

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

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

*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):
Klickitat County Public Hospital District No. 2
Skyline Hospital
- (b) Address:
Skyline Hospital
211 Skyline Drive
P.O. 99
White Salmon, WA 98672
- (c) Contact Person Name:
Michael Madden
Title: Administrator / Chief Executive Officer
- (d) Phone Number:
509.493.1101
Fax:
509.493.4607
E-mail:
mmadden@skylinehospital.com

2. Brief Description of Proposed Project

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

Skyline Hospital, Klickitat County Public Hospital District No. 2 (PHD No. 2), is planning a new addition and renovation to the existing hospital totaling approximately 31,300 square feet. The project will consist of four phases while maintaining full hospital operations over a 15 month period which includes 1 month of asbestos abatement. The first phase will involve relocating the existing helipad to accommodate the new addition. The second phase, which is the proposed new addition, will be a two-level wing comprising of a ground level and walk-out basement level. The ground floor level will be a 13,300 square foot patient care wing replacing the existing hospital, inpatient care wing and the 10,500 square foot basement level will house new mechanical and electrical systems with the remainder being shell space for future expansion. This addition will offer 17 private med-surg (medical surgery) patient rooms, 1 semi-private med-surg patient room and 2 LDRP (Labor, Delivery, Recovery, Postpartum) rooms. The renovation, within the existing 1952 hospital, will be the third phase and is to provide for the relocation of imaging, pharmacy and respiratory therapy while maintaining full operations within the hospital. Phase four will be the expansion / renovation of the existing x-ray room. The project will have site access and site grade challenges for the new addition, coordination issues

for the demolition and the new construction and concerns with the connection of new utilities with existing.

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, Preconstruction, etc.)	\$ 1,159,600
Estimated project construction costs (incl. 7.5% local sales tax):	\$ 9,352,500
Equipment and furnishing costs (hospital recently upgraded equipment and furnishings. New CT scanner to be leased. Budget to be used for misc. equipment)	\$ 100,000
Off-site costs (Assumes all utilities are adequate to the site)	\$ 0
Contract administration costs (owner, PM, etc) (Director of Facilities and CEO to provide GC/CM oversight - costs to be part of hospital operational costs)	\$ 0
Other related project costs (briefly describe) (Owner's Construction and Project Contingencies, Permitting, Consultant Reimbursables, Site Survey, Geo Tech., Physicist, Commissioning, Balancing, Special Inspections, Asbestos Survey/Abatement, Refinancing Existing Debt, Construction Period Financing, Cost of Bond Issuance)	\$ 4,137,900
Total (with sales tax & contingencies)	\$14,750,000

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)

\$14,500,000 of the project will be funded through tax exempt revenue bond financing and \$250,000 of the project will be funded through the Owner's operational funds.

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.)*

[See Appendix 'A', the proposed project schedule.]

Architect Selected	March 2007
Planning and Programming	April 16, 2007 thru July 16 2007
Hospital Board Approval to use GC/CM	May 22, 2007
CPARB GC/CM Verbal Approval	July 26, 2007
CPARB GC/CM Formal Approval	August 9, 2007
GC/CM Selection Process	June 11, 2007 thru August 30, 2007
Schematic Design Process	August 6, 2007 thru October 3, 2007
Design Development Process	September 28, 2007 thru January 18, 2008
Construction Documents	November 21, 2007 thru March 21, 2008
Permitting Process (State and Local)	February 4, 2008 thru April 9, 2008
Construction Period	
Phase 1: Helipad Relocation /	

Sitework Prep.	March 31, 2008 thru May 2, 2008
Phase 2: New Patient Wing	May 5, 2008 thru January 30, 2009
Phase 3: Asbestos Abatement / Renovation for Imaging Dept.	February 18, 2009 thru July 21, 2009
Phase 4: Renovation for X-ray Room	June 22, 2009 thru July 21, 2009
FF & E Procurement	August 18, 2008 thru July 7, 2009
FF & E Installation	February 2, 2009 thru July 28, 2009
Owner Occupancy	February 16, 2009 and July 29, 2009

- *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.*

Not Applicable.

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

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?*

The GC/CM contracting method is appropriate for this proposed project because it ideally meets PHD No. 2's needs in the following areas: (1) project complexity; (2) maintaining existing hospital and campus operations during the construction; (3) coordination with the GC/CM during all design phases; and (4) existing conditions investigation, verification and

coordination. All of these items will help maximize the benefit received under a fixed project budget. These points are described in more detail below:

PROJECT COMPLEXITY

Hospitals are intrinsically complicated projects by nature and in the sophistication of their building components, building systems, fire and life safety issues, and infection control. Additionally, this construction project will be occurring on a site with extreme steep slopes, constrained parking zones, adjacent residential areas and existing buildings all of which limit the access, mobility and construction layout and coordination space for the project. The property that will be used for expansion will require excavation, boring and a substantial amount of re-grading around the current patient wing and is adjacent to proposed residential areas. The renovation of the current patient wing, built in 1952, provides challenges due to its age and internal construction components. These components contain asbestos and will be an issue in terms of coordination and scheduling during the construction. The new addition is to include a new mechanical system which will marry up to the existing, aging mechanical system. A new electrical system component will be added which will accommodate the new construction and future hospital construction. The GC/CM process will give the hospital the benefit of the Owner, general contractor, architect and engineers working together to develop and complete a unified design while minimizing disruption to existing hospital operations and will benefit from the collaboration of all the disciplines.

CONTINUED OPERATIONS OF EXISTING FACILITY AND CAMPUS

The major components of PHD No. 2's proposed project involve the renovation of the existing bed wing into a new imaging department, the addition of a new inpatient wing and the relocation of the helipad. During this time, the hospital must remain in full operation. This will require detailed coordination and planning between the architects, general contractor, sub contractors, and hospital staff to accomplish it all successfully. Under the GC/CM preconstruction process the GC/CM can provide valuable and needed input into the design and logistical and phasing considerations required in order to facilitate construction so there is little or no impact to the continuing operations of the hospital. Without the advance planning input provided by the GC/CM, the potential for construction impacts and change orders is more probable.

COORDINATION DURING THE DESIGN PHASES

Skyline Hospital has a very limited budget to complete this project; therefore, avoiding large construction impacts and change orders after the construction begins is critical. With GC/CM, best construction practices can be followed allowing for alternative building systems and materials to be evaluated and selected early in the design process. This increases the probability that the budget will be maintained, that the district will receive the greatest value for the money and that the project goals are achieved.

EXISTING CONDITIONS INVESTIGATION, VERIFICATION AND COORDINATION

The GC/CM will play a critical role during the design phase by obtaining needed information on the As-Built conditions of the existing hospital construction and infrastructure. The hospital was built in 1952 and an Emergency and Admitting component was constructed in 1996 along with multiple minor renovations in between. Because the original hospital and renovation construction documents are not available for the areas involved in this project prior to 1996 there is a greater chance of changes and delays during construction. The GC/CM will be able to perform numerous investigations early in the design phase to solidify actual As-Built information for architectural, mechanical, electrical and plumbing. These investigations will also provide the GC/CM with information for more accurate estimates of the renovation and addition interface in setting the total contract cost.

The GC/CM will also be critical in coordinating the removal of asbestos from the existing inpatient wing. Scheduling and close communication with the hospital will be imperative in

minimizing impacts to hospital operations and the overall project schedule. Air quality control will be vital during the removal period, as well as the entire construction period, to maintain patient and staff safety.

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.*

Utilizing the GC/CM contracting method will better meet the needs of the Klickitat County PHD No. 2 in the following areas: (1) significant fiscal benefits to the district; (2) complex scheduling coordination; and (3) public benefit that will be achieved through design coordination, precise and accurate scheduling, and the use of a total project cost, all helping to maximize the benefit received under a very conservative project budget. These points are described in more detail below:

FISCAL BENEFITS

The GC/CM process will facilitate numerous fiscal benefits to PHD No. 2 and its taxpayers through constructability reviews, design-team contractor coordination, and use of design phase overlap to accelerate project completion, lowering construction costs and hastening the commencement of improved revenue streams that will better support a rural, critical access hospital.

The funding for \$14.5 million is being provided through tax exempt revenue bond financing and \$250,000 will be provided through the hospital’s operational funds. Because the funds for this project are fixed, and with the construction industry of recent being very volatile, having a GC/CM during the preconstruction phase allows for better market information on an ongoing basis. The GC/CM can provide not only a total contract cost, but more real time costs based on current market place results. Having the GC/CM provide this information as the design progresses provides better opportunity to be in step with the actual market conditions and to plan for issues instead of reacting after a traditional bid opening thus making the project more fiscally responsible to the public.

EFFECT OF COMPLEX SCHEDULING

A project construction schedule issued by the GC/CM allows all involved an early glimpse of the project. This schedule will indicate when and where major construction impacts will occur, leading to discussions on how to reduce these impacts early in the design phase rather than during construction. This early detection will assist hospital staff and administration in the preparation and notification of patients, staff, visitors and hospital neighbors of upcoming construction zones, operational relocations and site and noise disruptions before they become an issue. This schedule will also help hospital staff and administration prepare early for departmental moves thus reducing the stress of unorganized relocations.

PUBLIC BENEFIT

The GC/CM process will allow the public to benefit in important ways: (1) the current facility, of vital importance to the community, will remain open with minimal inconvenience; (2) the expenditure of public funds will be minimized and better managed, allowing PHD No. 2 to better devote its resources to the provision of health care services to its district; and (3) the

project can be expedited, bringing the advantages of a much needed expanded and improved hospital to both the medical staff, the hospital staff and most importantly the people of the District in a shorter time and save costs relative to escalation and inflation. Having a hospital facility with improved services close to the area patients reduces the stress of patients having to travel, not only out of state, but over a hazardous, two-lane bridge to obtain medical services.

7. Public Body Qualifications

Please provide:

- A description of your organization's qualifications to use the GC/CM or D-B contracting procedure.
- 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.)*
- Staff and consultant short biographies (not complete résumés).
- 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.)
- 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.*
- 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.*
- A brief summary of the construction experience of your organization's project management team that is relevant to the project.
- A description of the controls your organization will have in place to ensure that the project is adequately managed.
- A brief description of your planned GC/CM or D-B procurement process.
- Verification that your organization has already developed (or provide your plan to develop) specific GC/CM or D-B contract terms.

Skyline Hospital, within the Klickitat County PHD #2, is qualified to utilize the GC/CM contracting procedure because of the extensive experience of the hospital administration and the architectural team with GC/CM processes, along-side the complexities of this project as outlined earlier.

The project organizational chart, Appendix 'B', indicates the reporting roles of the project staff, consultants and GC/CM. The following bios are for the primary Skyline staff and architectural consultants which will be a part of this project.

THE PROJECT TEAM

Michael Madden, Skyline Hospital Administrator and CEO

Mr. Madden is currently and has been the Chief Executive Officer for Skyline Hospital since the year 2000. He has over 35 years in healthcare administration at rural and community healthcare hospitals where he has managed numerous construction projects over the years. Of these projects, the most recent being the 2002 construction at Skyline Hospital of the 2,400 square foot Physical Therapy Building and the 2003 construction of the 1,000 square foot renovation and installation of the new CT scanner. While Mr. Madden was administrator at Grays Harbor Community Hospital, he was the

project manager on the \$6 million dollar addition of the Imaging Center and the renovation of the existing OB, Surgery and Lab which was constructed between 1995 and 1996.

Mr. Madden was involved in other projects where the GC/CM process was used in Utah. He was the Project Manager at the Sevier Valley Medical Center in Richfield, Utah where a 42,000 square foot hospital was constructed at the cost of \$4 million in 1973 and at the Garfield Memorial Hospital in Panguitch, Utah where a new 24,000 square foot rural healthcare hospital was constructed for \$3 million also in 1973. Both hospitals were built for Intermountain Healthcare Corporation utilizing the GC/CM process. Mr. Madden is very familiar with the processes and benefits of constructing a project utilizing the GC/CM methodology.

Jim Panko, Director of Facilities / Maintenance Engineer, Skyline Hospital

Mr. Panko has an extensive background in engineering and construction and has been the Maintenance Engineer at Skyline Hospital for the past 14 years. His experience began while with the Seabee branch of service of the United States Navy where he served as the Survey Crew Chief and Engineer on the construction of a landing runway in Thailand, crew barracks in Okinawa, Japan and was the construction liaison between the U.S. Navy and the Public Works Department of Guam. He has also worked as the General Contractor on multiple projects over the years including the \$2.7 million renovation and addition of Skyline Hospital's Emergency Department, Surgery Department, Laboratory and main lobby. In 2002, Mr. Panko was the Construction Manager of the 2,400 square foot Physical Therapy Facility and the 2003, 1,000 square foot CT scanner renovation both of which were approved by the Department of Health Construction Review Board.

Mike Finnegan, Director of Technical Services / Program Manager, Heery International

The Heery-HLM Design Program Manager for GC/CM procurement is Mike Finnegan. Mr. Finnegan has over 33 years of extensive experience in all aspects of design and construction project management for large building and civil projects. He brings a vast knowledge in project and construction management with an emphasis on GC/CM. He has successfully developed GC/CM contract documents and negotiated contracts with multiple GC/CM firms and has provided outstanding service to many clients. He has worked in collaboration with Owner staff, legal counsel and the architect in developing the comprehensive GC/CM request for proposal documents. Mr. Finnegan is very knowledgeable in the state RCW requirements for the GC/CM alternative contracting methodology. His most recent projects include:

Project	Construction Type	Construction Completion	Contracted Construction Costs
Rogers High School (Spokane)	GC/CM Historic Renovation / Addition	2008	\$48.1 million
Cleveland High School (Seattle)	GC/CM Historic Renovation / Addition	2007	\$44.4 million
Roosevelt High School (Seattle)	GC/CM Historic Renovation / Addition	2006	\$54.4 million

Bradley J. Berg

Mr. Berg, of Foster Pepper PLLC, is legal counsel to the Hospital. 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 are Skagit County Public Hospital District No. 1, Skagit County Public Hospital District No. 2 and Whitman County Public Hospital District No. 1A.

Mark Johnson, AIA, NCARB
Vice President
Healthcare Planner / Design Architect, Heery-HLM | design

Mr. Johnson is an architect bringing over 26 years of healthcare experience to this project. He specializes in complex project management and creative design delivery for his clients. Nearly all of his projects have been constructed using the GC/CM method of delivery. The collaboration with the GC/CM has brought many innovative solutions to some complex projects with outstanding success. A few of these GC/CM projects include:

Project	Construction Type	Construction Completion	Contracted Construction Costs
Lake Chelan Community Hospital, Chelan, WA	GC/CM	2010	\$ 24.6 million
Rio Grande Medical Office Building Del Norte, CO	GC/CM	2008	\$ 2.2 million
Melissa Memorial Hospital Holyoke, CO	GC/CM	2008	\$ 12.5 million
Medical Center of the Rockies, Loveland, CO	GC/CM	2007	\$ 142 million
Denver Health Medical Center Denver, CO	GC/CM	2005	\$ 9.4 million
Longmont United Hospital, Longmont, CO	GC/CM	1993-2004 Phased	\$ 70 million
Rio Grande Hospital Del Norte, CO	GC/CM	2004	\$ 7.8 million

Richard Lundstrom, Director of Architecture NW Region, Heery-HLM | design

Mr. Lundstrom is an Architect with over 27 years of major project experience in the construction industry. He has worked in multiple design markets including healthcare. His experience centers on managing the project delivery and design processes to meet client and project goals. A few of his healthcare projects are:

Project	Construction Type	Construction Completion	Contracted Construction Costs
Carlos Center San Carlos, CA (with another firm)	Design Bid Build	2012	NOT AVAILABLE
Lake Chelan Community Hospital, Chelan, WA	GC/CM	2010	\$ 24.6 million
SW Washington Medical Center Vancouver, WA (with another firm)	Design Bid Build	2007	NOT AVAILABLE
Virginia Mason East Campus Tower, Seattle WA (with another firm)	Design Bid Build	On Hold	NOT AVAILABLE
Immunex/Amgen Helix Campus Seattle, WA (with another firm)	Design Bid Build	2004	NOT AVAILABLE

Cary Guenther, Senior Healthcare Architect, Heery-HLM | design

Cary Guenther is an architect with over 27 years experience most of which has been in healthcare project delivery. Over the years, his expertise has been working closely with the client to develop well planned and executed projects. His technical expertise brings cost saving ideas to projects. A sampling of his healthcare projects are:

Project	Construction Type	Construction Completion	Contracted Construction Costs
Lake Chelan Community Hospital, Chelan, WA	GC/CM	2010	\$ 24.6 million
Melissa Memorial Hospital Holyoke, CO	GC/CM	2008	\$ 12.5 million
Morton General East Campus Morton, WA (with another firm)	Design Bid Build	2006	\$ 16 million
Digestive Health Specialists Tacoma, WA (with another firm)	Design Bid Build	2005	NOT AVAILABLE
Virginia Mason Specialty Clinic, Bellevue, WA (with another firm)	Design Bid Build	On Hold	\$ 2.5 million
Everett Clinic Advanced Imaging Everett, WA (with another firm)	Design Bid Build	2000	NOT AVAILABLE
Digestive Health Specialists Tacoma, WA (with another firm)	Design Bid Build	2005	NOT AVAILABLE

Judy Peterson, Senior Healthcare Designer, IIDA, LEED AP, Heery-HLM | design

Ms. Peterson is an interior designer with extensive architectural and interior design experience in healthcare and other project types. A major portion of her 26 years of experience has been in healthcare design with an emphasis in sustainable design. Her work also includes a public GC/CM project for the Seattle Housing Authority where she was involved in the collaboration with the contractor working on methods to maintain the project within budget as well as the Lake Chelan Community Hospital, where she has worked extensively with the hospital to obtain approval for utilizing the GC/CM process. A few of her projects include:

Project	Construction Type	Construction Completion	Contracted Construction Costs
Lake Chelan Community Hospital, Chelan, WA	GC/CM	2010	\$ 24.6 million
Rio Grande Medical Office Building Del Norte, CO	GC/CM	2008	\$ 2.2 million
Melissa Memorial Hospital Holyoke, CO	GC/CM	2008	\$ 12.5 million
Seattle Housing Authority Housing Phase 1 Upgrades, Seattle, WA	GC/CM	2007	\$ 18 million
Cordata Medical Center Bellingham, WA	Design Build	2000	\$ 12.5 million
Overlake Medical Tower Clinics Bellevue, WA	Design Bid Build	2000	NOT AVAILABLE

The GC/CM Process

Documentation for the GC/CM process can be extensive. PHD No. 2 will utilize a modified AIA121/CMC Owner Agreement along with modified AIA201 General Conditions. In addition, the PHD will use a comprehensive Pre-Construction Services scope of work and General Requirements (Division 01) that have been coordinated with the modified AIA documents for GC/CM construction procurement within Washington State.

Heery International’s Program Management Team has been directly involved with eight large GC/CM alternative procurement projects including the development of RFP, selection criteria, interviews and final selection evaluations. They have guided the Owners’ staff through each stage of selection and also have experience providing management of the Pre-construction Services up through construction.

The roles and responsibilities of the Owner, Architect (Design Consultants), and the GC/CM are well defined and coordinated through a matrix of responsibilities and contractual requirements. The Owner’s Project Manager will monitor activities and deliverables by all parties and will also be the liaison between hospital staff and administration with the Architect and GC/CM.

Adherence to scope, phasing and budget will be paramount in the management and control of the project. Cost estimates by the Architect and GC/CM will be reconciled at the DD level of design. Value engineering and constructability issues will be on-going. Market prices will be constantly monitored as they relate to current estimates and/or the GMP. Once the GMP has been negotiated, the GC/CM and the Project Manager will constantly evaluate the construction documents to determine if there are any changes that impact the GMP as set forth in the

Agreement. If so, then these changes will be brought back in-line with the budget and the GMP. At intermediate review of the Construction documents, the Architect (and their consultants) will be required to provide a list of changes/further development of design from the previous submittal as a means to control design that is not part of the GMP.

At completion of the Construction Documents, the GC/CM will be required to review the specifications and drawings to determine if there are any changes that may have been incorporated and to re-confirm the GMP.

As part of the pre-construction services the GC/CM will develop a subcontracting bid plan and schedule for bidding as well as for the phased construction and early procurement as necessary. The Architects design deliverables will be integrated with the GC/CM bidding and construction plan.

Early and often meetings with the building and fire departments and other code officials during the pre-permit submittal period will help ensure that permit comment requirements that may affect the GMP will be mitigated.

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*

Construction projects have been minimal over the past six years within the Klickitat Hospital District No.2. The following construction projects have been completed:

Project	Project Description	Contracting Method	Start / Completion	Final Cost	Budget	Staff	Budget/Schedule Overrun
Room Remodel for CT installation	Room Renovation and Installation of CT Scanner	Owner/Builder	7/3/03 Thru 3/4/04	\$ 53,559.00	\$100,000	Jim Panko, Director of Facilities	None. Cost Savings due to Owner/ Builder
Physical Therapy Facility	New Construction, 2,400 sq. ft.	Owner/Builder	3/13/02 thru 9/4/03	\$165,662.03	\$300,000	Jim Panko, Director of Facilities	None. Cost Savings due to Owner/ Builder

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)*

- *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

Attached are the concept plans for the Skyline Hospital Addition and Renovation project which are as follows:

Aerial of Existing Site
Proposed Site Plan
Conceptual Basement Floor Plan
Conceptual Ground Floor Plan
Conceptual Basement Floor Phasing Plan
Conceptual Ground Floor Phasing Plan

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.]

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) Michael Madden

Title: Skyline Hospital Administrator / CEO

Date: June 29, 2007

Attachments:

- Appendix 'A' – Skyline Hospital Preliminary Project Schedule
- Appendix 'B' – Proposed Project Organizational Chart
- Aerial of Existing Site
- Proposed Site Plan
- Conceptual Basement Floor Plan
- Conceptual Ground Floor Plan
- Conceptual Basement Floor Phasing Plan
- Conceptual Ground Floor Phasing Plan