



Mason General Hospital Campus Renewal Project

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

Application for Project Approval

**submitted by
Mason General Hospital
February 1, 2010**

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):

Mason County Public Hospital District No. 1

(b) Address:

**901 Mountain View Drive
Shelton, Washington 98584**

(c) Contact Person Name: **Eric C. Moll**

Title: **Chief Administrative Officer**

(d) Phone Number: **360.427.9554**

Fax: **360.427.1921**

E-mail: **emoll@masongeneral.com**

2. Brief Description of Proposed Project

Please describe the project in no more than two short paragraphs.

The Mason General Hospital Campus Renewal project is currently planned as an addition/modernization project encompassing the following features in a three-phase occupied project. The overall project is planned to encompass the following features:

Phase I:

- 1) A new surgery wing and lobby (20,000 SF) at the south side of the existing facility with limited site improvements.
- 2) Upgrades to building systems include:
 - a) Three (3) new high efficiency boilers.
 - b) Two (2) new rooftop chillers and a seismic retrofit of the existing plant.
 - c) Two (2) new emergency generators, emergency power distribution system and a free-standing generator building (2,700 SF).

Phase II:

- 1) The addition of a new MRI suite (2,000 SF) just north of the new lobby;
- 2) The expansion and remodel of the existing Emergency Department (5,800 SF) with limited site improvements;
- 3) A new patient concourse, glassed in stair and courtyard connecting the upper and lower floors and the north end of the hospital to the south;
- 4) A lab remodel and expansion.

Phase III:

- 1) Renovation and remodel throughout the balance of the facility - areas include:
 - a) Patient rooms, Public corridors, Pharmacy, Food Services, Facilities and Materials Management, etc.

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

Phase I Surgical Wing

Costs for Professional Services (A/E, Legal etc.)	\$ 1,095,000
Estimated project construction costs:	\$ 9,265,000
Equipment and furnishing costs	\$ 4,323,000
Off-site costs	\$ 41,000
Contract administration costs (owner, cm etc)	\$ 372,000
Other related project costs (permits, contingency, WSST)	\$ 1,790,000
Total (with sales tax & contingency)	\$ 16,886,000

Phase II Emergency Department Expansion

Costs for Professional Services (A/E, Legal etc.)	\$ 837,000
Estimated project construction costs:	\$ 7,016,000
Equipment and furnishing costs	\$ 2,516,000
Contract administration costs (owner, cm etc)	\$ 115,000
Other related project costs (permits, contingency, WSST)	\$ 1,398,000
Total (with sales tax & contingency)	\$ 11,882,000

Phase III Patient Room and Departmental Renovations

Costs for Professional Services (A/E, Legal etc.)	\$ 346,000
Estimated project construction costs:	\$ 3,008,000
Equipment and furnishing costs	\$ 90,000
Contract administration costs (owner, cm etc)	\$ 151,000
Other related project costs (permits, contingency, utilities)	\$ 519,000
Total (with sales tax & contingency)	\$ 4,114,000

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)

Project is to be funded through cash reserves (\$8 million) and debt financing (\$25 million). Debt financing is scheduled to be secured by August 2010.

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.)

Project Milestones:

	MGH Campus Renewal
Retain Architect	June 2009
Retain Project Manager	January 2010
Retain GC/CM	April 2010
Complete SD	July 2010
Permit Submittal	November 2010
Complete CD & Bid Documents	February 2011
Receive Permit	January 2011
Negotiate GMP	March 2011
Start Construction Phase I	April 2011
Complete Phase I	May 2012
Start Construction Phase II	January 2012
Complete Phase II	November 2012
Start Construction Phase III	December 2012
Complete Phase III	September 2013

*See Attachment "A" Project Schedule for additional information.

- 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.

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 MGH Campus Renewal involves complex scheduling, phasing and coordination in order to maintain patient safety, minimize construction costs, and coordinate critical equipment deliveries.

GC/CM involvement during design is necessary to develop the optimal phasing plan for overall construction delivery, efficient subcontractor buyout and smooth execution. This will include planning for safe and efficient construction traffic flow, access; infection, noise and dust control and careful utility coordination.

Due to the adjacency of patient rooms the need for phasing, scheduling and coordination is critical to minimize negative impacts due to construction work. This will include interruptions, outages, shut downs and access limitations which will be inherent in the completion of this work. It is vital to maintain infection control measures and interim life safety procedures during construction to protect our patients, staff, and visitors.

By engaging the contractor during the pre-construction phase via the GC/CM process the risks to patient safety will be greatly minimized, construction efficiency will be maximized over the design-bid-build process.

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

The work environment is very challenging with the new addition located at our south entrance and the remodel and reorganization of functioning departments located in the heart of the hospital complex. The work involves demolition, ACM abatement and construction in and around areas that must be accessed 24/7 by hospital staff and occasionally by patients. The work areas in the older portion of the hospital are very busy, constricted, and congested with ongoing daily activities in support of all hospital operations.

With patient safety the utmost importance the GC/CM deliver method will help ensure operational impacts are minimized.

GC/CM involvement during the design phase is critical.

Effectively planning and executing phased modernization projects rely on a clearly developed and communicated Phasing Plan to communicate to all project participants the specific scope, boundaries, constraints and contingency plans for each discreet

phase of the project. Leading the development of the phasing plan will be the primary role of the GC/CM during the pre-construction phase. The Phasing Plan will detail the precise steps needed by each sub-trade, hospital maintenance staff and others to effectively and safely complete each phase.

GC/CM delivery greatly enhances the accuracy of phased delivery reducing the risk to patients and reducing the risks of unforeseen costs due to flawed phasing plans.

The project involves a complex and technical work environment.

Existing medical gases, HVAC, and emergency power systems will be integrated into the new surgical wing. This work will require technical shutdowns to existing systems that are a life safety concern to the patients being served.

The GC/CM delivery method will allow for teaming with an experienced healthcare contractor to provide the adequate management necessary to ensure patient safety when integrating technical infrastructure.

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.

GC/CM provides substantial public benefit over traditional design-bid-build by:

Producing a highly efficient, accurate phasing plan by engaging the expertise of the contractor who will actually be performing the work. The GC/CM will study the existing conditions, the desired scope of work, and the unique scheduling constraints of the hospital to build the most efficient phasing plan possible for the campus renewal project and communicate this information to all parties involved.

Reducing the risk of unqualified contractors or tradespersons constructing mission-critical elements within the hospital. In a GC/CM selection, we plan to weigh the selection criteria heavily toward contractor staffing, particularly the superintendent.

Providing better coordination with medical equipment purchases including operating room and radiology equipment. This includes MEP coordination, vendor coordination, timing, rough-in, delivery, off-loading and storage. Communicating the need for this level of coordination on a design-bid-build method is complex and very difficult to enforce with uncooperative contractors.

Reducing the risk of service disruptions during construction by allowing the contractor to carefully plan the work ahead of time including selective demolition to expose critical utilities and possible hazardous materials.

Improving the efficiency of utility routing in crowded interstitial spaces. The GC/CM will have the opportunity to assist the design team with utility routing during the pre-construction phase—a step not readily available in traditional design-bid-build.

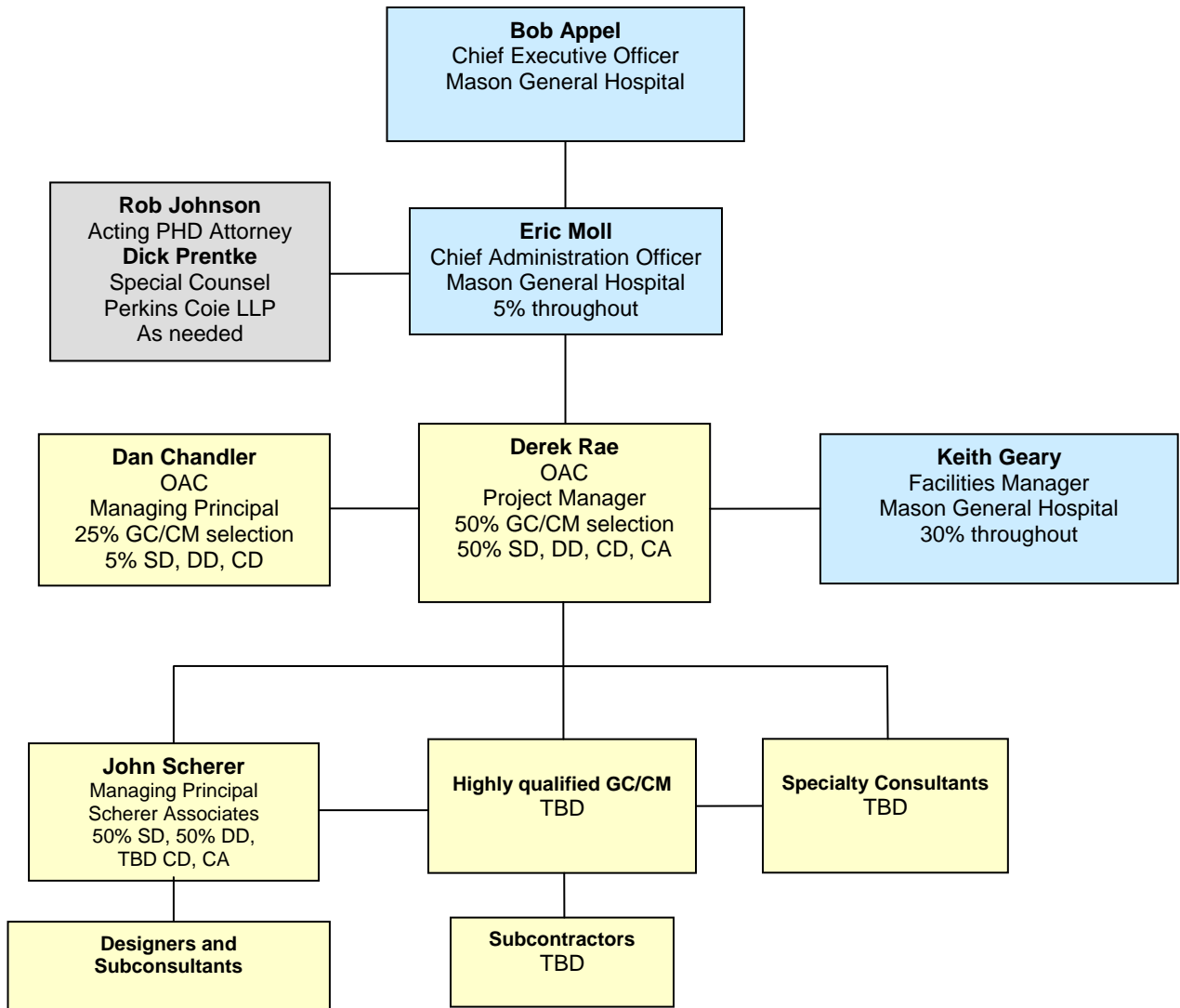
7. Public Body Qualifications

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.

Mason County Public Hospital District No.1 has assembled an outstanding, experienced team of consultants and legal experts to manage all aspects of the GC/CM delivery process including the RFP process, pre-construction services, negotiating the MACC, handling contingencies, negotiating change orders and closing out the project. For additional detail on team experience, see **Attachment B**.

Project Organization Chart



The Project Team

Eric C. Moll

Chief Administration Officer

As CAO, Mr. Moll will coordinate and oversee the activities of the manager of Engineering Services, the manager of Safety & Security, and the Facilities Manager. Mr. Moll will use previous experience and knowledge of Department Health, JCAHO, Infection Control procedures, and general building codes to ensure that ongoing physical plant and construction activities are accomplished in a safe manner, meet regulatory requirements, and are consistent with the mission of Mason General Hospital. Mr. Moll will interact regularly with senior management, physicians, governmental and regulatory agencies and may interact with various committees and citizen groups.

Mr. Moll has approximately 20 years experience in healthcare facilities with approximately 10 years of management experience in California, Minnesota, and Washington.

Derek Rae,

OAC Project Manager

Mr. Rae will serve as the overall Project Manager for the Campus Renewal project. He will lead the GC/CM selection, pre-construction services, GMP negotiations and oversight during construction.

Mr. Rae has over 12 years construction experience including extensive health care, negotiated delivery and public works projects.

Dan Chandler

OAC Managing Principal

Mr. Chandler's will support the Mr. Rae and the project with support during GC/CM selection, contract negotiations, and execution. He will serve as the principal in charge for the project management firm representing MGH.

Mr. Chandler has 30 years of construction experience including extensive health care, GC/CM and public works experience.

John Wm. Scherer, AIA

Managing Principal Architect

Mr. Scherer has twenty-two years experience in the planning, design and project management of hospitals in this region. His projects include both public and private work delivered via guaranteed maximum / negotiated work and traditional design / bid / build projects. Scherer Associates' work ranges from hospital remodeling and expansion to master planning and facility replacements.

Mr. Scherer will serve as the Managing Principal at Scherer Associates. His firm was retained in 2007 to provide the master plan for Mason General Hospital. The first draft of the master plan was released in 2008. It was updated and refined in 2009. Scherer Associates was retained to implement the current master plan for Mason General Hospital in December of 2009.

Keith Geary

Facilities Manager

Mr. Geary will oversee and manage the facilities staff, operations and functions for the construction of various capital improvement projects as assigned. He will also assist in preparation of bid, contract and project management documents and procedures, and prepare reports on the status and progress of construction projects.

Mr. Geary has 18 years experience in commercial construction, where he has held various positions from laborer to general contractor, owner's representative, and hospital district construction of major and minor capital improvement projects. He has held his current position as Facilities Manager for 10 years.

Rob Johnson

Attorney

Mr. Johnson has performed legal work for the District since 1990 and became General Counsel for the Public Hospital District in 2007. Mr. Johnson will coordinate the legal aspects of the construction project including dispute resolution. He will work together with Richard Prentke on contractual issues with the architect, owner's representative and GC/CM.

Mr. Johnson was admitted to practice in 1985. He has served as a court commissioner, mediator and arbitrator for Mason County Superior Court. Mr. Johnson's practice has included the representation of owners and contractors in construction litigation cases. He recently completed the AGC's GC/CM: General Contractor/Construction Manager Education Program.

Richard Prentke

Attorney

Mr. Prentke is a partner in the Seattle office of Perkins Coie and chair of its national construction practice. He has practiced with the firm for three decades. He and his colleagues have represented public entities in hundreds of Washington projects. He has been involved with two of the largest "Alternative Public Works" projects in the state, serving as construction counsel to the Seattle Symphony for its design/build concert hall project in downtown Seattle and to the Seattle Mariners for their GC/CM stadium project. He has also represented private owners in billions of dollars of private GC/CM contracts.

Mr. Prentke has been an arbitrator with the American Arbitration Association and the King County Superior Court. He is a member of the ABA Construction Law committee and a former board member of the Washington State Bar Association's Public Procurement and Construction Law Section. He is a frequent speaker on construction law issues, is often involved in legislative matters relating to construction, and is editor of the School Construction Law Deskbook.

Organizational Controls

OAC has established project controls and reporting systems to effectively manage, the scope, schedule and budget for the projects. Mr. Rae will utilize OAC's standard project budgeting tools and project management websites to manage communications and monitor progress. Budget tracking tools will establish the overall detailed budget to be approved by the City Council and then track actual expenses and forecast future costs. Schedule progress will be tracked against the master schedule.

Planned GC/CM Process

The hospital district is planning on utilizing a modified AIA121/CMC owner agreement along with modified AIA201 general conditions developed in close coordination with legal counsel. In addition, the hospital district is planning on 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 RFP and selection process will be based on an OAC standard form and modified with the latest lessons learned from other public owners. This process will include selection criteria, interviews and final selection evaluations.

The roles and responsibilities of the owner, construction management team, architect, and the GC/CM are defined and coordinated through a number of responsibilities and contractual requirements.

Documents

Management of the scope, phasing and budget of the project will be of the utmost importance to the team in managing and controlling the project. Regular cost estimates by the architect and GC/CM throughout the process will be completed and reconciled at each major design phase.

Upon agreement of MACC the project manager along with the GC/CM will regularly evaluate the documents to determine 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 made to determine their impacts, however, by thoroughly analyzing changes as we go impacts should be minimal.

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 refer to Attachment C.

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

Please refer to Attachment D.

10. **Resolution of Audit Findings On Previous Public Works Projects**

The District has had no audit findings.

Caution to Applicants

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

Signature of Authorized Representative

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

Should the PRC approve your request to use the GC/CM 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

Signature _____



Name (please print): Eric C. Moll

Title: Chief Administrative Officer

Date: February 1, 2010

ATTACHMENT “A”

Schedule

Attachment A

ID	Task Name	Start	Finish	2010												2011												2012												2013											
				N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O
1	Consultant Selection	Fri 12/18/09	Fri 3/12/10																																																
2	Architect	Fri 12/18/09	Fri 12/18/09																																																
3	Project Manager	Thu 1/21/10	Thu 1/21/10																																																
4	Geotechnical/Survey	Mon 2/22/10	Fri 3/12/10																																																
5																																																			
6	Design	Mon 12/21/09	Thu 2/17/11																																																
7	Programming	Mon 12/21/09	Wed 5/5/10																																																
8	Schematic Design	Thu 5/6/10	Thu 7/15/10																																																
9	Design Development	Fri 7/16/10	Thu 10/14/10																																																
10	Building Permit Documents	Fri 10/15/10	Thu 11/18/10																																																
11	GMP Documents	Fri 11/19/10	Thu 1/6/11																																																
12	Constructability Review	Fri 1/7/11	Mon 1/24/11																																																
13	100% Construction Documents	Fri 1/7/11	Thu 2/17/11																																																
14																																																			
15	GC/CM Process	Mon 2/1/10	Thu 3/24/11																																																
16	Submit Application to PRC	Mon 2/1/10	Mon 2/1/10																																																
17	Presentation to PRC	Mon 2/1/10	Thu 2/25/10																																																
18	Prepare and Advertise for GC/CM	Mon 3/1/10	Mon 3/15/10																																																
19	GC/CM SOQ's Due	Mon 3/15/10	Mon 3/15/10																																																
20	Evaluate SOQ's and Notify Finalists	Tue 3/16/10	Wed 3/17/10																																																
21	Interview Finalists and Receive Fee Proposals	Thu 3/25/10	Fri 3/26/10																																																
22	GC/CM Selection	Fri 3/26/10	Fri 3/26/10																																																
23	Advertise/Receive Sub Bids	Fri 2/18/11	Thu 3/10/11																																																
24	Negotiate MACC	Fri 3/11/11	Thu 3/24/11																																																
25																																																			
26	Permitting	Thu 4/22/10	Thu 1/27/11																																																
27	Pre-application conference	Thu 4/22/10	Thu 4/22/10																																																
28	Submit Site Plan Application	Fri 7/16/10	Fri 7/16/10																																																
29	Site Plan Application review period	Fri 7/16/10	Thu 12/30/10																																																
30	Obtain Site Plan Permit	Thu 12/30/10	Thu 12/30/10																																																
31	Submit Building Permit	Thu 11/18/10	Thu 11/18/10																																																
32	Building Permit Review	Fri 11/19/10	Thu 1/13/11																																																
33	Repond to Comments	Fri 1/14/11	Thu 1/27/11																																																
34	Obtain Building Permit	Thu 1/27/11	Thu 1/27/11																																																
35																																																			
36	Construction	Wed 3/30/11	Fri 8/30/13																																																
37	Preconstruction meeting	Wed 3/30/11	Wed 3/30/11																																																
38	Construction Phase I	Mon 4/4/11	Fri 4/27/12																																																
39	Construction Phase II	Mon 1/9/12	Fri 11/23/12																																																
40	Construction Phase III	Mon 11/26/12	Fri 8/30/13																																																

Project: MGH Campus Renewal summ
Date: Mon 2/1/10

Task		Progress		Summary		External Tasks		Deadline	
Split		Milestone		Project Summary		External Milestone			

Prepared by: OAC

**MGH Campus Renewal
Preliminary Development Schedule**

Mon 2/1/10

ATTACHMENT “B”

Team Experience

Attachment B
 MGH Campus Renewal Project
 Project Experience

February 1, 2010

Name	Summary of Experience	Project Names	Construction Bdg	Procurement Ty	Role During Project Phases		
					Pre-Design	Design	Construction
Dan Chandler, PE, AIA	Managing Principal, OAC 60 person project management and specialty AE firm.	Microsoft Building 33	confidential	GC/CM		PM PIC	PM
		Nine Mile Falls Elementary Schools	\$12M	GC/CM	PM PIC	PM PIC	PM PIC
		City of Olympia	\$40M	D/B	PM PIC	PM PIC	PM PIC
		Fort Vancouver Library	\$38M	GC/CM	PM PIC	PM PIC	PM PIC
Derek Rae	Associate, OAC	Virginia Mason Medical Center					
		Sustaining Work	\$31M	GMP	PM	PM	PM
		Benaroya Research Institute	\$27M	GMP	-	PM	PM
		Puyallup School District High School Addition	\$15M	D/B/B	PM	PM	PM
Eric Moll	Chief Administration Officer	Seattle Asian Art Museum	\$24M	TBD	PM	PM	-
		Server Room Construction	\$260K	D/B/B	Admin	Admin	Admin
		Surgery Clinic Remodel	\$180K	Lsum	Admin	Admin	Admin
		HVAC-DDC CONTROL UPGRADE PHASE 1	\$170K	Lsum	Admin	Admin	Admin
John Scherer, AIA	Managing Principal Scherer Associates, Architecture and Planning Inc. PS	Hospital Basement Flooring	\$150K	Lsum	Admin	Admin	Admin
		SFM Elevator (new installation)	\$185K	D/B/B			
		Providence St. Peter / 'Shaping Patient Care'	\$27.5M	GMP	ARCH	ARCH	ARCH
		Providence Centralia / Emergency Dept.	\$11M	GMP	ARCH	ARCH	ARCH
Richard O. Prentke	Attorney, Perkins Cole	Providence St. Peter / Family Birth Center	\$9M	GMP	ARCH	ARCH	ARCH
		Providence St. Peter / Diagnostic Imaging	\$17.5M	GMP	ARCH	ARCH	ARCH
		Kenmore City Hall	\$19M	GC/CM	-	-	-
		Puget Sound ESD Greenbridge Early Learning Center	\$18.5M	GC/CM	-	-	-
		Corporate Headquarters Building Downtown Seattle	\$200M	GC/CM	-	-	-
		5 Hotel, Office, Retail Projects- Bellevue	\$500M	GC/CM	-	-	-
		Civic Center in Oregon	\$30	GC/CM	-	-	-

ATTACHMENT “C”

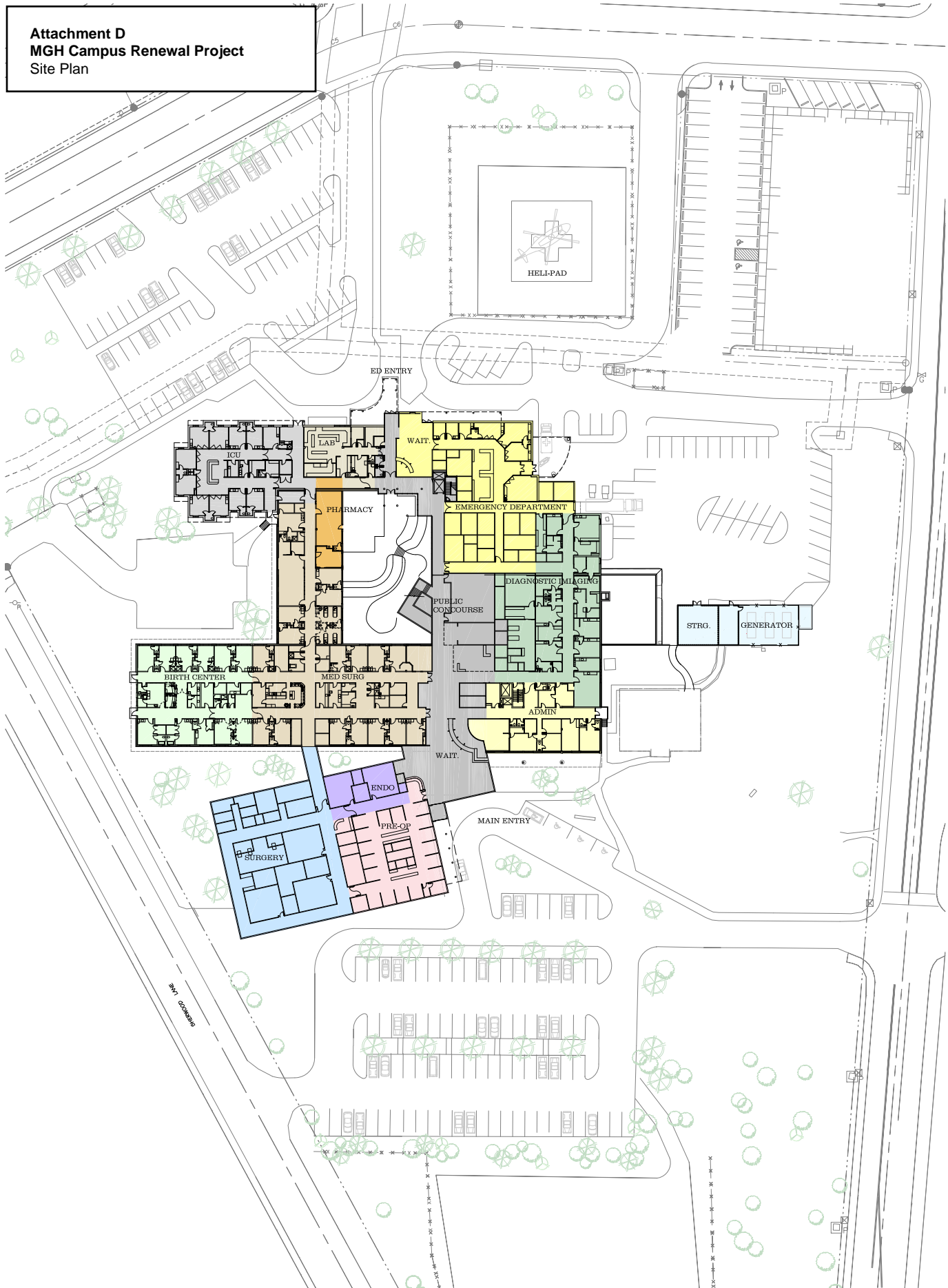
Public Project Experience

Project Name	Brief Description	Contract Method	Bid Amount	Budget Amt.	Final Cost	Bid Date	Reason For Budget Under/Over Run
Server Room Construction	Space renovation and construction of new room for supporting computer, servers & equipment.	Low Bid	\$ 249,400.00	\$ 249,400.00	\$ 261,933.10	8/8/08	Addition of security hardware, additional lighting, and relocation of power panels.
Surgery Clinic Remodel	Code compliance renovation, face-lift, HVAC and power upgrades	Small Works Roster	N/A	\$ 180,209.00	\$ 180,209.00	N/A	N/A
HVAC-DDC CONTROL UPGRADE PHASE 1	Conversion from pneumatic to Direct Digital Control. Expansion of existing contracted services.	Small Works Roster	N/A	\$ 170,127.00	\$ 170,127.00	N/A	N/A
Hospital Basement Flooring	Face lift/renovation of approx. 30,000 sq. ft. to include flooring, painting, and demo.	Small Works Roster	\$ 132,942.00	\$ 132,942.00	\$ 164,883.00	5/8/08	Addition of hand rails, texture changes in epoxy, abatement, stainless steel work, misc. hardware, wall repair, etc.
Hospital Diagnostic Imaging Remodel	Face lift, flooring, painting, furnishings and relocation of some services. Waiting room remodel.	Small Works Roster	N/A	\$ 98,645.00	\$ 98,645.00	N/A	N/A
Hospital Lab Remodel	New mobile furniture and power upgrades, flooring repairs	Small Works Roster	N/A	\$ 62,365.00	\$ 62,365.00	N/A	N/A
Diagnostic Imaging X-ray Room Remodel	Room conversion to accommodate new x-ray equipment.	Small Works Roster	N/A	\$ 50,051.00	\$ 50,051.00	N/A	N/A
SFM Siding Replacement	Replacement and restoration of exterior siding	Low Bid	\$ 98,870.00	\$ 98,870.00	\$ 112,638.00	5/9/09	Unforeseen water damage to under layment.
SFM Elevator (new installation)	Installation of elevator.	Low Bid	\$ 165,852.00	\$ 165,852.00	\$ 185,646.00	7/9/09	Unforeseen electrical, special framing around skylight and additional carpeting.

ATTACHMENT “D”

Site Plan and Preliminary Drawing

Attachment D
MGH Campus Renewal Project
 Site Plan



 **CONCEPT PLAN - MAIN LEVEL**
 SCALE: 1"=30'

Attachment D
MGH Campus Renewal Project
 Preliminary Drawing

LAB REMODEL
 410 SQ.FT.

INTERIOR CORRIDOR
 IMPROVEMENTS
 2,240 SQ.FT.

PHARMACY REMODEL
 334 SQ.FT.

PATIENT ROOM
 REMODEL
 938 SQ.FT.

ED ENTRY

EMERGENCY
 DEPARTMENT
 FACELIFT
 4,400 SQ.FT.

EMERGENCY
 DEPARTMENT
 REMODEL
 3,764 SQ.FT.

PATIENT
 CONCOURSE
 REMODEL
 5,000 SQ.FT.

EMERGENCY
 DEPARTMENT
 ADDITION
 360 SQ.FT.

MEETING
 ROOM
 REMODEL
 1,300 SQ.FT.

READ ROOM
 REMODEL
 260 SQ.FT.

MRI REMODEL
 2,000 SQ.FT.

PUBLIC STAIR
 NEW
 CONSTRUCTION
 780 SQ.FT.

GIFT SHOP
 REMODEL
 600 SQ.FT.

DI WAITING/
 RECEPTION
 REMODEL
 1,000 SQ.FT.

MAIN ENTRY

RECEPTION/
 ADMIT.
 REMODEL
 2,261 SQ.FT.

LOBBY
 NEW
 CONSTRUCTION
 2,100 SQ.FT.

SURGERY
 NEW
 CONSTRUCTION
 17,000 SQ.FT.

- PHASE 1
- PHASE 2
- PHASE 3
- NO WORK
THIS AREA



MAIN FLOOR - ASSESSMENT/ PHASING PLAN

1"=50'-0"