PROJECT REVIEW COMMITTEE

QUESTIONS RE: APPLICATION

Meeting Date: September 22, 2022

GRANT CO PUBLIC HOSPITAL DISTRICT GC/CM PROJECT

- COLUMBIA BASIN HOSPITAL EMERGENCY DEPT MODERNIZATION

- 1. With inflation soaring, is escalation accounted for in the project budget?
 - A. Yes, cost estimates to date have been in observance of (1) recent similar regional project experience and (2) adjustment for unprecedented market conditions.

The GCCM process will provide additional value in verifying, monitoring and adjusting project budgets relative to actual market conditions at the time of bid/project buy-out.

- 2. Has a Technical Assistance meeting already occurred with DOH? A lot of the justification in the application for GC/CM revolves around code compliance, DOH & FGI.
 - A. A complete DOH/CRS project application has been submitted and processed by the state, allowing full access for ongoing project review and consult as we enter the design phase. (a TA is typically a one-time preliminary review only).

The application is inclusive of fees and general project description only and officially 'opens' the project file with CRS. The next steps will be pre-intake review, document submission, approval and close out.

- 3. Provide dates and budget information for CBH's past projects under item #7.
 - A. West Wing Expansion

Planned Start: August 2012 Planned Finish: August 2014 Actual Start: October 2012 Actual Finish: February 2016 Planned Budget: \$13,000,000 Actual Budget: \$13,332,882

Kitchen Remodel In Progress

Roofing Replacement In Progress

- 4. Has CBH conducted further review of bariatric services as indicated in the architectural report? The concern is project scope creep to provide bariatric services throughout the Emergency Department (and other areas of the hospital).
 - A. Columbia Basin Hospital's Emergency Department maintains bariatric wheelchairs and stretchers for utilization of bariatric patients as needed. Slider boards are also utilized for bariatric transfers. Care of bariatric patients has occurred with the equipment listed successfully and no additional permanent structural devices are needed or requested at this time. The ED project will not necessitate modifications to the hospital's current functional program and/or clinical protocols.

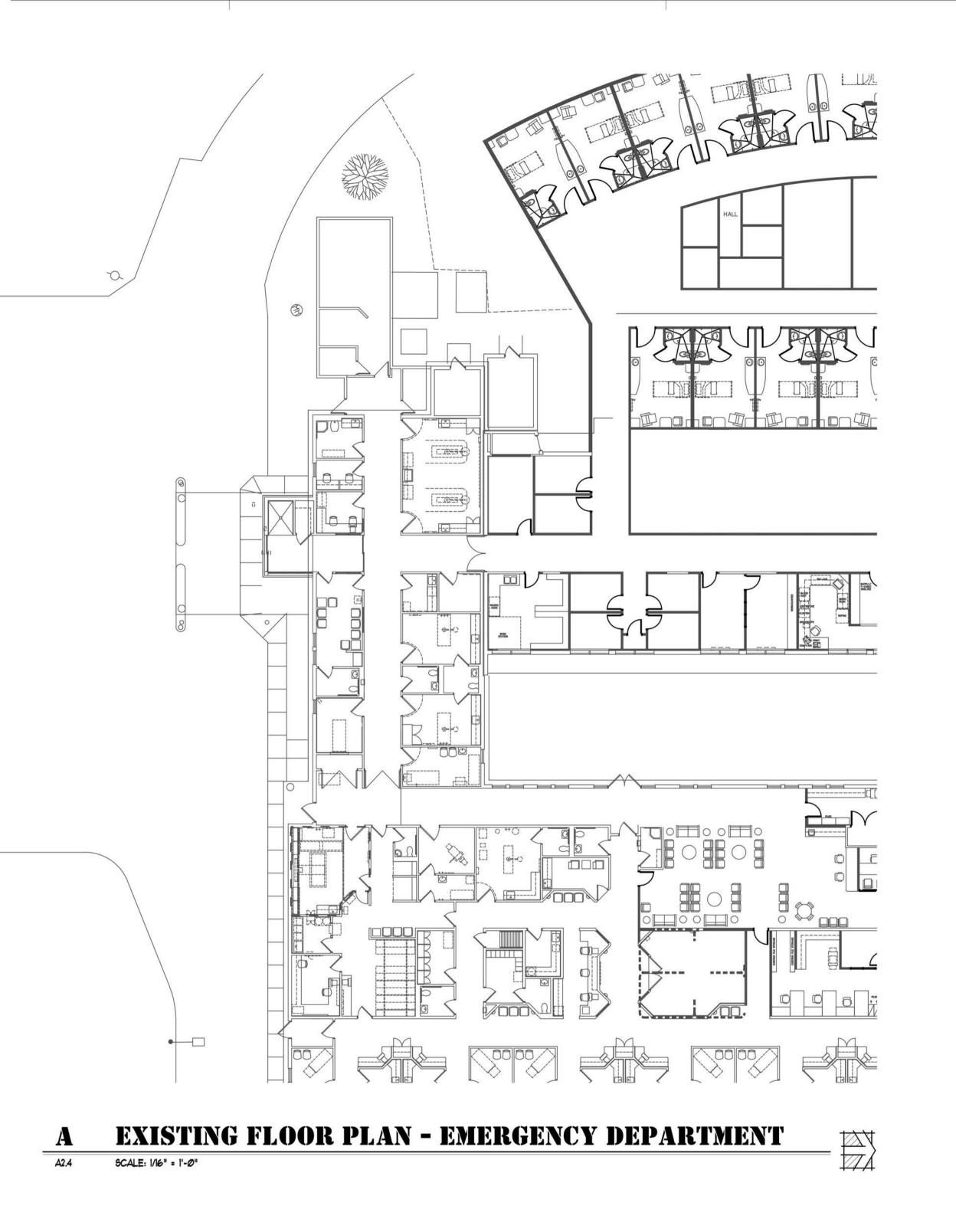
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5. The floor plans in the architectural report appear out of scale and blurry making it difficult to understand the scope of the project. Can the hospital/design team provide clearer floor plans?

- A. The initial materials included in the application were reproduced from the original pre-design report. See attached materials as requested.
- 6. Based on your response to Subcontractor Outreach, please identify your technical expert amongst your team concerning small and disadvantaged businesses outreach and inclusion, including experience.
 - A. We do not have a designated "technical expert" in regard to the team. However, as we stated in the application there are numerous experts we can reach out to and will reach out to for assistance prior to soliciting the GC/CM to make sure we are reaching as many as we can. While the schedule shows advertising the week after approval, this is still a conversation to have internally and with experts prior to beginning selection. We have time in the schedule to extend the advertisement a week or two.







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PROJECT NUMBER: 210012b
DATE: 12/10/2021
DRAWN: ALM
REVISIONS:

NOT FOR CONSTRUCTION

FLOOR PLAN

A2.4

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