Support	Support	Support		Support	DAY/HCG update/monitor
Accounting and Job-Cost Mgt System	All	Review	support	Lead				Support	DAY track costs/update
Master Schedule Development and Schedule Mgt System	All	Review	Support	Lead	Support	Support		Support	Master Schedule Deliverable
Program Delivery Plan: GCCM	All	Approve	Support	Lead		Support		Support	RFQ statement of work
A/E and GCCM Procurement									
Selection of A/E Consultant firms	Procure	Approve	Lead	Support					Completed Task
GCCM Application / Presentation	Procure	Support	Support	Lead		Support			
GCCM Statement of Work / RFQ	Procure	Support	Support	Lead		Support			
GCCM Statement of Qualifications	Procure	Support	Support	Lead					
GCCM Award	Procure	Approve	Support	Lead					
Negotiation of Agreements with GCCM construction team	Procure	Approve	Support	Lead					Reevaluation of A/E contract may be required
3rd Party Consultant solicitation, selection, contract negotiation	Procure	Approve	Lead	Support					Medical EQ, I.T., other 3rd party vendors
Planning									
Validate Allowable Cost - MACC	Planning	Approve	Support	Lead		Support		Lead	GCCM prelim. Estimate: review & validation
Functional program validation	Planning	Approve	Lead	Support		Support			
Develop/Update Project Management Plan, Communications and Procedures	Planning	Approve	Lead	Support		Accept		Accept	DAY develop Procedures Manual
Gov- Agency Agreements/Coordination	Planning	Review	Lead	Support					
Geotechnical and Land Surveys	Planning	Review	Lead	Support			Support		
Construction phasing and logistics plans	Planning	Approve	Review	Support	Support			Lead	GCCM develop phasing & site logistics plan
Site Development									
Environmental/Hazmat Assessments	Site dev	Review	Lead	Support		Support			If Required
Offsite Infrastructure Agreements/Implementation	Site dev	Approve	Lead	Support		Support			If Required
Planning and Zoning Approvals	Site dev	Support	Lead	Support		Support			
Conditional Use/Site Development Permits	Site dev	Support	Lead	Support		Support			
Design Phase									
Develop Design Schedule w/milestones	SD	Approve	Review	Review		Lead		Support	
Recommend Basic Materials / Systems	SD	Approve	Review	Support		Lead		Support	
Offer Cost Eval / Alt Construction	SD	Approve	Review	Support			Support	Lead	Report Deliverable: VE
Develop Bid-Package Format	SD	Approve	Review	Support		Support		Lead	Sub Work Plan: RWC 39.1
Develop Phased Construction Schedule	SD	Approve	Review	Support		Support		Lead	CPM Sched w/milestones
	End SD								
Conduct Value Engineering Analysis	DD	Approve	Review	Support			support	Lead	VE Log Update
Finalize Selection of Components / Sys	DD	Approve		Support		Lead	support	Support	
Complete DD Deliverable	DD	Approve	Review	Support		Lead		Support	DD Milestone
Prepare Prelim Construction Schedule	DD	Approve	Review	Support		Support		Lead	Prelim CPM schedule with critical milestones
Eval Labor/Subcontractor Market	DD	Review	Review	Support		Support		Lead	Market Assessment Report
Estimate Construction Cost: MACC/GMP	DD	Approve	Review	Support		Support		Lead	Final Reconciliation of Const MACC/GMP

LEADERSHIP MATRIX		INTEGRATED PROJECT DELIVERY TEAM (IPD)							
		Owner / Owner Rep Team			Design Team		Constructors		
		KGH /	HCG /	DAY CPM SERVICES	PKA		GCCM		
Activity Description	Phase	Sr. Leadership / Users, Planning, Operations & Facilities	Planning & Development- HCG	Project Management: GCCM Consultant	Construction Manager	Architect	MEPS & Other Sub-Consultants	GCCM Contractors	Remarks
	End DD								
Update Design Schedule	CD	Review	Review	Support		Lead		Support	A/E - GCCM Acceptance
Prepare Contact Plans/Specifications	CD		Review	Support		Lead		Support	Budget Validation Report
Final Gov Agency Review / Approval	CD		Monitor	Support		Lead		Support	Process CD's w/AHJ
Estimate Construction Cost	CD	Approve	Review	Support		Support	Support	Lead	Preliminary MACC / Budget Update
Procurement Work Plan / Bid Packages; Subcontractor outreach: RCW 39.10	CD	Approve	Review	Support		Support		Lead	Finalized Subcontractor Procurement Plan RCW39.1
Constructability Review	CD	Review	Review	Support		Support	Support	Lead	CR Log Finalization
VE Analysis	CD	Approve	Review	Support		Support		Lead	VE Log Finalization
QA/QC Review	CD	Review	Review	Support		Lead		Support	QA Report
Establish MACC & GMP @90% CD's	CD	Approve	Review	Support		Support	Support	Lead	GMP Handbook (MACC/GMP itemization)
Bidding and Award									
Conduct Contractor Pre-Bid Conference / Hearing: Sub PreQual:	Bid	Approve		Support	Support	Support		Lead	Public hearing approval required to pre qualify subs
Receive / Tabulate Contractor Bids	Bid	Review		Review	Support			Lead	Public Bid Opening
Evaluate Bids / Specification Compliance w/ RCW 39.10	Bid	Approve		Review	Support			Lead	Bid Recap Report
Update Construction Schedule	Bid	Approve		Review	Support	Review		Lead	Finalize Master CPM Sched
Owner Review / Approval of Contracts	Bid	Approve	Review	Lead	Support			Support	MACC / Award Contracts
Notice-to-Proceed: MACC/GMP final	Bid	Approve	Review	Lead	Support			Support	MACC / Award Contracts
Develop Detailed CPM Construction Schedule	Bid	Approve	Review	Support	Support			Lead	Develop Detailed Construction CPM Schedule
Construction Phase									
Mobilization for Construction: GCCM	Const				Support			Lead	
Owner Rep: Onsite Construction Mgr.	Const			Support	Lead			Support	DAY Lead CM
Update Construction CPM Schedule	Const	Review	Review	Review	Support			Lead	Establish Substantial Completion Date / Monthly Updates
Field Coordination of Subcontractors and Trades	Const				Monitor	CA	support	Lead	A/E - CA Support per Contract
Evaluate Progress / Update Const Sched	Const	Review	Review	Review	Monitor	Support		Lead	Weekly updates w/6 week look-ahead
Schedule of Values / Pay Ap vs. Time Chart	Const	Approve		Support	Review	Review	Support	Lead	Monthly Burn-Rate Report
Change Orders / Const Change Directives	Const	Approve		Support	Review	Review	Support	Lead	COP/CO Log - weekly CO Meetings
Administer Owner Activities	Const	Approve		Support	Lead	Support		Support	Monthly Review / Report
Administer Owner's Commissioning Program	Const	Review		Support	Lead	Support	Support	Support	A/E & GCCM coordinate CxA issues with Site QA Program
Coordinate Owner Occupancy Schedule	Const	Review	Review	Support	Lead			Support	Integrate final Equipping and fit out w/ GCCM schedule
Prepare QA/Punch Lists/Log	Const	Review	Review		Support	Review		Lead	
Substantial Completion Verification	Const	Approve	Support	Support	Review	Lead	Support	Lead	
Closeout									
Punchlist	Close	Review	Review		Support	Support	Review	Lead	100% Sign-Off
Final Acceptance	Close	Approve	Review	Support	Support	Lead		Support	
Final Accounting	Close	Lead			Report			Report	
Final Payment	Close	Lead			Audit			Accept	
Post Construction									
Record Drawings	Post				Support	Lead		Lead	Record Dwgs per Contract
Maintenance Records	Post	Lead			Support			Support	
Hospital Certification/Licenses	Post	Lead	Support		Support			Support	
Final Report to State - GCCM Process	Post	Lead		Support				Support	Ph 2 CPARB report
	Post-End								

Attachment D
Kennewick General Hospital
Kennewick General Hospital - Construction Experience

Project #	Project Name	Project Description	Contracting Method	Planned		Actual		Construction Costs		Reason for Change
				Start	Finish	Start	Finish	Budgeted	Actual	Remarks
PROJECT MANAGER - HEALTHCARE COLLABORATIVE GROUP: Planning, Land Use and Development										
1	St. Anthony Medical Center Gig Harbor, WA	Medical planning, design and coordination for 220,000 square feet of tenant improvements. The building program was an expansion of Preoperative Services, a new Center for Women's Health, and an expansion of patient beds that included ICUs, Neuro/ENT, and cardiac inpatients. This project was a collaborative effort with another architecture firm who was responsible for the shell/core building.	CM/GC Negotiated	Jun-05	Jun-09	Jun-05	Mar-09	\$92,000,000	\$92,000,000	
2	Enumclaw Regional Hospital Enumclaw, WA	Full service project management as owner representative from entitlements through design process, culminating in building permit. Lead selection of A&E firm and Contractor on behalf of owner. Lead the hospitals public approval process.	CM/GC Negotiated	Jun-07	Jun-10	Jun-07	Jun-10	\$41,000,000	\$41,000,000	
3	Legacy Salmon Creek Hospital Vancouver, WA	Full project management from initial strategy through design. Certificate of Need, land use, land acquisition, physician development, staffing identification, public relations.	CM/GC Negotiated	2002	2005	2002	2005	\$112,000,000	\$112,000,000	
4	Swedish Medical Center - Issaquah Issaquah, WA	Owner project management services for new greenfield hospital, MOB and ambulatory center. 175-bed hospital. 500,000 sf of development.	CM/GC Negotiated	2009	2012	2009	2012	\$300,000,000	\$300,000,000	

Attachment D
Kennewick General Hospital
Kennewick General Hospital - Construction Experience

Project #	Project Name	Project Description	Contracting Method	Planned		Actual		Construction Costs		Reason for Change
				Start	Finish	Start	Finish	Budgeted	Actual	Remarks
GC/CM CONSULTANT - DAY CPM SERVICES: Owner Representative										
1	PeaceHealth Sacred Heart Medical Center at RiverBend, Springfield, Oregon	This all-new 200-acre 1,200,000 SF medical center includes a nine-story, 425-bed hospital; two five-story medical office buildings connected to the hospital on three floors; a 1,000-car parking structure; and significant road and infrastructure upgrades. In the main building, six bed floors sit atop a three-story podium including ground floor pharmacy, registration, emergency, and imaging departments. Included are 24 operating suites, four open-heart surgery ORs, and cath labs with ancillary support services. DAY CPM was the overall Project Administrator and Owner Representative.	CM/GC Negotiated	Apr-05	Aug-08	Apr-05	Aug-08	\$500,000,000	\$550,000,000	Program and Scope Changes: Add MOB outpatient facilities
2	Asante Health System, Rogue Valley Medical Center, Medford, Oregon	300,000 SF, five-story new bed tower and 60,000 SF renovation to the original 200-bed facility. The existing central circulation "spine" of the hospital was extended in the new addition and incorporated a new main lobby and an opening to the dining room below. The new five-story bed tower replaced substandard inpatient wings, provided a prominent element to enhance the hospital's identity and was designed to maximize flexibility and efficiency for patient, staff and material flow. DAY CPM was the Project & Construction Manager acting as Owner Representative.	CM/GC Negotiated	2003	2005	2003	2005	\$110,000,000	\$110,000,000	
3	Sacred Heart Medical Center, Children's Hospital Expansion & Women's Services & Surgery Center Addition, Spokane, Washington	This phased project included a new seven-story 350,000 SF surgical operating room facility equipped with state-of-the-art robotic equipment and support services; a new women's services addition equipped with outpatient clinics, LDR, C-section, and postpartum facilities; a two-story addition on top of the nine-story children's building adding a patient care oncology and treatment facility; a remodel of the entry level. DAY CPM was the Project Manager with Owner representative w/ Design & Engineering oversight responsibilities.	CM/GC Negotiated	2002	2004	2002	2004	\$135,000,000	\$135,000,000	

Attachment D
Kennewick General Hospital
Kennewick General Hospital - Construction Experience

Project #	Project Name	Project Description	Contracting Method	Planned		Actual		Construction Costs		Reason for Change
				Start	Finish	Start	Finish	Budgeted	Actual	Remarks
GC/CM CONSULTANT - DAY CPM SERVICES: Owner Representative										
4	Ft. Vancouver Regional Library, Vancouver, Washington	New Regional Municipal Library for City of Vancouver. - 90,000 sq ft, LEED Silver, three-story building with two stories of underground parking. The New Main Library is planned to be a key public component of a private, multi-use development called Riverwest. DAY CPM is the GCCM consultant and Owner representative working in collaboration with Olympic Associates and the Regional Library in House Staff.	GC/CM-Negotiated	2008	2011	2008	On schedule Final MACC/GMP	\$35,000,000		project is underway
5	Medford School District 549C, Medford, Oregon	South HS will support the education of a 255,000 BGSF, 2000 high school students in grades 9 through 12 with Administration, Media Center (library), Commons, Food Service, Gymnasiums, Theater, Tech-Arts Studios, and Building Support spaces. There were many external forces challenging the Owner of this replacement high school but public mistrust, market escalation, and budget/scope alignment were obstacles that threatened the Owner. Day CPM Services comprehensively addressed all issues by integrating teams and providing effective communication. DAY CPM acted as the Program Manager and Owner Representative for the District Bond program with comprehensive Project Management oversight of the project & Bond program.	CM/GC Negotiated	2008	Spring 2010	2008	On schedule	\$81,000,000	\$81,000,000	
6	K-12 Lower Ed Various School Districts- Oregon	Various K-12 CM/GC projects in the state of Oregon over a period of 10 years including: Hillsboro, McMinnville, Dayton, St. Helens, Lebanon, Clatskanie.; DAY acted as the Senior Project Manager executing these CM/GC projects under a prior company relationship.	CM/GC Negotiated	1997	2003	1997	2003	\$200,000,000	\$200,000,000	
7	Autzen Stadium	New Stadium for University of Oregon: DAY provided Contract Administration and Owner Representative oversight responsibilities through final project completion, audit review and Contract Closeout.	CM/GC Negotiated	2004	2005	2004	2005	\$90,000,000	\$90,000,000	
8	Coffee Creek Corrections New Greenfield Prison	DAY acted as the Project Administrator and Owner Representative for: New 400,000+ square-feet of new construction and 200+ acres on-site improvements, substantial off-site street improvements (ODOC) .	CM/GC Negotiated	2000	2003	2000	2003	\$135,000,000	\$125,000,000	

Attachment D
Kennewick General Hospital
Kennewick General Hospital - Construction Experience

Project #	Project Name	Project Description	Contracting Method	Planned		Actual		Construction Costs		Reason for Change
				Start	Finish	Start	Finish	Budgeted	Actual	Remarks
ARCHITECTURAL DESIGN TEAM--PKA ARCHITECTS										
1	OHSU Kohler Pavilion, Portland, Oregon	Medical planning, design and coordination for 220,000 square feet of tenant improvements. The building program was an expansion of Preoperative Services, a new Center for Women's Health, and an expansion of patient beds that included ICUs, Neuro/ENT, and cardiac inpatients. This project was a collaborative effort with another architecture firm who was responsible for the shell/core building.	CM/GC Negotiated	2003	2006	2003	2006	\$140,000,000	\$147,000,000	Program and Scope Changes
2	Adventist Medical Center, Pavilion Building, Portland, Oregon	Project involved an expansion of outpatient services for the hospital. The program included a cardiovascular center with invasive and non-invasive procedure rooms, including Cath. Labs, nuclear medicine, outpatient surgery, operating rooms, radiation therapy, an emergency department expansion, and one floor of physician offices. The project also included a four level parking garage and expansion of the physical plant. Remodeling of the existing hospital, including the existing ED, is currently ongoing.	CM/GC Negotiated	Summer 2007	Spring 2009	Summer 2007	Spring 2009	\$74,000,000	\$79,000,000	Program and Scope Changes
3	St. John's Medical Center, Longview, Washington	Phased renovation of an existing seven story tower and new emergency department/behavioral health unit. Renovations to the tower included med/surg rooms, ICU, and OB departments for a total of 90,000 SF. New construction consisted of approximately 25,000 SF.	CM/GC Negotiated	Fall 2005	Spring 2010	Fall 2005	On Schedule	\$37,000,000	\$39,000,000 (currently under construction)	Program and Scope change
4	Santiam Memorial Hospital, Stayton, Oregon	Project includes a new four story tower addition to the existing hospital. The program consists of two floors of patient nursing units, one floor of outpatient surgery, and one floor of support services. Total square footage: 60,000 SF.	CM/GC Negotiated	Fall 2009	Fall 2011	Fall 2009	N/A	\$20,000,000	Currently in CD phase	
5	Kaiser Westside Medical Center, Hillsboro, Oregon	The project, which is a joint venture with another architecture firm, consists of approximately 853,170 SF, including a new full-service hospital, medical office building, central plant, and parking structure on a 15 acre site.	CM/GC Negotiated	Summer 2009	2012	N/A	N/A	Confidential	Currently in CD phase	

Attachment E
Kennewick General Hospital
Kennewick General Hospital - Construction Experience

Project #	Project Name	Project Description	Contracting Method	Planned		Actual		Construction Costs	
				Start	Finish	Start	Finish	Budgeted	Actual

OWNER TEAM--KENNEWICK GENERAL HOSPITAL: Owner Representative and Operations Lead

1	KGH Pediatric Unit	Planned with design team, demolition of older nursing unit and design of replacement Pediatric unit. Completed and occupied 22 bed unit.	Design-Bid-Build	Jun-05					\$941,000	\$941,682
2	KGH Intensive Care Unit and Progressive Care Unit	Planned demolition of former pediatric unit, conversion of space to become an 11 bed Progressive Care Unit adjacent to the Intensive Care Unit. Remodeling of the Intensive Care Unit to provide enhanced support service areas and nursing administration space.	Design-Bid-Build						\$1,100,000	\$1,072,116
3	KGH Short-Stay Unit Remodel	Planned relocation of Physical Therapy, in the resulting reclaimed space planned and constructed a 10-bed short stay or observation bed area.	Design-Bid-Build						\$996,000.00	\$1,000,400
4	KGH Family Birthing Unit Expansion and Replacement Special Care Nursery Expansion	Planned and have begun remodel and expansion of the Family Birthing Unit and added additional space to create a 10-bed intermediate care nursery.	Design-Bid-Build	Sep-09	In process	Sep-09	In process		\$3,500,000	
5	KGH GI/Endoscopy Center	Planned demolition of former group practice space and conversion to an ASC setting suitable for Endoscopy Procedures (3 suites) and 12 combination pre/post beds.	Design-Bid-Build	Dec-09	In process	Dec-09	In process		\$2,500,000	

Attachment F

