

State of Washington
Capital Projects Advisory Review Board (CPARB)
PROJECT REVIEW COMMITTEE (PRC)

APPLICATION FOR PROJECT APPROVAL
*To Use the General Contractor/Construction Manager (GC/CM)
Alternative Contracting Procedure*

The CPARB PRC will only consider complete applications: Incomplete applications may result in delay of action on your application. Responses to Questions 1-7 and 9 should not exceed 20 pages (*font size 11 or larger*). Provide no more than six sketches, diagrams or drawings under Question 8.

Identification of Applicant

- a) Legal name of Public Body (your organization): **Prosser Public Hospital District**
- b) Address: **723 Memorial Street, Prosser, Washington 99354**
- c) Contact Person Name: **Craig Marks** Title: **Chief Executive Officer (CEO)**
- d) Phone Number: **(509) 786-6695** E-mail: **cmarks@prosserhealth.com**

1. Brief Description of Proposed Project

- a) Name of Project: **Prosser Memorial Hospital Replacement**
- b) County of Project Location: **Benton**
- c) Please describe the project in no more than two short paragraphs.

Prosser Public Hospital District, d/b/a Prosser Memorial Health, is a community-based health system, consisting of Prosser Memorial Hospital (PMH) located in Prosser, Washington and several outpatient clinics located throughout the region. Opened in 1947, PMH has served the Prosser community for over 60 years. In 2017, Prosser Memorial Health started their latest expansion effort by purchasing 32 acres of land at the Northeast corner of Gap Road and I-82. This new land will be the future home of Prosser Memorial Health, starting with a replacement hospital and medical office building.

The scope of this project includes the construction of:

- **A new, 2-story critical access hospital, approximately 70,000 SF in size**
- **A new medical office building and clinic space, approximately 10,000 - 15,000 SF in size**
- **A new pre-engineered maintenance building, approximately 1,500 SF in size**
- **Site Improvements, including roads, parking, site lighting and utilities required to support the buildings noted above, and potential future development**

2. Projected Total Cost for the Project:

A. Project Budget

Costs for Professional Services (A/E, Legal etc.)	\$3,215,000
Estimated project construction costs (including construction contingencies):	\$37,500,000
Equipment and furnishing costs	\$6,500,000
Off-site costs	\$0
Contract administration costs (owner, cm etc.) (<i>Included in Values above</i>)	\$0
Contingencies (design & owner)	\$3,880,000
Other related project costs (briefly describe)	\$3,320,000
Sales Tax	\$3,000,000
Total	\$57,415,000

B. Funding Status

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

It is anticipated that the majority of the project cost will be funded through USDA Rural Development and Direct Loans. The balance of funding will be provided by the Hospital, including an expected community philanthropic campaign.

3. Anticipated Project Design and Construction Schedule

Please provide:

The anticipated project design and construction schedule, including:

- a) Procurement;
- b) Hiring consultants if not already hired; and
- c) Employing staff or hiring consultants to manage the project if not already employed or hired.

GC/CM Procurement Phase:

08/30/20	Initial GC/CM RFQ Issued
09/20/20	GC/CM RFQ Revision #1 Issued
10/20/20	PRC Application Submitted
10/23/20	GC/CM RFQ Revision #2 Issued
12/2/20	Project Presentation to PRC
12/4/20	GC/CM RFQ Response Due by 1:00 pm PST
12/11/20	GC/CM Short List Announced
12/17-12/18	GC/CM Finalist Interviews
12/21/20	GC/CM Contract Questions Due
1/6/20	GC/CM Sealed Proposals Submitted by 10:00 am PST
1/6/20	GC/CM Selection and Notification
1/13/21	GC/CM Protest Period Closes
1/14 – 1/21	GC/CM Preconstruction Contract Finalized
1/28/21	GC/CM Award & Preconstruction Contract Approval at Board Meeting

Additional Project Team Procurement:

July 2020	Engaged A/E Team Per RCW 39.80
August 2020	Engaged Owner’s Representatives
October 2020	Procure Medical Equipment Planner
January 2021	Procure Non-Medical FF&E Consultant and Commissioning Consultant

Design & Construction Phases:

08/14/20	Programming Complete
12/11/20	Schematic Design Complete
02/12/21	Design Development Complete
03/01/21	Estimate Prepared for USDA Grant Application
03/12/21	USDA Application Submitted
08/06/21	Construction Documents 90% Complete
09/24/21	Maximum Allowable Construction Cost (MACC) Established
09/30/21	USDA Funding Approval Received
11/15/21	Funding Finalized
12/01/21	Start of Construction
12/01/23	Substantial Completion of Construction

4. Why the GC/CM Contracting Procedure is Appropriate for this Project

Please provide a detailed explanation of why use of the contracting procedure is appropriate for the proposed project. Please address the following, as appropriate:

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

As a new hospital facility, the success of the project will rely on the close and thorough coordination of complex building systems and sensitive and technical Owner-provided equipment, all of which will require sophisticated phasing and superior coordination. The project will be highly technical, and involve complex and interrelated systems for Surgery, Diagnostic Imaging, Emergency Medicine, Inpatient, Lab, Central Sterile, Information Technology, Rehabilitation, Dietary Services and other critical programs. On the basis of our teams' past experience, the earlier a construction manager can participate in this coordination to understand the issues involved, and to implement the highly unique and technical requirements that will need to be addressed in the Subcontractor procurement effort, the better the project outcome will be for schedule, cost, and quality.

- If the project involves construction at an existing facility that must continue to operate during construction, what are the operational impacts on occupants that must be addressed?

Note: Please identify functions within the existing facility which require relocation during construction and how construction sequencing will affect them. As part of your response you may refer to the drawings or sketches that you provide under Question 8.

N/A

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

As noted above, the GC/CM's involvement during the project design will be critical in ensuring the successful phasing and coordination of complex building systems and equipment. Moreover, in order to maximize the funds available for different programs within the facility, the project team believes the input of a construction manager related to Site Issues, Materials Selections, Constructability, and Systems Selections will bring great benefit to the project. As an example, by utilizing Target Value Design and Continuous Estimating principles during the design phase, a GC/CM can assist the Project Team with the selection of specific systems. This in turn should reduce inefficient redesign that would be costly in both time and resources.

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

As noted previously, almost all elements of the project will be complex and technical. As a new hospital facility, the project will involve the integration of sensitive equipment and systems that must be very closely integrated with construction activities. Additionally, as a partial I2 structure, there will be strict requirements from multiple local, state and federal authorities during Subcontractor procurement. This is particularly important for the Mechanical, Electrical, Plumbing and Low-Voltage trades that will likely account for over 50% of the total contract value. The work scope for these Subcontractors will involve detailed coordination with the GC/CM throughout the pre-construction period.

- If the project requires specialized work on a building that has historical significance, why is the building of historical significance and what is the specialized work that must be done?

N/A

- If the project is declared heavy civil and the public body elects to procure the project as heavy civil, why is the GC/CM heavy civil contracting procedure appropriate for the proposed project?

N/A

5. Public Benefit

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

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

The project will involve a substantial public benefit, including a significant cost benefit, and the traditional “design-bid-build” process really is not a feasible option given the project complexities. The traditional “design-bid-build” limits transparency in establishing costs and communicating and confirming expected quality standards. Often, issues are not surfaced until the building is well under construction, when a conflict or unforeseen scope gap can lead to both significant cost increases and schedule delays. The GC/CM process allows these risks to be minimized. Additionally, given the size and complexity of the project and the current competitive state of the construction market, there is the possibility that a contractor with limited experience could provide a low-bid without a thorough understanding of challenges the project may present.

- In the case of heavy civil GC/CM, why the heavy civil contracting procedure serves the public interest.

N/A

6. Public Body Qualifications

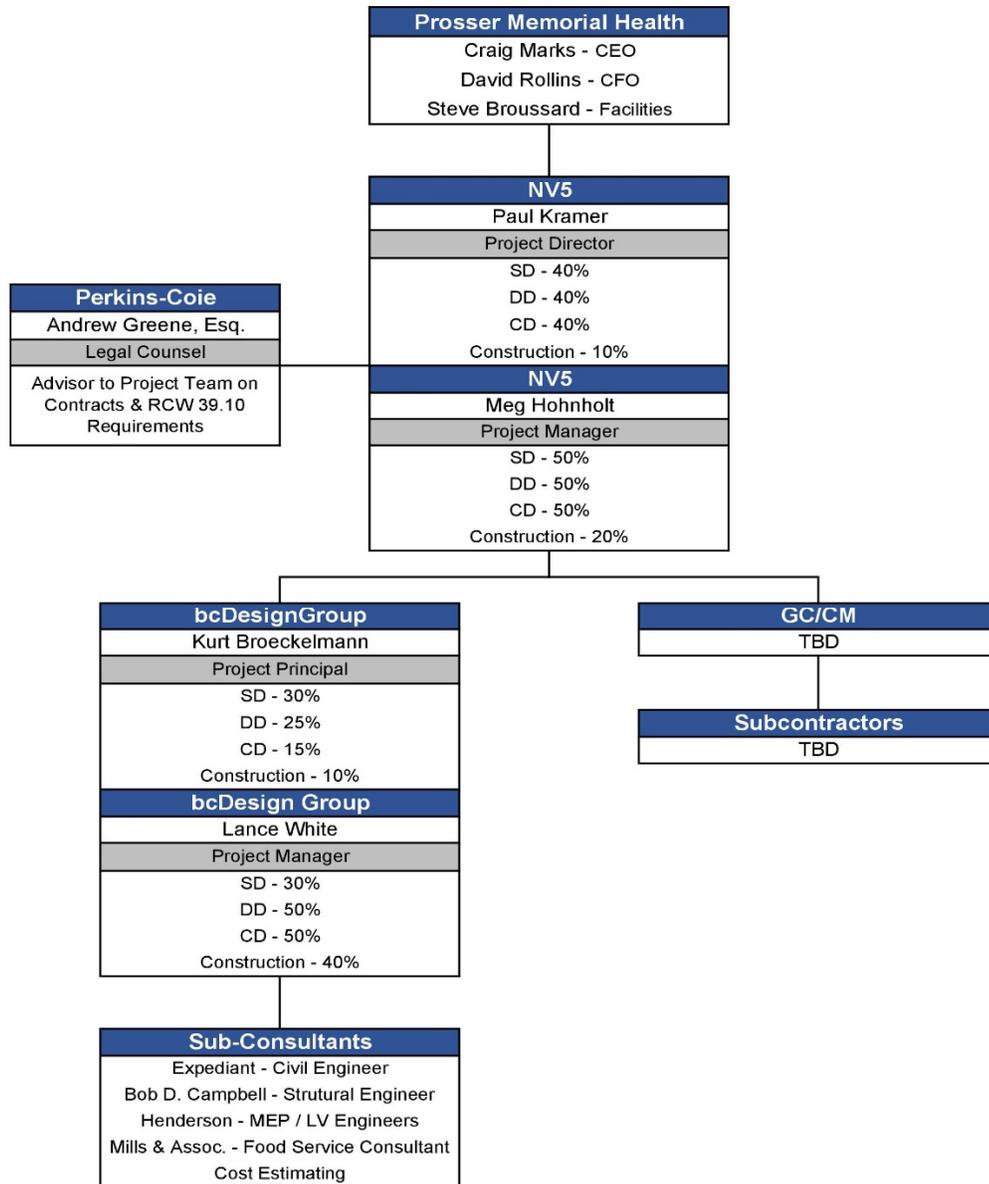
Please provide:

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

Prosser Memorial Health has formed a comprehensive team with varied experience to help deliver the project successfully. Within the organization, Prosser Memorial Health has significant Washington public works experience, almost all in the medical space, and both the CEO and CFO of Prosser Memorial Health have significant experience in the execution of major hospital projects in previous roles with other institutions, including GC/CM equivalent projects involving \$40M+ hospital expansions in both Missouri and Colorado. That said, the Prosser Memorial Health team recognized that this will be their first GC/CM project under RCW 39.10. To supplement their internal team, Prosser Memorial Health retained NV5 as its Owner’s Representative. The NV5 Team has decades of experience helping hospitals around the country in the successful execution of over \$1B in projects, almost all of which used a GC/CM approach. And to ensure that RCW 39.10 requirements are closely understood and followed, Prosser Memorial Health retained Perkins Coie as its Legal Counsel to advise on the GC/CM process and contracts. The Perkins Coie team has significant experience in helping owners comply with RCW 39.10 requirements.

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- A **Project** organizational chart, showing all existing or planned staff and consultant roles.
Note: The organizational chart must show the level of involvement and main responsibilities anticipated for each position throughout the project (for example, full-time project manager). If acronyms are used, a key should be provided. (See Example on Project Organizational Chart)



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

Prosser Memorial Hospital:

Craig Marks – CEO: Craig has over 30 years of experience in leadership roles with acute care facilities. In his 4-Years with PMH, Craig has led the effort to construct a new facility to support the Hospital’s continued mission. In a similar role at Western Missouri Medical Center, Craig oversaw the planning, design and successful execution of \$42M expansion to the facility.

David Rollins – CFO: With over 15 years of experience leadership roles with acute facilities, David is currently working with Hospital leadership to develop sustainable financial models to support the proposed new Hospital. David acted in the same role supporting a \$32M expansion to Mt. San Rafael Hospital in Trinidad, Colorado., a project that utilized both USDA funding and GC/CM-equivalent delivery.

Steve Broussard – Director of Support Services: Over the past 25 years, Steve has worked for and with PMH on numerous capital improvement projects, including minor and major renovations, and the construction of significant clinic facilities. Steve has strong knowledge of the local construction community and of the regulations that must be met to support healthcare construction and operations.

NV5:

Paul Kramer – Project Director: Over a 30+ year career focused on the design and construction of healthcare facilities and renovations of all types and sizes throughout the country, Paul has worked with Owners to lead teams in the successful execution of several billion dollars of projects. The majority of these projects have been constructed utilizing a form of GC/CM delivery, including most recently, additions to Critical Access Hospitals in Colorado, and a new Family Maternity Center renovation in Ohio.

Meg Hohnholt – Project Manager: With 13 years of experience in the design and construction of public facilities in multiple states, Meg has led project teams in the comprehensive planning, procurement and implementation efforts for numerous Healthcare, K-12 and Civic initiatives. For these projects, Meg has assisted in the coordination of Bond Procurement, Contract Development, Budget and Schedule Development and Compliance, and Project Close-Out, and is well versed in a number of forms of project delivery, including GC/CM.

Perkins Coie:

Andrew Greene – Partner: Over the past 20 years, Andrew has worked from the Seattle office to build Perkins Coie Construction Law practice, of which he is Chair. Supporting over 100 Public Entities throughout the State of Washington, Andrew has assisted Project Teams in compliance with RCW 39.10 requirements supporting their unique construction projects, including the development of multiple GC/CM contracts and procurement support.

bcDesignGroup:

Kurt Broeckelmann – Managing Partner: As a healthcare focused Architect, Kurt has over 20 years’ experience working with acute care facilities ranging from Critical Access Hospitals to Academic Medical Centers. Over his career, Kurt has participated in 30+ successful healthcare projects that have been delivered using a GC/CM approach.

Lance White – Project Architect: Lance has 16 years of experience in the development of healthcare projects ranging from interior renovations to complex building additions and new medical office buildings. He has been involved in over 25 GC/CM project, and has worked at a facility with a GC/CM for 12 years as a project manager.

- Provide the ***experience and role on previous GC/CM projects delivered*** under RCW 39.10 or equivalent experience for each staff member or consultant in key positions on the proposed project. (See Example Staff/Contractor Project Experience and Role. The applicant shall use the abbreviations as identified in the example in the attachment.)

Paul Kramer

<i>Project</i>	<i>Value</i>	<i>Involvement</i>	<i>Timeframe</i>
Southwest General Hospital Middleburg Heights, Ohio Family Maternity Renovations GC/CM	\$17.6M	Owner’s Rep. on GC/CM- equivalent project	2/2020 to 2/2022

Pioneers Medical Center Meeker, Colorado Hospital Additions GC/CM	\$14.5M	Owner's Rep. on GC/CM- equivalent project	9/2019 to 10/2020
Mt. San Rafael Hospital Trinidad, Colorado Masterplan Additions / Renovations GC/CM	\$32M	Owner's Rep. on GC/CM- equivalent project	3/2019 to 2/2021
TUKH Cambridge Tower Kansas City, Kansas New Hospital Project GC/CM	\$340M	Owner's Rep. on GC/CM- equivalent project	1/2015 to 4/2018
Southwest General Hospital Middleburg Heights, Ohio Masterplan Expansion / Renovation GC/CM	\$124M	Owner's Rep. on GC/CM- equivalent project	4/2011 to 4/2016

Meg Hohnholt

<i>Project</i>	<i>Value</i>	<i>Involvement</i>	<i>Timeframe</i>
Banner Health System Greeley, Colorado Internal Project(s) Support GC/CM	\$12M	Owner's Rep. on GC/CM- equivalent project	3/2019 to 3/2020
TUKH MOB Kansas City, Kansas Vertical Expansion GC/CM	\$30M	Owner's Rep. on GC/CM- equivalent project	9/2018 to 3/2019
Weld County Schools Hudson, Colorado RE3J District Bond Program GC/CM	\$72M	Owner's Rep. on GC/CM- equivalent project	10/2016 to 11/2020
Eben Ezer Lutheran Care Center Brush, Colorado Senior Living GC/CM	\$13.5M	Owner's Rep. on GC/CM- equivalent project	4/2017 to 1/2018

Kurt Broeckelmann

<i>Project</i>	<i>Value</i>	<i>Involvement</i>	<i>Timeframe</i>
Fitzgibbon Hospital Marshall, Missouri Expansion & MOB GC/CM	\$16.5M	Lead Architect on GC/CM- equivalent project	2012 -2014
Western Missouri Medical Center Warrensburg, Missouri Hospital Expansion	\$42.6M	Lead Architect on GC/CM- equivalent project	2009 to 2011

GC/CM North Kansas City Hospital Kansas City, Missouri Cardiac Center GC/CM	\$12.5M	Lead Architect on GC/CM- equivalent project	2009 - 2011
Heartland Spine & Specialty Hospital Kansas City, Kansas New Hospital GC/CM	\$15.8M	Lead Architect on GC/CM- equivalent project	2008 to 2010
North Kansas City Hospital Kansas City, Missouri Maternal Child Renovations GC/CM	\$32M	Lead Architect on GC/CM- equivalent project	2008 to 2010

Lance White

<i>Project</i>	<i>Value</i>	<i>Involvement</i>	<i>Timeframe</i>
North Kansas City Hospital Kansas City, Missouri Tiffany Springs MOB GC/CM	\$2.5M	A/E Project Manager on GC/CM equivalent project	2017 to 2018
North Kansas City Hospital Kansas City, Missouri Platte City MOB GC/CM	\$3.5M	A/E Project Manager on GC/CM equivalent project	2016 to 2017
North Kansas City Hospital Kansas City, Missouri Surgical Department Renovations GC/CM	\$10M	A/E Project Manager on GC/CM equivalent project	2015 to 2016
North Kansas City Hospital Kansas City, Missouri Cardiac Center GC/CM	\$12.5M	A/E Project Manager on GC/CM equivalent project	2009 - 2011
North Kansas City Hospital Kansas City, Missouri Maternal Child Renovations GC/CM	\$32M	A/E Project Manager on GC/CM equivalent project	2008 -2010

- The qualifications of the existing or planned project manager and consultants.
Prosser Memorial Health recognized that the project will be its first under RCW 39.10 and therefore retained one of the preeminent Owner’s Representative nationally for this type of project (NV5). The NV5 team has decades of experience helping hospitals around the country in completing large, complex, and mission-critical projects, almost all using a GC/CM contracting and project-execution approach, and both NV5’s Project Director and Project Manager have deep GC/CM-equivalent experience. Because this will be NV5’s first project in Washington, Prosser Memorial Health also retained Perkins Coie to ensure that all requirements of RCW 39.10 are addressed.

- If the project manager is interim until your organization has employed staff or hired a consultant as the project manager, indicate whether sufficient funds are available for this purpose and how long it is anticipated the interim project manager will serve.

As noted previously, NV5 has been retained by Prosser Memorial Health to support the hospital development, and sufficient funds are included in the budget for NV5's fees from Design through the Occupancy / Close-Out Phases.
- A brief summary of the construction experience of your organization's project management team that is relevant to the project.

See above. Both NV5's Project Director and Project Manager have deep GC/CM-equivalent experience on comparable health care projects, and have helped clients complete over five similar (or more complex) projects over the past five years.
- A description of the controls your organization will have in place to ensure that the project is adequately managed.

Over the past several months, the Prosser Memorial Health team has established initial comprehensive schedules and budgets for all project activities. These documents are derived from the project's current goals and program and will be subject to continuous refinement through the course of the project. The team uses these tools to establish benchmarks to track the status of associated activities, including financing, site development, consultant procurement, AHJ review, FF&E procurement and contingency status, in order to ensure that each activity supports the project's overall goals. As documentation of this process, sign-offs have been proposed at each critical milestone by the Prosser Memorial Health's administrative team, and this information will then be reviewed and approved by the Prosser Memorial Health's Board. As the project proceeds into construction, clear and concise construction schedule and financial goals will be developed and included in the contract. Any future proposed changes will be thoroughly evaluated against this information, and in conformance with USDA requirements. Concurrently, the project team will continue to coordinate architecturally significant equipment to ensure that it meets the project's budget requirements, and does not affect the progress and cost of construction. All costs will be reconciled, at a minimum, on a monthly basis.
- A brief description of your planned GC/CM procurement process.

As generally outlined in the anticipated project design and construction schedule included in Section 3 above, the Prosser Memorial Health team has developed an RFQ for interested GC/CM firms, which it will post on its website and advertise through traditional channels. Statements of qualification are scheduled to be submitted following PRC approval of the project (if approved). From these submissions, the team will use the communicated selection criteria to determine the top-scored firms and then schedule interviews with these finalists. Following these interviews, GC/CM finalists will be invited to submit formal cost proposals for the project. Once these proposals are received, the team will analyze the qualifications and cost proposals to determine the highest scored firm. On the basis of this evaluation, a recommendation will be made to the Prosser Memorial Health Board for selection of a GC/CM firm to join the Prosser Memorial Health team for preconstruction services.
- Verification that your organization has already developed (or provide your plan to develop) specific GC/CM or heavy civil GC/CM contract terms.

The Project team has had recent experience using GC/CM contract forms, including those approved for use by USDA, on comparable projects. For this project, the team will work closely with Perkins Coie to ensure that all requirements of RCW 39.10 are met.

7. Public Body (your organization) Construction History:

Provide a matrix summary of your organization’s construction activity for the past six years outlining project data in content and format per the attached sample provided: *(See Example Construction History. The applicant shall use the abbreviations as identified in the example in the attachment.)*

- Project Number, Name, and Description
- Contracting method used
- Planned start and finish dates
- Actual start and finish dates
- Planned and actual budget amounts
- Reasons for budget or schedule overruns

Prosser Memorial Health (PMH) - Construction History (10-Years)

#	Project Name	Project Description	Contract Method	Planned Start	Actual Start	Planned Finish	Actual Finish	Planned Budget	Actual Budget	Reason for Budget or Schedule Overrun
1	Chardonay Clinic TI	Indoor Remodelling to add Exam Rooms	D-B-B	Mar-19	Apr-20	Aug-19	Nov-19	\$380K	\$409K	Delays in Materials Procurement, Unforeseen Existing Conditions
2	Valley Vista TI	Build-Out of Shell Space to add Exam Rooms	D-B-B	Oct-17	Nov-17	Mar-18	Apr-18	\$451K	\$474K	Mobilization Delay, Unforeseen Existing Conditions
3	PMH OB Renovations	Interior Renovations to add LDRP's and Dialysis	D-B-B	Mar-14	Aug-14	Aug-14	Sep-14	\$1.05M	\$1.084M	Mobilization Delay, Unforeseen Existing Conditions
4	Imaging Department Renovations	Interior renovations to accommodate Medical Equipment Up-Grades	D-B-B	Mar-12	Apr-12	Aug-12	Sep-12	\$150K	\$155K	Mobilization Delay, Unforeseen Existing Conditions
5	PMH OB TI	Interior Renovations	D-B-B	Feb-10	Feb-10	May-10	May-10	\$137K	\$143K	Unforeseen Existing Conditions

8. Preliminary Concepts, sketches or plans depicting the project

To assist the PRC with understanding your proposed project, please provide a combination of up to six concepts, drawings, sketches, diagrams, or plan/section documents which best depict your project. In electronic submissions these documents must be provided in a PDF or JPEG format for easy distribution. *(See Example concepts, sketches or plans depicting the project.)* At a minimum, please try to include the following:

- A overview site plan *(indicating existing structure and new structures)*
Preliminary Site and Departmental Block Plan(s) for the proposed facility are attached to this Application for reference
- 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.

N/A

9. Resolution of Audit Findings on Previous Public Works Projects

If your organization had audit findings on **any** project identified in your response to Question 7, please specify the project, briefly state those findings, and describe how your organization resolved them.

Prosser Memorial Health is not aware of any past audit findings related to previous construction projects at the Hospital.

10. Subcontractor Outreach

Please describe your subcontractor outreach and how the public body will encourage small, women and minority-owned business participation

The Prosser Memorial Health team has already received over twelve (12) inquiries from interested GC/CM firms, and has been actively speaking with local and national teams that have expressed interest. If approved to utilize a GC/CM approach, Prosser Memorial Health will finalize the diversity promotion qualifications to implement for the project and will request that each of the teams present their own plan for how they will encourage the participation of diverse and underrepresented firms. Once a GC/CM is selected, the project team will then work together to develop a Subcontractor selection process in accordance with RCW 39.10, and cultivate potential MBE / FBE / Small Business participants to the greatest extent possible.

Overall, Prosser Memorial Health is strongly committed to the enforcement of fair contracting and hiring practices that comply with all Local, State and Federal Guidelines.

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 may delay action on your application.

If the PRC approves your request to use the GC/CM contracting procedure, you also understand that: (1) your organization is required to participate in brief, state-sponsored surveys at the beginning and the end of your approved project; and (2) the data collected in these surveys will be used in a study by the state to evaluate the effectiveness of the GC/CM process. You also agree that your organization will complete these surveys within the time required by CPARB. Additionally, responding to the 2013 Joint Legislative Audit and Review Committee (JLARC) Recommendations is a priority and focus of CPARB. Data collection shall include GC/CM project information on subcontract awards and payments, and if completed, a final project report. For each GC/CM project, documentation supporting compliance with the limitations on the GC/CM self-performed work will be required. This information may include, but is not limited to: a construction management and contracting plan, final subcontracting plan and/or a final TCC/MACC summary with subcontract awards, or similar.

I have carefully reviewed the information provided and attest that this is a complete, correct and true application.

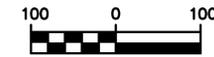
Signature: Craig J. Marks

Name (please print): Craig Marks (public body personnel)

Title: Chief Executive Officer

Date: October 20, 2020

FND. 3-1/2" BRASS CAP IN CONC. IN MON. CASE STAMPED: WASH. CO. REF. MARK



SCALE 1" = 100'

LEGEND

PROPERTY LINE	---
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EXISTING ASPHALT	=====
EXISTING POWER POLE	— OHE — OHE — OHE — OHE
EXISTING OVERHEAD POWER	— OHE — OHE — OHE — OHE
EXISTING EASEMENT	---
EXISTING CENTERLINE	---
PROPOSED 8" SANITARY SEWER	— 8SS — 8SS — 8SS — 8SS
PROPOSED SEWER MANHOLE	⊙
PROPOSED 6" FIRE LINE	— 6W — 6W — 6W — 6W
PROPOSED 6" WATER LINE	— 6FW — 6FW — 6FW — 6FW
PROPOSED 12" WATERLINE BY CITY	— 12W — 12W — 12W — 12W
PROPOSED FIRE HYDRANT BY CITY	⊙
PROPOSED 12" SEWERLINE BY CITY	— 12SS — 12SS — 12SS — 12SS
PROPOSED UNDERGROUND ELECTRIC	— UGE — UGE — UGE — UGE

ENGINEER:

EXPEDIT CIVIL ENGINEERING, PLLC
9200 SUITS US DR. STE. B
BELLA VISTA, AR 72714

DEVELOPER:

PROSSER PUBLIC HOSPITAL DISTRICT
723 MEMORIAL STREET
PROSSER, WA 99350

ZONING:

CG - GENERAL COMMERCIAL

CURRENT COUNTY SETBACKS:

FRONT (GAP ROAD FRONTAGE): 25'
SIDE: 25'
REAR: 25'

PROPOSED GENERAL COMMERCIAL ZONING SETBACKS:

FRONT (GAP ROAD FRONTAGE): 0'
SIDE: 0'
REAR: 0'

PARKING REQUIREMENTS:

1. INPATIENT ADMISSIONS - 1 SPACE PER 5 HOSPITAL BEDS
VISITORS - 1 SPACE PER BED
HOSPITAL STAFF - 1 SPACE PER SHIFT PER EMPLOYEE
OUTPATIENTS - 3 SPACES PER EXAM OR PROCEDURE ROOM
EMERGENCY PATIENTS - 1 SPACE PER 4 AVERAGE DAILY EMERGENCY VISITS
2. NUMBER OF PARKING SPACES REQUIRED - XX SPACES
3. NUMBER OF STANDARD PARKING SPACES PROVIDED - XX SPACES
4. NUMBER OF HANDICAP SPACES PROVIDED - 9 SPACES
5. TOTAL SPACES PROVIDED - XX SPACES

NOT FOR CONSTRUCTION



Date	Comments	Rev

PROSSER MEMORIAL HOSPITAL
GAP ROAD
PROSSER, WA
bc DESIGN GROUP
100 PARK ST., STE. 202, OLATHE, KS 66061

9200 SUITS US DR. STE. B
BELLA VISTA, AR 72714
D: (479) 367-2924
M: (606) 759-5300
EMAIL: jingalls@expedit.com

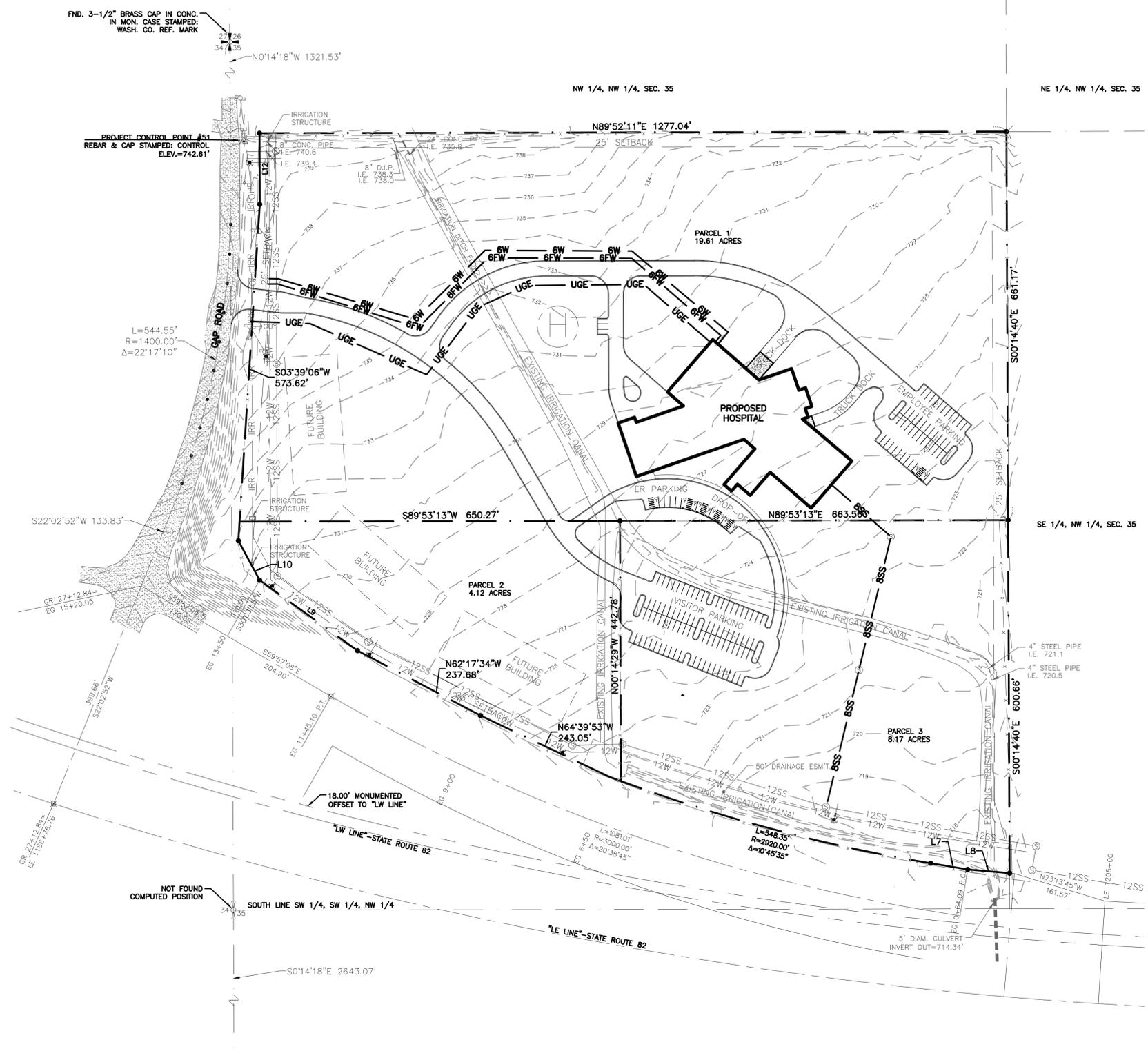


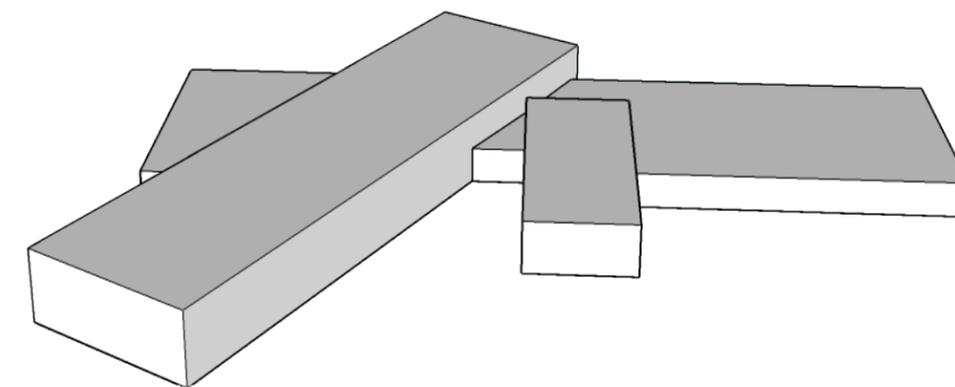
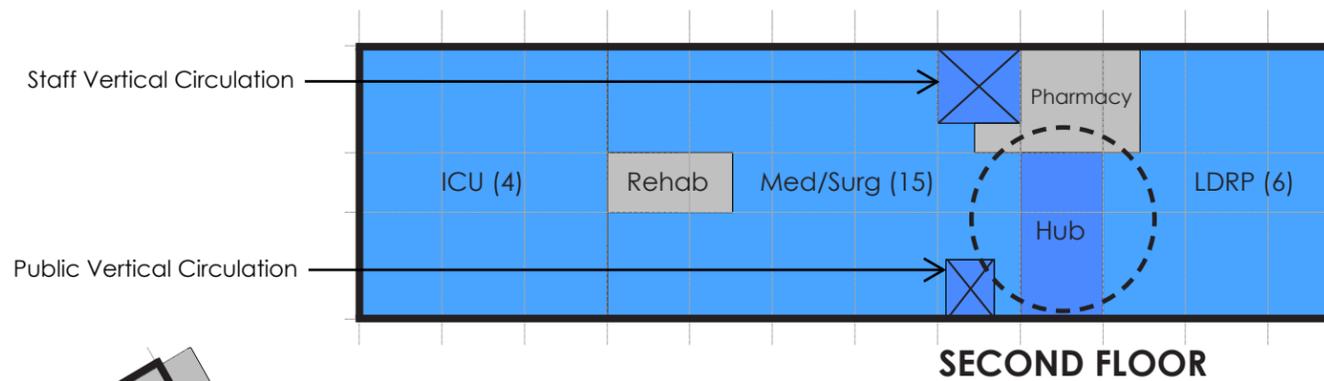
DRAWN BY: JEI
CHECKED BY: JEI
DATE 10/9/2020
JOB NUMBER 19-1029
SHEET NAME CONCEPTUAL SITE PLAN
File No. 19-1029.dwg
SHEET 1 OF 1



Know what's below.
Call before you dig.

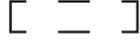
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NOTES:

1. +/-84,800 SF
2. Great I2/B separation
3. Good future expansion paths for ED/Imaging/Surgery
4. Admin (soft space) for internal department growth.
5. Good future connection point for future MOB
6. HUB IP unit allows for skeletal staffing.
7. Pharmacy is located upstairs, adjacent to IP and LDRP.
8. Short walks to all departments from main entrance.
9. Best option for future patient room growth.

-  Entrances
-  Second Floor Outline
-  Glass "Spine" element connecting nature to inside
-  Paths of Future Expansion
-  Opportunity for Future Addition
-  Outdoor Garden + Water Feature
-  SUPPORT STAFF
-  CIRCULATION HUBS
-  IN PATIENT
-  HYBRID
-  OUTPATIENT