

State of Washington
PROJECT REVIEW COMMITTEE (PRC)
GC/CM PROJECT APPLICATION
To Use the General Contractor/Construction Manager (GC/CM)
Alternative Contracting Procedure

The 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): [King County Public Hospital District No. 2](#)
- b) Mailing Address: [12040 NE 128th St, Kirkland, WA 98034](#)
- c) Contact Person Name: [Garett Buckingham](#) Title: [Director Design and Construction](#)
- d) Phone Number: [425-899-3742](#) E-mail: gbuckingham@evergreenhealthcare.org

1. Brief Description of Proposed Project

- a) Name of Project: [2-Silver Surgery Expansion](#)
- b) County of Project Location: [King](#)
- c) Please describe the project in no more than two short paragraphs. (*See Example on Project Description*)

[This project will modernize and increase services to the community for cardiac care, general surgery, and endoscopy/GI procedures. It includes construction in three work areas and is expected to be phased to maintain currently operating services. The first work area is the 2-Silver Surgery \(73,000 sf\), consisting of existing shell space that will be built out to accommodate a new surgical suite, interventional platform procedure spaces, prep and recovery space and all associated support services. The program includes 7 Operating Rooms, 6 Cath Labs, 1 Hybrid Operating Room, prep and recovery space, and associated support space – some of which may be located on other floors and outside of the available shell space.](#)

[The second work area is modernization of the C-Section OR's \(5,000 sf\) to meet current codes and best practices. This scope will require the creation of a new AHU platform on top of the existing roof to accommodate new mechanical equipment. The third work area is the Endoscopy Procedural Suites \(15,000 sf\) on Level 1 of the Blue building, which is presently occupied by Cath labs. A partial renovation will take place with the goal to achieve 5 Endoscopy Procedure Rooms, prep and recovery space, scope processing, and support spaces.](#)

- d) Applying for permission to utilize Alternative Subcontractor Selection with this application? [Yes \ No](#)
(*if no, applicant must apply separately at a later date utilizing Supplement B*)

2. Projected Total Cost for the Project:

A. Project Budget

Costs for Professional Services (A/E, Legal etc.)	\$7,000,000
Estimated project construction costs (including construction contingencies):	\$98,000,000
Equipment and furnishing costs	\$34,000,000
Off-site costs	\$N/A
Contract administration costs (owner, cm etc.)	\$1,350,000
Contingencies (design & owner)	\$8,500,000
Other related project costs (briefly describe)	\$10,856,000
Permit, Cx, TAB, Moving and relocation, Temp facilities, IT/Plant, Art, Escalation	
Alternative Subcontractor Selection costs	\$200,000
Sales Tax	\$10,094,000
Total	\$170,000,000

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

Project is to be funded through cash reserves for planning, design, and debt financing for construction.

3. Anticipated Project Design and Construction Schedule

Please provide:

The anticipated project design and construction schedule, including:

- Procurement; (including the use of alternative subcontractor selection, if applicable)
- Hiring consultants if not already hired; and

EvergreenHealth (Evergreen) selected Flourish Project Management (Flourish) to provide alternative delivery and project management services. Garrett Buckingham, Director of Design and Construction, and Lauren Trocano, Construction Manager on the project, both with the Construction Management Department at Evergreen, are working directly with Melissa Teichman of Flourish who is serving as the Alternative Delivery Advisor and Project Manager for the project.

Evergreen selected NBBJ Architects as the project's designer of record. Flourish and NBBJ possess significant and relevant GC/CM alternative project delivery experience. Team resumes and qualifications are in Item 6.

Flourish and NBBJ are currently working collaboratively with Evergreen CM staff. NBBJ core staff consists of Principal, Molly Wolf, Principal in Charge, and Brad Berger, Project Architect. Evergreen CM, Flourish, NBBJ, CPL Structural Engineers, P2S Engineering and Stantec Engineering are working in the pre-design / programming phase of this project. Schematic design is anticipated to start upon GC/CM selection in the 4th Quarter of 2025.

- Employing staff or hiring consultants to manage the project if not already employed or hired.
(See Example on Design & Construction Schedule)

See above.

- Provide an updated schedule to include Alternative Subcontractor Selection Procurement process.
(If applicable)

Project Design and Construction Schedule	Start	Finish
Programming through 30% Design	May 2025	September 2025
Design Development	September 2025	March 2026
Construction Documents + AHJ Review	March 2026	August 2026
90% GMP Set Construction Documents		August 2026
Negotiate MACC	August 2026	October 2026
Permitting and Department of Health	August 2026	October 2026
Early Procurement Bid Packages	May 2026	June 2026
Bid Packages	June 2026	October 2026
Construction	October 2026	September 2027
Substantial Completion		September 2027
Commissioning / Owner Occupancy	September 2027	November 2027
Final Completion		October 2027
Closeout	September 2027	March 2028

GC/CM Procurement Schedule	Start	Finish
PRC Presentation; Assumes Application Accepted		September 25, 2025
1 st Advertisement for GC/CM RFQ; if Approved*		September 29, 2025
2 st Advertisement for GC/CM RFQ*		October 2, 2025
Pre-Proposal Meeting and Site Tour*		October 6, 2025
SOQ Submittals Due*		October 31, 2025
Owner & Committee Reviews/Scores Submittals*	November 3, 2025	November 5, 2025
Notification of Finalists with Draft Contracts*		November 6, 2025
Conduct Interviews with Shortlisted Firms*		November 20, 2025
Notification to Most Highly Qualified Firms to Submit RFFP*		November 21, 2025
RFFP Submissions and Public Opening*		November 26, 2025
Commissioners Approve GM/CM Selection and Award Precon Services*		December 2, 2025

*tentative

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:

The EvergreenHealth 2-Silver Surgery Expansion project meets the statutory criteria as outlined below.

Evergreen feels strongly that GC/CM is the most appropriate contracting procedure for this project when each criterion is viewed through the lens of construction work being done in an active Acute Care Hospital where patient, staff and public safety is paramount.

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

This project has many elements of complexity that must be addressed: GC/CM involvement during design is necessary to develop the optimal phasing plan to maintain critical healthcare occupancy and ongoing operations. The GC/CM will prioritize patient and staff safety, overall construction delivery, efficient subcontractor buyout and smooth execution. Additionally, this project requires specialized equipment that will entail early lead times and detailed coordination, testing, and commissioning. Bringing a GC/CM on board early will allow for close coordination in early procurement, infrastructure coordination, and medical equipment collaboration so each phase is completed on time and patient care can continue as soon as possible.

- 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.

This project is within a fully operational hospital that will require careful, technical, and highly coordinated planning to ensure the safety of patients, staff, and visitors. The facility will remain operational throughout construction and the GC/CM must plan around 24/7 occupancy, while ensuring critical equipment and MEP systems remain in place. Coordination with facilities, engineering, security, housekeeping, shipping/receiving, safety, infection control, medical staff, and construction management staff must take place early and often. Construction traffic, deliveries, noise, dust, and vibration must all be proactively planned. The GC/CM can anticipate that patients are receiving life-saving care above in the ICU, below in the Emergency Department, and adjacent patient rooms to the construction area and access points at all times.

- If involvement of the GC/CM is critical during the design phase, why is this involvement critical?
For this project in particular, maintaining safety and ongoing patient care in the hospital is the most paramount reason to use GC/CM delivery. Throughout this project, we will need to ensure staff can continue to provide care, and confirm facilities and environmental staff can maintain, clean, supply, and nourish patients, staff, and their visitors on campus. This type of proactive planning is best done during the design phase so that proper cost, schedule, and safety precautions can be put in place early.

Current economic conditions make it even more critical for early involvement of the GC/CM to aid with pricing, risk assessments and mitigation, constructability, early procurement research and planning, and phasing options to keep existing operations ongoing for as long as possible and ensure a more seamless transition to new operations.

The GC/CM (and potential future subcontracting partners, such as ECCM/MCCM) can work hand-in-hand with the design team to evaluate design, product, and equipment options to maximize the budget and schedule. By utilizing the GC/CM delivery method, the project can be tailored to procure early bid packages and long-lead equipment. The collaborative partnership between the design team and the GC/CM gives us the opportunity to Target Value Design the project through site investigations, phasing, and constructability coordination, helping alleviate future unknowns during construction.

By supplementing the design team with the best qualified GC/CM, Evergreen will receive value-added insights concerning products, installation methods, and materials to optimize the return on investment – giving us the most program for our budget. Our GC/CM partner will help us more effectively manage cost, schedule, and quality with a higher degree of predictability to fulfill the commitments that have been made to our staff, patients, and community.

- If the project encompasses a complex or technical work environment, what is this environment?
A surgery program and operating room environment is highly sophisticated, with very strict tolerances, sensitive equipment needs and appropriate MEP systems. Engaging a qualified GC/CM early in the process will provide valuable cost/schedule feedback on construction material options, infrastructure phasing, a detailed review of systems and their costs/lead times, and allow proactive discussions with key vendors that can shape the design to be most cost effective both to build and operate. The technical understanding needed in alignment with the local construction market is crucial for successful bidding and budgeting. Additionally, bringing these technical pieces of equipment online requires enhanced levels of commissioning to ensure proper activation.
- 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 Public Benefit related only to Alternative Subcontractor Selection, use Supplement A or Supplement B, if your organization decides to use this selection process. Refer to Question No. 11 of this application for guidance)*. 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.
- In the case of heavy civil GC/CM, why the heavy civil contracting procedure serves the public interest.

This project is not a typical tenant improvement, school, or even stand-alone clinic, but a surgery/OR expansion in the middle of an existing 24/7/365 fully operational hospital. It entails very specialized equipment, products, and subcontractors who have experience working in operational medical facilities

and collaborating with medical staff and around those who are in critical health condition. The scopes of work that the GC/CM writes will be detailed, complex, phased, and require contractors who can work with extreme care to not disturb or affect ongoing patient care and staff operations. Mechanical and electrical systems will be affected and require detailed phasing, shutdown, and switchover protocols that are closely coordinated with Evergreen's facilities, engineering, safety, and medical staff.

Another benefit of the GC/CM delivery method is that it allows for early design communication with Architects and Engineers to ensure project conformance to budget and schedule while maximizing interest and participation from small, local, and minority businesses, trades, and vendors to participate in the bidding process. This delivery method encourages the GC/CM to perform outreach and solicit bids from local and disadvantaged businesses by right-sizing and scaling bid packages. This also improves public interest in the project by creating smaller scopes of work for local, qualified bidders who meet the bidding requirements.

GC/CM offers a more predictable outcome as the design team, their consultants, the GC/CM, end users, and the Evergreen construction management department can collaborate in the best interest of the project goals. This method of alternative delivery creates more certainty in cost and schedule, while maximizing local interest in bidding, specialized sub-trade work, improved owner training of systems operations after construction, safety of patients and staff, and overall quality of product.

For a project of this type, the GC/CM delivery method is simply more fiscally responsible than traditional Design-Bid-Build. The financial benefit to the owner in GC/CM over the traditional low bidder construction scenario is significant when one considers first, last, and operational cost. GC/CM allows the owner to incorporate critical phasing, proactive equipment procurement, contingencies, and proactively manage escalation of materials and labor. Additional fiscal benefits will be realized utilizing the GC/CM's expertise in value engineering and constructability reviews which are critical to developing a complete, coordinated, and cost-effective construction document set. Real-time, subcontractor-verified cost estimates throughout design will enable the team to engage potential team members and get a real-time reflection of market conditions to validate the current scope, timeline, and budget.

6. Public Body Qualifications

Please provide:

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

Evergreen's construction management department is comprised of project managers who have been trained through the AGC on GCCM and DBIA on progressive design build, the team has reviewed the GC/CM best practice handbook, and several have Assoc. DBIA credentials. Furthermore, Director Garrett Buckingham has more than 20 years of experience in Design-Build and GC/CM through a combination of his prior role at the University of Washington and recent projects at Evergreen. To date, Evergreen has successfully completed two GC/CM projects on campus in Kirkland. Evergreen's construction management department is committed to continuing their education, documenting lessons learned, and looks forward to sharing knowledge and applying for agency certification in the future.

In the spirit of continuous improvement, Evergreen has also engaged Melissa Teichman with Flourish who has more than 20 years of experience in alternative delivery projects and education. Melissa has led alternative delivery workshops with Owners, MEP firms, and colleagues, and is heavily engaged in the local DBIA NW chapter. Melissa will be working with the Evergreen construction management team to provide ongoing training and mentorship throughout this project, and continue to evaluate whether future projects might be more well served to pursue GC/CM or Progressive Design-Build.

- 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)

See **Attachment A - Project Organization Chart**.

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

Garett Buckingham – EvergreenHealth Director of Design and Construction

Role on this project: Project Director and Senior Leadership representative

As Director of Design and Construction, Garrett Buckingham offices in the Construction Management department at EvergreenHealth and will directly oversee the activities of the Construction Management department, its consultants and coordinate the allied internal departments of Plant, Security/Safety, Environmental Services, and IT. Garrett will use previous experience and knowledge of complex public works construction, Department of 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 EvergreenHealth. Garrett will interact regularly with members of the C-Suite, physicians, governmental and regulatory agencies. Garrett will help lead the design team through the onboarding of the GC/CM and then play a support role to the team. Mr. Buckingham has approximately 17 years' experience in Healthcare Facilities and over 20 years managing public works capital improvement projects delivered utilizing GC/CM, Job order contracting, and Progressive Design-Build delivery methods.

Representative Project Experience for Garrett Buckingham

Project	Project Value	Role	Time Involved
EvergreenHealth Urology & Surgical Expansion	\$10m	Director	2025 - present
EvergreenHealth Critical Care Unit	\$26m	Director	2019 - 2022
EvergreenHealth Family Maternity Center (GC/CM)	\$42m	Director	2019 - 2024
EvergreenHealth Aging Infrastructure & Seismic Improvements (GC/CM)	\$11m	Director	2019 - 2022
University of Washington Harborview Hybrid OR	\$10.5m	Assistant Director	2018 - 2020
University of Washington Radiology Waiting (PDB)	\$2.4m	Project Manager	2017 - 2018

Melissa Teichman – President of Flourish Project Management

Role on this project: Alternative Delivery Advisor/Project Manager

Melissa Teichman, Owner and President of Flourish has nearly 25 years of experience in the design and construction industry. Much of her career has been focused on working in highly collaborative, heavily phased, fully operational projects. She has worked on more than 100 design and construction projects, most of which were private negotiated GMP agreements or public alternative delivery contracts in Washington, California, and Oregon. A former general contractor, Melissa's formal training is in construction and business management. Melissa also has her Assoc. DBIA. and MBA with a focus in organizational leadership. Formerly a Vice President at OAC Services, Melissa led the procurement and completion of two GC/CM projects at Evergreen. She was recently the Project Executive on the nearly \$1 billion State of Washington Western State Forensic Hospital project which is GC/CM. In addition to GC/CM, Melissa is also well-versed in Progressive Design-Build and completed King County Harborview's first ever Progressive Design-Build project. Melissa is a champion of alternative delivery, heavily engaged in the local chapter of DBIA, and has spoken at local and national DBIA conferences.

Representative Project Experience for Melissa Teichman

Project	Project Value	Role	Time Involved
Western State New Forensic Hospital (GC/CM)	\$947b	Project Executive, GC/CM Advisor	2024 - 2025

King County Harborview Maleng Patient Beds (PDB)	\$78m	Director, Progressive Design-Build Advisor	2022 - 2025
Jefferson Healthcare Hospital Expansion (PDB)	\$88m	Project Executive, Progressive Design-Build Advisor	2022 - 2025
Skagit Regional Health Outpatient Surgery Center	\$88m	Director, GC/CM Advisor	2022 - 2024
EvergreenHealth Family Maternity Center (GC/CM)	\$42m	Sr. Project Manager, GC/CM Advisor	2018 - 2024
EvergreenHealth Aging Infrastructure & Seismic Improvements (GC/CM)	\$11m	Sr. Project Manager, GC/CM Advisor	2017 - 2022

Lauren Trocano – EvergreenHealth Construction Project Manager

Role on this project: Construction Project Manager

Lauren brings nearly 20 years of construction experience. The most recent 9 years have been in the EvergreenHealth Construction Management Department. Lauren has experience in planning, design, construction, and all aspects of execution including budgeting, scheduling, QA/QC, risk mitigation, reporting, and coordination with hospital stakeholders. Lauren has worked in various locations with different levels of acuity from medical office buildings to Central Sterile. Many projects included hospital (or building) wide coordination, hazardous materials abatement, major electrical and mechanical system shutdowns in occupied spaces.

Lauren will be involved throughout the entire project, responsible for oversight of the design team, the GC/CM, and interface with internal departments and stakeholders. She will also oversee other construction project managers and in-house medical planners as they work on contributory projects. Lauren will be an active participant and assist with RFQ preparation, contract and project management documents, and prepare project status/progress reports.

Representative Project Experience for Lauren Trocano

Project	Project Value	Role	Time Involved
EvergreenHealth Coral building TI's	\$10m	Construction Project Manager	2024 - present
EvergreenHealth Geriatric Care/ENT	\$1m	Construction Project Manager	2023 - 2025
EvergreenHealth Canyon Park Expansion II + Multispecialty Clinic	\$7.8m	Construction Project Manager	2022 - 2023
EvergreenHealth Cardiology Expansion	\$861,000	Construction Project Manager	2021 - 2022
EvergreenHealth Cath/IR/Bi-plane Expansion	\$14m	Construction Project Manager	2018 - 2019
EvergreenHealth Kenmore PC/UC	\$9m	Construction Project Manager	2016 - 2017

David Johnston – Partner at PRK Livengood

Role on this project: Legal Counsel

Evergreen has retained Peterson Russell Kelly Livengood PLLC (PRK Livengood) as additional legal counsel specific to GC/CM. David Johnston, a partner in the Bellevue office, will serve as the lead for this project. David has provided GC/CM project legal assistance for many public entities, including the preparation of GC/CM contract documents and providing legal counsel regarding compliance with RCW Chapter 39.10. David has over 33 years of legal counsel experience working in real estate and

construction areas and has provided legal assistance to several Washington public entities, including Evergreen and Lake Washington School District, each for over 30 years. His work and that of his law firms have covered all aspects of contract drafting and negotiating. This counsel includes pre-construction, architectural, engineering, construction-management, GC/CM, design-build, and bidding. David has also provided legal advice during construction, claim prosecution, and defense work.

Molly Wolf – NBBJ Principal of Healthcare

Role on this project: Principal-in-Charge from project programming through construction.

Molly Wolf brings nearly 20 years of experience in healthcare-focused design and construction. As a Principal and Healthcare Director at NBBJ, she leads client accounts across the Pacific Northwest and serves in a project executive role during design phases. Her work spans a range of complex projects—from interior renovations to full hospital developments—delivered through methods including Design-Bid-Build, GC/CM, Progressive Design-Build, and Design-Build.

A large portion of Molly's expertise lies in guiding public sector clients through phased construction in active facilities. A registered architect in Washington and former healthcare system construction project manager, she brings a client-informed perspective to project delivery. She is DBIA-certified, an active AIA member, and a frequent speaker at DBIA events. Molly has led three Progressive Design-Build projects for UW Medical Center and directed a GC/CM-delivered Labor & Delivery renovation at EvergreenHealth. She is a strong advocate for alternative delivery having seen firsthand the value of leveraging high-performing, collaborative teams.

Representative Project Experience for Molly Wolf

Project	Project Value	Role	Time Involved
UWMC Digestive Health Clinic (PDB)	\$12m	Principal-In-Charge	2023 - present
EvergreenHealth Family Maternity Center (GC/CM)	\$42m	Principal-In-Charge	2018 - 2024
Providence Reed's Crossing (DB)	\$68m	Principal-In-Charge	2019 - 2022
Harborview Medical Center Bi-Plane Hybrid OR (PDB)	\$3.4m	Principal-in-Charge	2018 - 2020
Harborview Medical Center Cart Wash Replacement (PDB)	\$3.2m	Project Manager	2017 - 2019
UWMC Family Waiting & Admitting Renovation (PDB)	\$2.4m	Project Manager	2016 - 2018

- 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.)*

Specific GC/CM experience for the project team members described above.

- The qualifications of the existing or planned project manager and consultants.
Specific GC/CM experience for the project team members described above.
- 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.

Evergreen's Lauren Trocano will be the lead Project Manager from design through construction and occupancy. She will be supported by Melissa Teichman, Flourish and Garrett Buckingham, Evergreen,

to ensure GC/CM statutes and best practices are followed. Funding for associated consultant services are included within the budget and planned through completion.

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

Experience for each staff member and consultant is described in the biographies above.

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

Evergreen will utilize both internal project controls and policies that the Evergreen construction management department already have in place as well as those of Flourish. Microsoft software and platforms are utilized, along with Bluebeam, Smartsheet, and MIRO to collaborate with internal and external teammates and partners. Evergreen does not dictate which construction software or platform to utilize and looks to the GC/CM to provide the programs and tools with which they are most comfortable and efficient.

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

Flourish will lead the GC/CM procurement process as specified within RCW 39.10, and in close coordination with Evergreen Construction Management department, Evergreen in-house legal, outside legal, Flourish, and the design team. This includes preparation of the GC/CM RFQ and selection process which will be based on Flourish and Evergreen's internal methods and best practices that have been refined over the years, along with the lessons learned from other public agencies and all team member experiences. As part of the development of the RFQ, we have conducted a lessons learned session to modify the solicitation to capture best practices from the previous GC/CM selection process.

We will have an open selection process to promote as much competition as we can within the contracting community. The intention is to market this project throughout the state, and beyond, to firms with experience in GC/CM and knowledge of similar type project experience. The RFQ/RFP will be a 3-step process, which involves qualifications proposals, interviews and submittal of sealed bids for the specified general conditions and fee percentage, based upon the preliminary MACC, each of which will be weighted as part of the final score in alignment with Evergreen's goals/values for the project. A recommendation will then be given to the hospital district's Commissioners for approval. Careful considerations will be made in the selection of the GC/CM to make sure that their qualifications related to both construction and pre-construction are in line with the services related specifically to this project and the known types of construction, safety and security specifics that go into a facility like this, as well as current concerns of budgeting and community awareness.

Evergreen has engaged David Johnston of PRK Livengood, to provide GC/CM and construction legal services for the project. PRK Livengood will be preparing the AIA A133 agreement and A201 general conditions which will be modified to align with best practices and will be providing them to Evergreen and Flourish for utilization through the procurement. These documents will be provided during the process to the potential GC/CM's to allow them to review and provide questions so that a final contract is understood before going into the final fee proposals.

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

Evergreen has an existing GC/CM contract terms in place through their completed GC/CM projects on campus. In an effort to maintain best practices and be a best-in-class Owner/partner, Evergreen publicly solicited comments in July 2025 for their GC/CM agreement and intends to incorporate many of the recommendations from the AEC firms who responded. Evergreen is working with PRK Livengood and alternative delivery advisor, Flourish, to update their GC/CM contract.

7. Owner Readiness (*To be answered by the Owner*)

- a) What have you done as an Owner to prepare yourself and your staff for this GC/CM project?

- i. How have you communicated with other public owners to understand the organizational alignment and administrative time needed to manage an alternative delivery project?

Evergreen has completed two successful GC/CM projects at the Kirkland campus. In addition to those projects, Garrett Buckingham is the Owner Public Hospital Representative on CPARB and the Project Review Committee and the sitting President of the Western Washington chapter of the Design Build Institute of America. Garrett has encouraged his staff to participate in GC/CM training and update their skillsets through review of the April 2025 CPARB published GC/CM Best Practices Manual. Evergreen is already aligned culturally, organizationally, and administratively to effectively manage an alternative delivery project. Additional support, training, and mentorship from their alternative delivery consultant, Flourish, will further develop the existing construction management team.

- ii. What training have you as an Owner and your staff taken?

GC/CM training, CPARB GC/CM Best Practices Manual review, and direct GC/CM project experience.

- iii. How have you considered the differences in alternative delivery vs Design Bid Build with regards to contract requirements around risk allocation, attitudes towards contract changes, disputes, etc.?

Yes, Evergreen analyzed the various alternative delivery procurements and traditional Design-Bid-Build, and ultimately decided to utilize GC/CM delivery. Evergreen desires to use Progressive Design-Build delivery in the future, but needs time to develop that contract and ensure internal processes and training can support that delivery method.

- b) How does your organization ensure that knowledge is passed down to your staff and project team?

The construction management department is small and comprised of 2 Project Managers, a Medical Planner, an Assistant Project Manager, and administrative staff. Everyone sits in the same office, has weekly check-ins and bi-monthly team meetings to share lessons learned and receive training.

- c) How have you familiarized yourself and your staff with GC/CM Best Practices?

Staff has familiarized themselves with GC/CM Best Practices through direct experience on other GC/CM projects on campus as well as prior experience working at University of Washington. The team has also read CPARB's April 2025 GC/CM Best Practices Manual. Evergreen confirms that internal processes and procedures are in alignment with GC/CM methodologies and best practices.

- d) What is your role in monitoring GC/CM Subcontractor Bid Packaging, and do you have staff allocated to provide oversight in Prime contractor's bidding and subcontract terms?

Evergreen will collaborate with the GC/CM to establish a subcontractor bid package matrix which will include all bid packages and their associated schedule dates. Evergreen's PM, Lauren Trocano, with support from Melissa Teichman and Garrett Buckingham, will review major subcontract bid packages before GC/CM issuance to the open market. That same team will then attend the public bid openings in support of the GC/CM. The subcontract terms will follow the GC/CM's contract terms and be in alignment with Evergreen standards. At intermittent and final stages of the project, Evergreen may audit these documents and financials with their independent auditor.

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: *(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
- Small-, minority-, women-, and veteran-owned business participation planned and actual utilization

Please refer to **Attachment B – Construction History**.

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. (See *Example concepts, sketches or plans depicting the project.*) At a minimum, please try to include the following:

- An 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 C – Preliminary Concepts**.

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.

Evergreen has not had any audit findings on any of the previous projects as shown.

11. Subcontractor Outreach

Please describe your subcontractor outreach and how the public body will encourage small-, minority-, women-, and veteran-owned business participation. Please include past performance inclusion goals (%) and actual utilization (\$).

Evergreen is committed to supporting the local economy and promoting the participation of small (SBE), women (WBE), veteran (VBE), disadvantaged (DBE), and minority-owned (MBE) businesses. Through this GC/CM solicitation as part of our RFQ, we will ask applicants to submit their plan(s) to encourage participation and note successes and lessons learned on previous projects. We will reach out to other public owners, such as hospitals, universities, and school districts to gain valuable insights to partner with firms in our local and surrounding area. As part of Evergreen's alternative delivery selection, we considered the value in selecting a small, women-owned minority business to lead the GC/CM procurement and oversee the project management to the project. Flourish Project Management is a WA-state certified Women-Owned Business Enterprise and a King County Small Contractor/Supplier (SCS).

To improve subcontractor interest, Evergreen will require preconstruction services for the GC/CM to hold outreach open houses to highlight the project and explain their bidding process to encourage SBE/MWBE bid involvement further. One of the hopeful advantages this project will have utilizing GC/CM is to maximize local small vendors/subs, WBE, and MBE business outreach. It is very common to support and solicit smaller subs if the GC/CM can have the ability to break up large scopes of work into smaller pieces to secure these bidders. This often allows budgets to be maintained by capturing a lower cost of services while allowing the most qualified local support. Within the RFQ, we intend to have the teams provide comprehensive plans related to outreach to like firms. This will be done with scheduled town hall meetings and advertisements to promote qualified, interested subcontractors.

Unfortunately Evergreen does not have good data on past percentage and budget performance of small and minority firms. Evergreen recently developed a policy that implements tracking on all design and construction projects, starting in 2025. We look forward to capturing this data, learning how we can improve, and working with the small and minority firms in our community. An intended outcome of this policy is to not only improve Evergreen's outreach, but create a fruitful experience for those looking to learn healthcare design and construction at a public hospital district.

12. Alternative Subcontractor Selection

- If your organization anticipates using this method of subcontractor selection and the scope of work is anticipated to be over \$3M, please provide a completed *Supplement A, Alternative Subcontractor Selection Application* document, one per each desired subcontractor/subcontract package.
Please refer to attached **Supplement A** documents for both MC/CM and EC/CM.
- If applicability of this method will be determined after the project has been approved for GC/CM alternative contracting or your project is anticipated to be under \$3M, respond with **N/A** to this question.
- If your organization in conjunction with the GC/CM decide to use the alternative subcontractor method in the future and your project is anticipated to be over \$3M, you will then complete the *Supplement B Alternative Subcontractor Selection Application* and submit it to the PRC for consideration at a future meeting.
We intend to utilize MC/CM and EC/CM procurements, and will also confer with our GC/CM. We wish to receive approval as part of this application and PRC application as we cannot avoid a delay in our schedule.

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 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.

The PRC strongly encourages all project team members to read the [GC/CM Best Practices Guidelines](#) as developed by CPARB and attend any relevant applicable training. If the PRC approves your request to use the GC/CM contracting procedure, you also agree to provide additional information if requested. 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:  _____

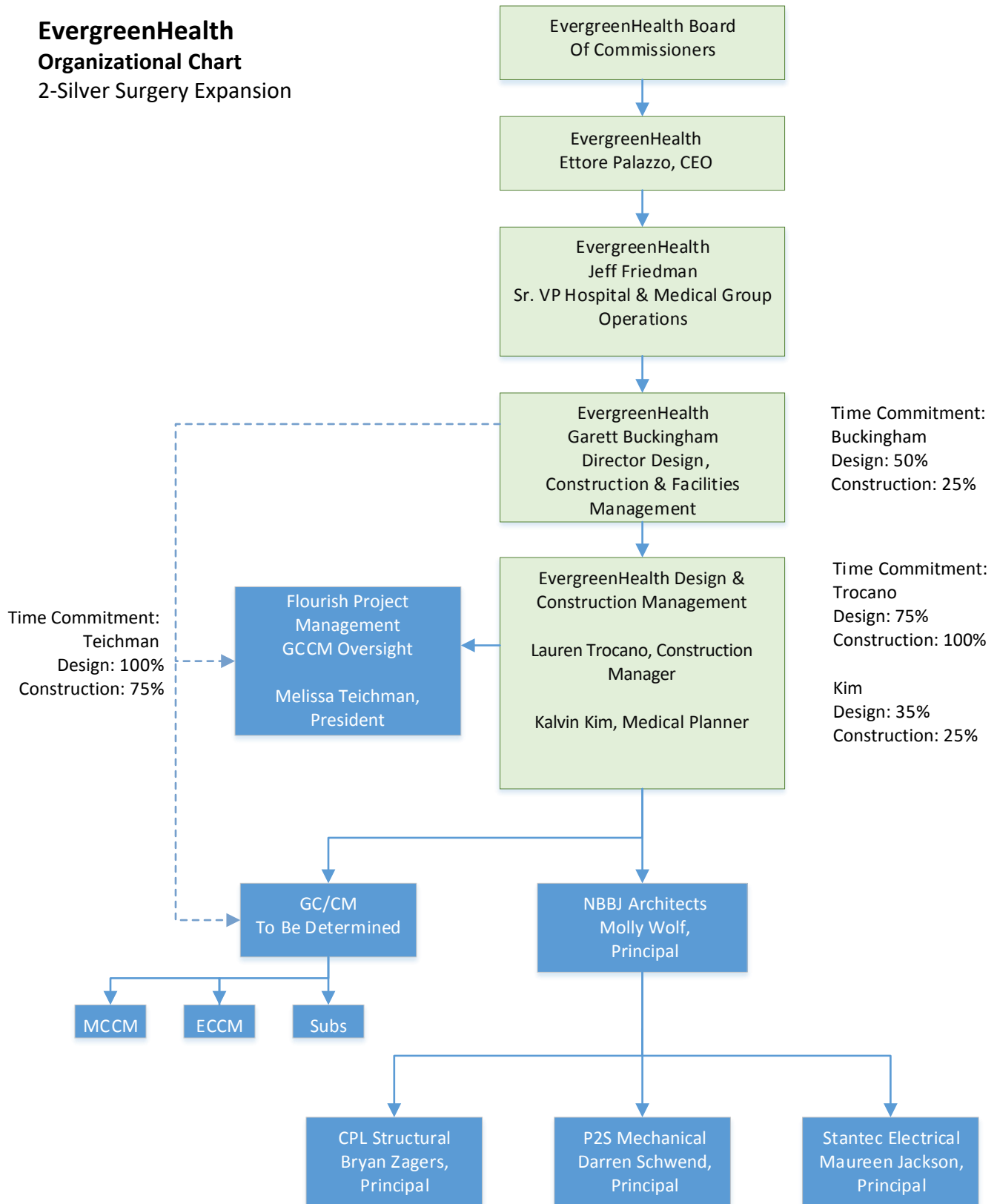
Name (please print): Garett Buckingham (public body personnel)

Title: Director Design & Construction

Date: 8/20/2025

Attachment A

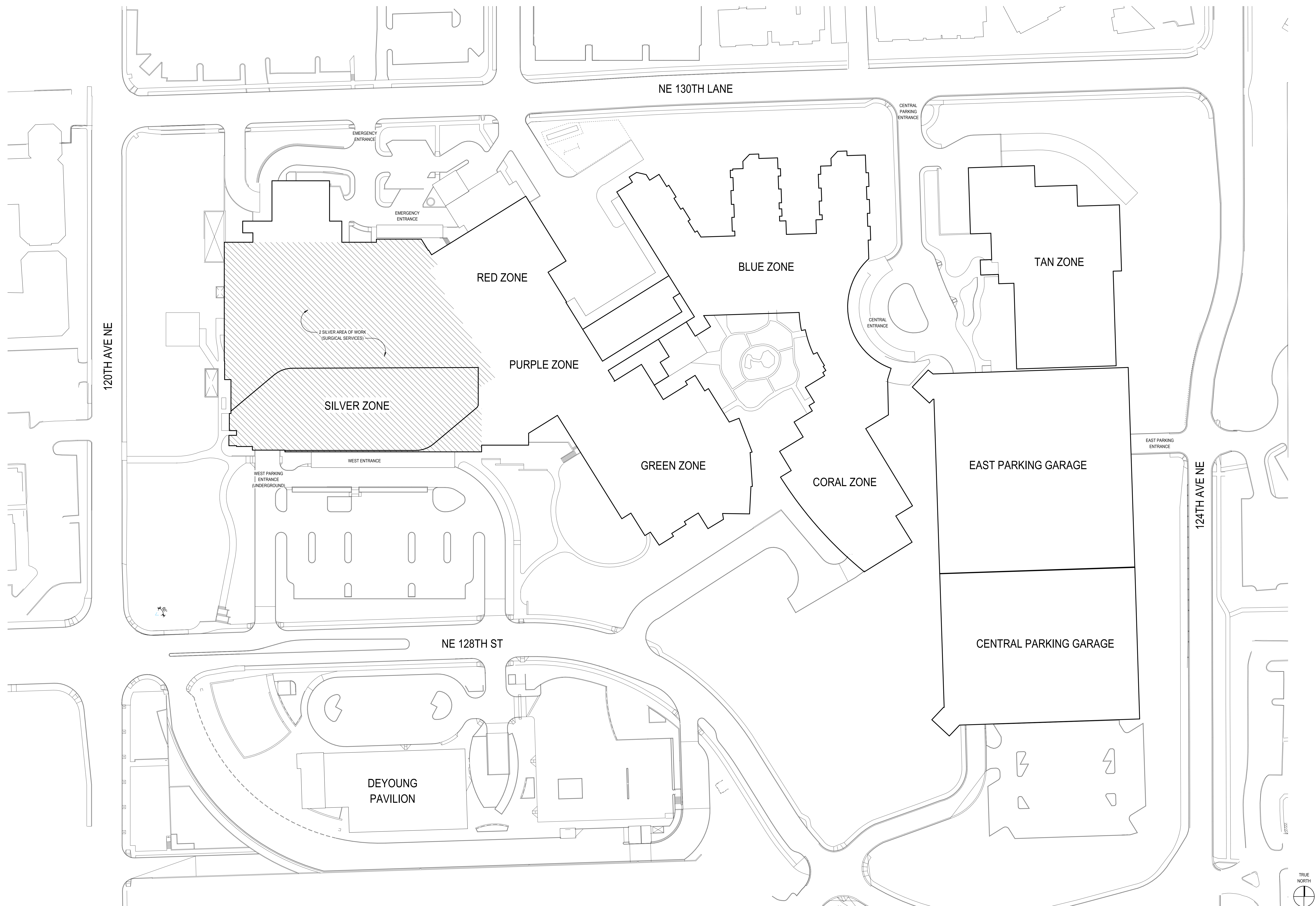
EvergreenHealth Organizational Chart 2-Silver Surgery Expansion

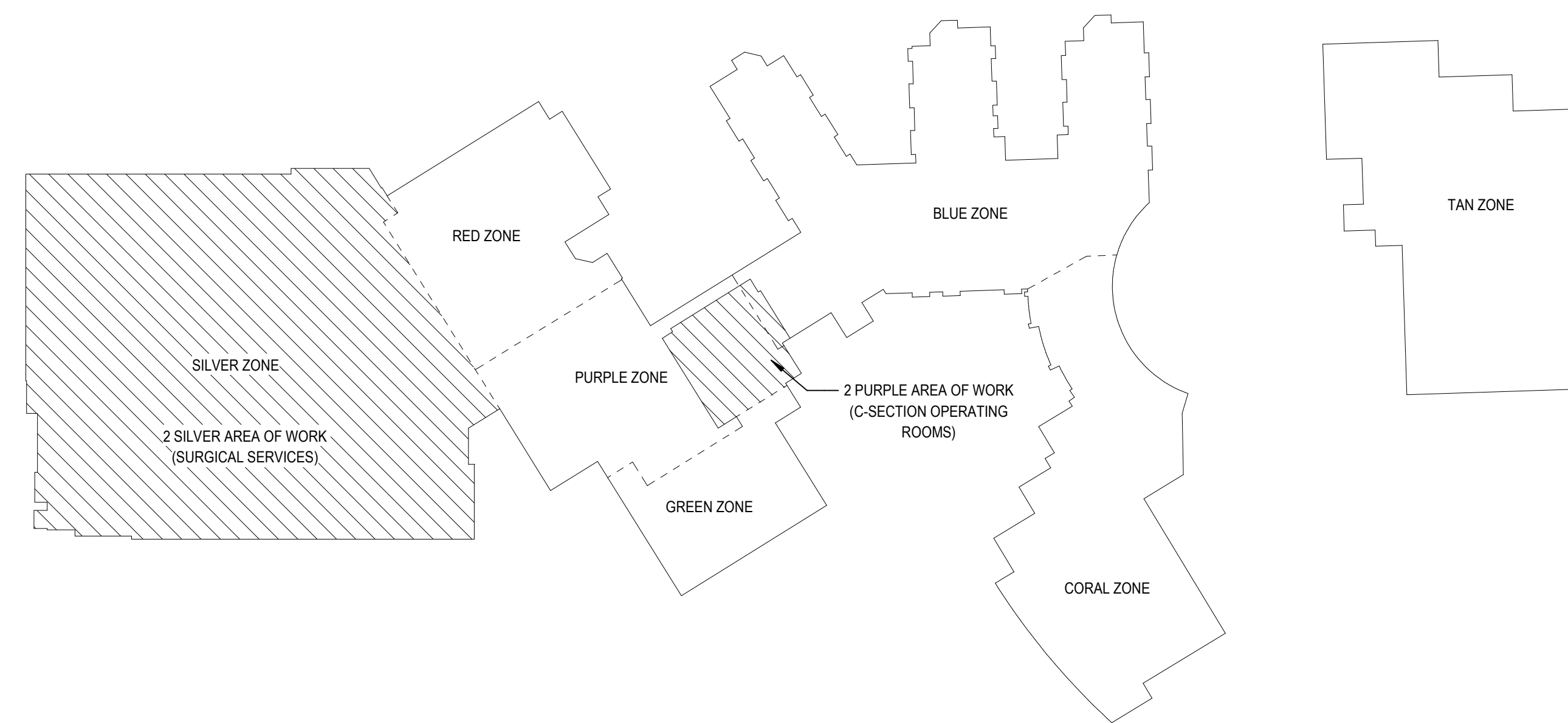


Attachment B - EvergreenHealth Construction History (6+ years)

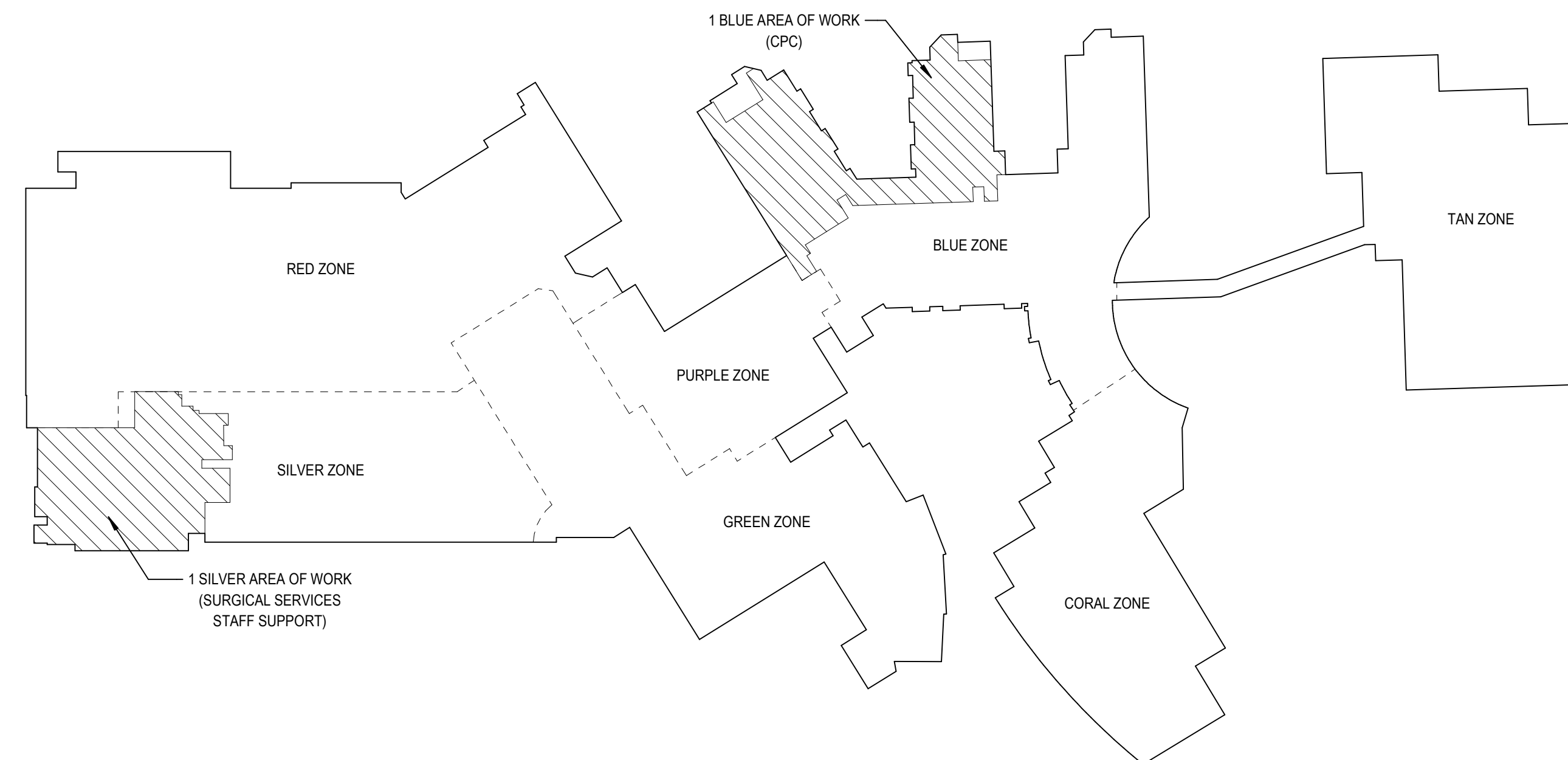
	Project	Description	Contracting Method	Planned Start	Planned Finish	Actual Start	Actual Finish	Planned Budget	Actual Budget	Small, Minority, Women, and Veteran-Owned Business Planned Participation	Small, Minority, Women, and Veteran-Owned Business Actual Participation	Reason for Budget or Schedule Overrun
2025	Urology & Surgical Expansion	Relocating Urology and Urogynecology to a new on-campus facility, as well as series of other departmental moves needed to accommodate growth and expansion.	D-B-B	Dec-24	Apr-26	Dec-24	TBD	\$ 10,000,000	TBD	0%	0%	
	MRI Replacement	Replacement of 1.5T MRI in Blue zone, first floor, and associated room modifications.	D-B-B	May-25	Sep-25	Jun-25	TBD	\$ 3,273,000	TBD	0%	0%	
	Lab Equipment Replacements	Chemistry analyzers and automation line replacement at Kirkland. Chemistry analyzer replacement at Redmond.	D-B-B	Jun-24	May-25	Nov-24	TBD	\$ 2,300,000	TBD	0%	0%	
	Stress Echo Room in Heart Care	Remodel existing patient care room in Tan 320A Heart Care for additional ECIC echocardiography stress test scan room, including purchase of new equipment.	D-B-B	Feb-25	Mar-25	Mar-25	Apr-25	\$ 621,000	\$ 445,000	0%	0%	
	ENT Tenant Improvement	Renovation of existing clinic suite to meet current DOH facility requirements for a PBB clinic and construct a new scope processing space as well as installation of an new CT machine.	D-B-B	Apr-25	Jan-26	Apr-25	TBD	\$ 3,360,000	TBD	0%	0%	
2024	Nuclear Medicine Camera Replacement	Equipment replacement in room 340.20 with new Spectrum D-SPECT Cardio scanner and associated room oddifications.	D-B-B	Nov-24	Dec-24	Nov-24	Dec-24	\$ 750,000	\$ 740,000	0%	0%	
	ENT & Geriatric Care Relocations	ENT in Coral 400 will swap locations with Geriatric Care at Totem Lake Medica Plaza.	D-B-B	Aug-24	Oct-24	Aug-24	May-25	\$ 972,263	\$ 850,000	0%	0%	Delay due to owner-requested scope changes.
	Pharmacy Vaccine Clinic	Renovations to Coral Suite 215 to create a two-bay vaccine clinic.	D-B-B	Feb-24	Jun-24	Feb-24	May-24	\$ 303,000	\$ 261,000	0%	0%	
	Bariatric Clinic Entry Expansion	Relocate and widen the entry door to the Bariatric Care clinic in Tan 400.	D-B-B	Jan-24	Mar-24	Mar-24	Jun-24	\$ 210,000	\$ 192,000	0%	0%	Delay due to long lead door and frame.
	P3 Emergency Column Repairs	Emergency repairs necessary to provide structural support for the five beams that have spalling at the connections to the supporting concrete wall of the storm water retention vault at the P3 level of the West parking garage.	Emergency	Jan-24	Apr-24	Jan-24	Jun-24	\$ 210,000	\$ 230,000	0%	0%	Budget and schedule overrun due to unforeseen conditions and additional repairs needed.
2023	Central Garage Repairs & Sealing	Repair cracks and rust in the Central Parking Garage and apply a sealant coating based on structural engineers assessment.	D-B-B	Oct-22	Jun-23	Dec-22	Sep-23	\$ 1,897,000	\$ 2,020,000	0%	0%	Issues with surface slipperiness and various attempts to remedy.
	Nursing Excellence Training Center	Renovation of Coral 300, currently used by Education, to create better learning space for clinical staff.	D-B-B	Apr-23	Jul-23	Apr-23	Jul-23	\$ 581,000	\$ 545,000	0%	0%	
	Canyon Park Expansion	Expansion of the current lease at the Woodlands building in Canyon Park from 14,224 SF to approximately 28,224 SF. The expansion will include a set of "core" services that include Primary Care, Urgent Care, and Behavioral Health.	D-B-B	Feb-23	Jul-23	Feb-23	Sep-23	\$ 5,940,000	\$ 6,215,000	0%	0%	"Planned budget" did not include \$1.7M Tenant Improving allowance received from building owner. Delay due to Owner deciding not to add OB services.
	Linear Accelerator Replacement	Replace & upgrade 13-year-old equipment that provides radiation treatment to cancer patients, and associated room renovations..	D-B-B	May-23	Sep-23	May-23	Aug-23	\$ 5,200,000	\$ 4,500,000	0%	0%	
	Remote Work & Department Relocations	Relocation and consolidation of staff that can or already are working mainly from home, and to maximize spaces available for clinical use. including but not limited to Foundation, Patient Financial Services, and Heart Care offices.	D-B-B	Feb-23	Jul-23	Feb-23	Jul-23	\$ 198,000	\$ 196,000	0%	0%	
2022	Redmond Primary Care Expansion	Expansion of Primary Care at new location in Redmond Town Center.	D-B-B	May-22	Jul-22	May-22	Aug-22	\$ 1,483,000	\$ 1,165,000	0%	0%	
	Nuclear Medicine Camera Replacement	Replace existing 20 year old equipment and associated construction required.	D-B-B	Aug-22	Nov-22	Aug-22	Dec-22	\$ 1,330,000	\$ 1,126,000	0%	0%	
	Monroe Urgent Care	Renovation and equipment for new Urgent Care in Suite 230 of the Monroe Sky River Pavilion.	D-B-B	Dec-21	Feb-22	Dec-21	Feb-22	\$ 825,000	\$ 832,000	0%	0%	HVAC issues
	Blue OR Surgery Lights	Replace the lights in all 8 operating rooms in the main hospital	D-B-B	Jun-22	Aug-22	Jun-22	Aug-22	\$ 442,230	\$ 371,000	0%	0%	
	ENT Expansion	Convert 3 offices to Exam Rooms	D-B-B	May-22	Oct-22	May-22	Oct-22	\$ 250,000	\$ 248,000	0%	0%	

2021	Cardiology Expansion	Expand cardiology (Tan 320) into vacated dermatology suite (Tan 330), allowing for added waiting room and check in space, as well as more exam rooms.	D-B-B	Mar-21	May-21	Mar-21	May-21	\$ 861,000	\$ 770,000	0%	0%	
	Hospice Care Center Roof Replacement	Replacement of original (1991) roof at the Hospice Care Center.	D-B-B	Jun-21	Oct-21	Jun-21	Nov-22	\$ 709,000	\$ 691,000	0%	0%	Inexperienced contractor, unforeseen conditions, weather delays.
	Radiation Oncology CT Simulator	Phased renovations, upgraded finishes and the installation of a new CT simulator in Radiation Oncology.	D-B-B	Jan-21	Oct-21	Jan-21	Jul-21	\$ 889,000	\$ 908,000	0%	0%	Scope adds.
	Digital X-Ray System Replacement	Phased renovations, upgraded finishes and the installation of a new digital X-Ray system.	D-B-B	Jan-21	Oct-21	Jan-21	Jul-21	\$ 452,000	\$ 476,000	0%	0%	
	DI CT Replacement	Phased renovations, upgraded finishes and the installation of a CT machine in Diagnostic Imaging.	D-B-B	Jan-21	Oct-21	Jan-21	Jul-21	\$ 660,000	\$ 609,000	0%	0%	
2020	Critical Care Unit	25,000 SF Tenant Improvement buildout of level 3 located within the Silver Tower.	D-B-B	Mar-20	Apr-21	Jun-20	Jun-21	\$ 27,965,000	\$ 26,350,000	0%	0%	
	ED Rainier Retrofit	Create enhanced safety rooms within the Rainier section of Kirkland ED for behaviorally challenged patients.	D-B-B	May-20	Aug-20	May-20	Aug-20	\$ 1,037,000	\$ 975,000	0%	0%	
	Totem Lake Urgent Care	Adding Urgent Care services to Lakeshore at Totem Lake, includes physical space changes, equipment, technology and building signage.	D-B-B	May-20	Sep-20	May-20	Sep-20	\$ 250,000	\$ 2,400,003	0%	0%	
	ESC CS Upgrades	Autoclave removal in OR 9 and ultrasonic washer replacement.	D-B-B	Apr-20	Aug-20	Apr-20	Aug-20	\$ 150,000	\$ 150,000	0%	0%	
	Canyon Park Expansion	Build out existing leased shell space to include lab and x-ray facilities, space for an additional 4 providers, 12 exam rooms and a break and meeting room space.	D-B-B	Aug-20	Nov-20	Aug-20	Nov-20	\$ 3,800,000	\$ 3,320,000	0%	0%	
2019	Ambulatory Practices Relocations	Relocation of Diabetes & Endocrine Care from Coral 250/260 to vacant Tan 400, along with the relocation of Diabetes Education from Coral 325. These moves co-locate the programs and allow for the relocation of Signature Care in Woodinville into Coral 250/260.	D-B-B	Sep-18	Feb-19	Sep-18	Feb-19	\$ 2,000,000	\$ 1,955,000	0%	0%	
	Pharmacy USP 800 Upgrades	New hood and related HVAC work needed to comply with new regulatory code requirement for hazardous medication storage in the Pharmacy.	D-B-B	Jul-19	Nov-19	Sep-19	Feb-20	\$ 570,000	\$ 615,000	0%	0%	ACM cleaning and abatement.
	Family Maternity Center	Heavily phased expansion and renovation of 5 floors in the 90k sf maternity center and surrounding support spaces	GC/CM	Sep-18	Dec-23	Nov-18	Mar-24	\$ 43,980,000	\$ 42,400,000	0%	4.46%	
	Aging Infrastructure & Seismic Improvements	Pre-design efforts. Project scope was modified from infrastructure and seismic to a patient transfer corridor after a bond did not pass and reduced funding.	GC/CM	Dec-17	2023	Mar-18	Jun-20	\$ 11,870,000	\$ 11,400,000	0%	0%	
	Coral 325 Refurbishment	Relocation and consolidation of several existing and new FMC services into Coral 325, adjacent to the Post-Partum Care Center. Work includes minor demolition, paint & flooring, new reception desk and furnishings.	D-B-B	Sep-19	Dec-19	Sep-19	Dec-19	\$ 150,000	\$ 100,000	0%	0%	





LEVEL 2 KEY PLAN



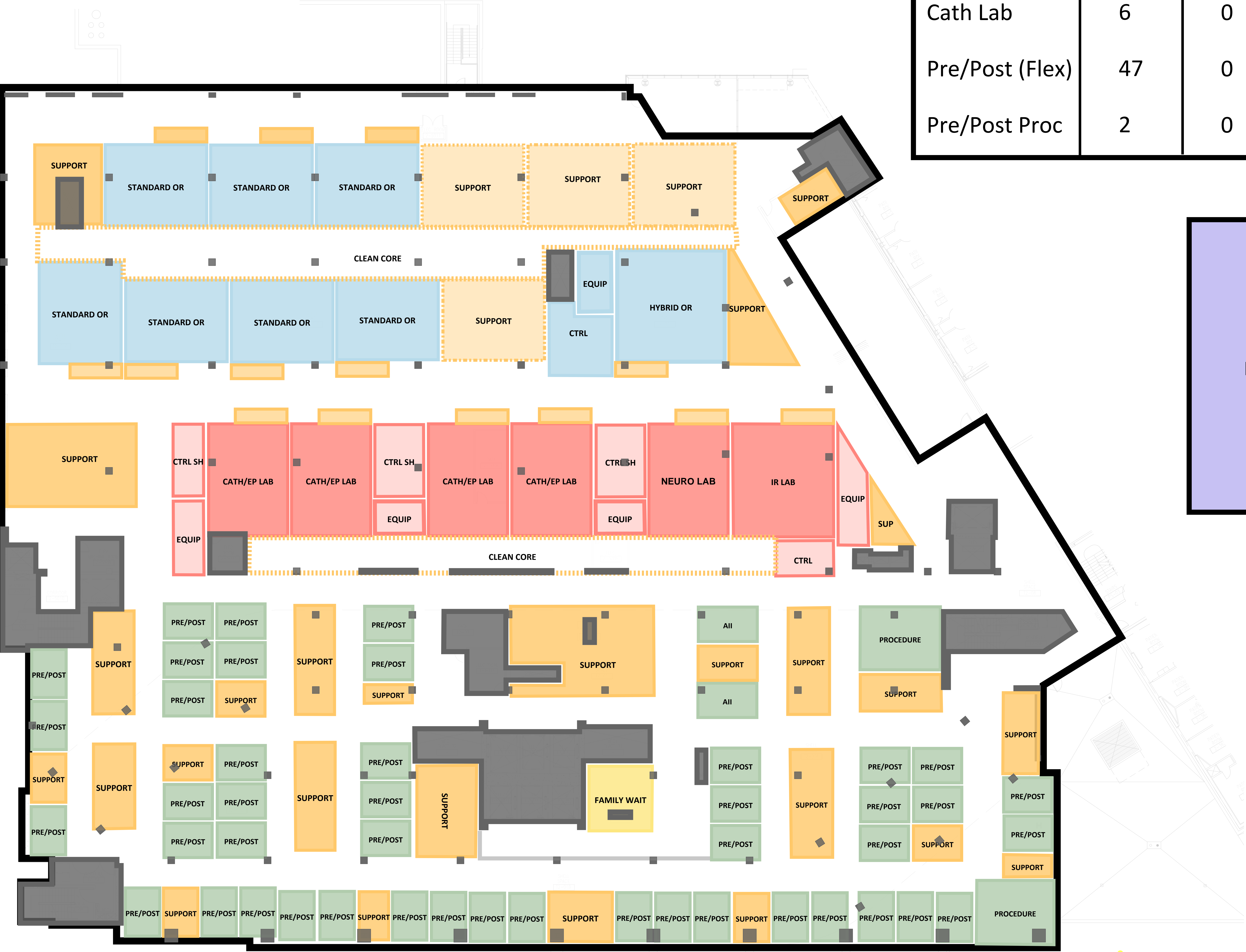
LEVEL 1 KEY PLAN



LEVEL P1 KEY PLAN

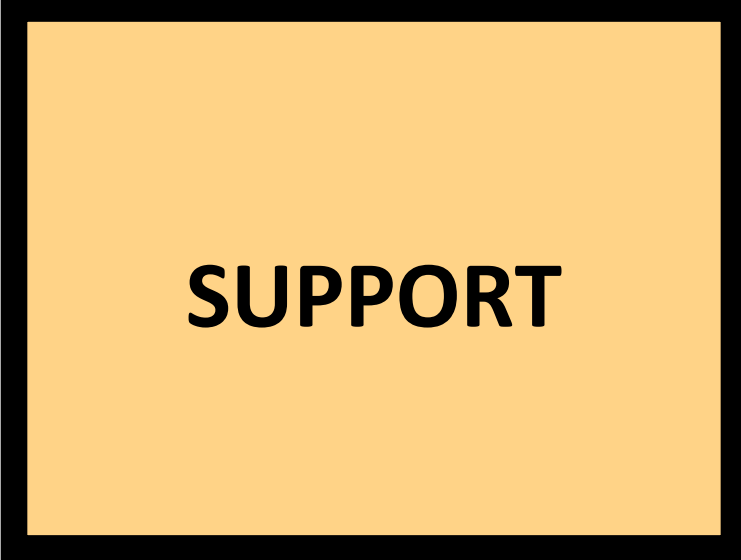
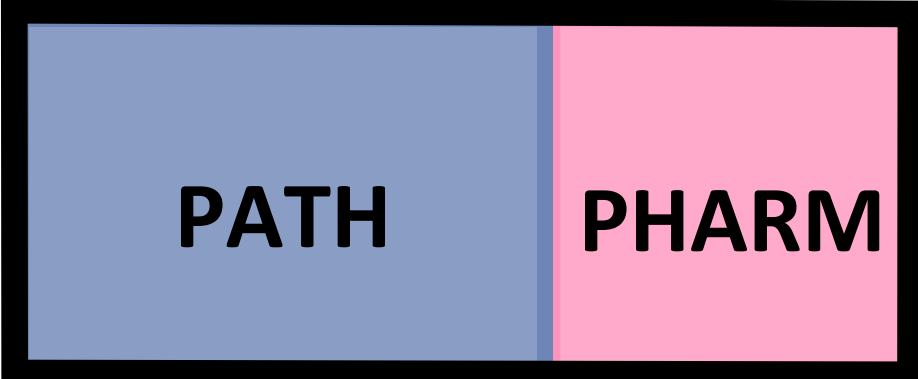
6 Interventional, 8 ORs

Option A



KPU	Phase 1	Shelled	Phase 2 Delta
ORs	8	4	-
Cath Lab	6	0	-
Pre/Post (Flex)	47	0	-13
Pre/Post Proc	2	0	-

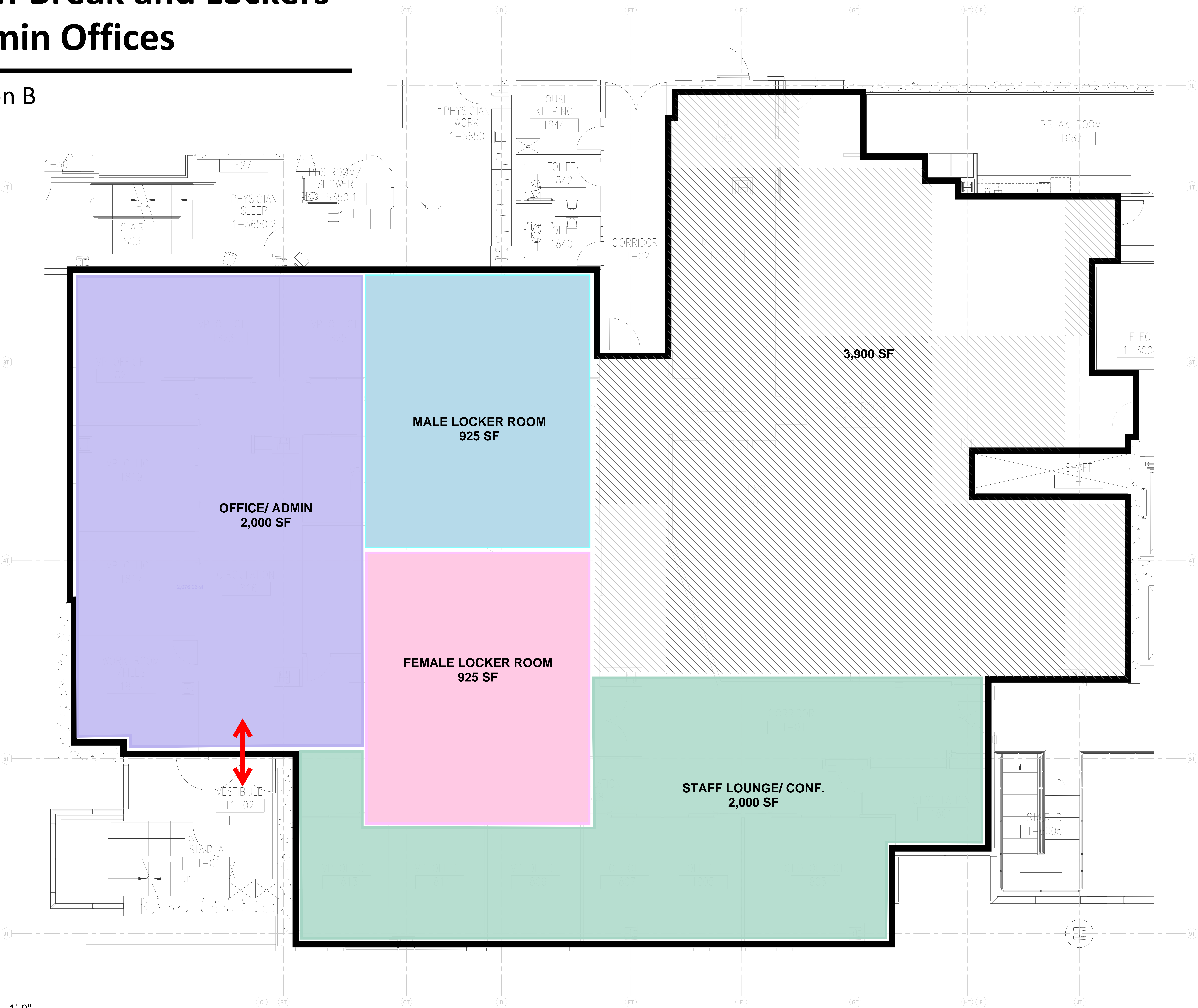
Program Delta



Scale : 3/32" = 1'-0"

Staff Break and Lockers Admin Offices

Option B

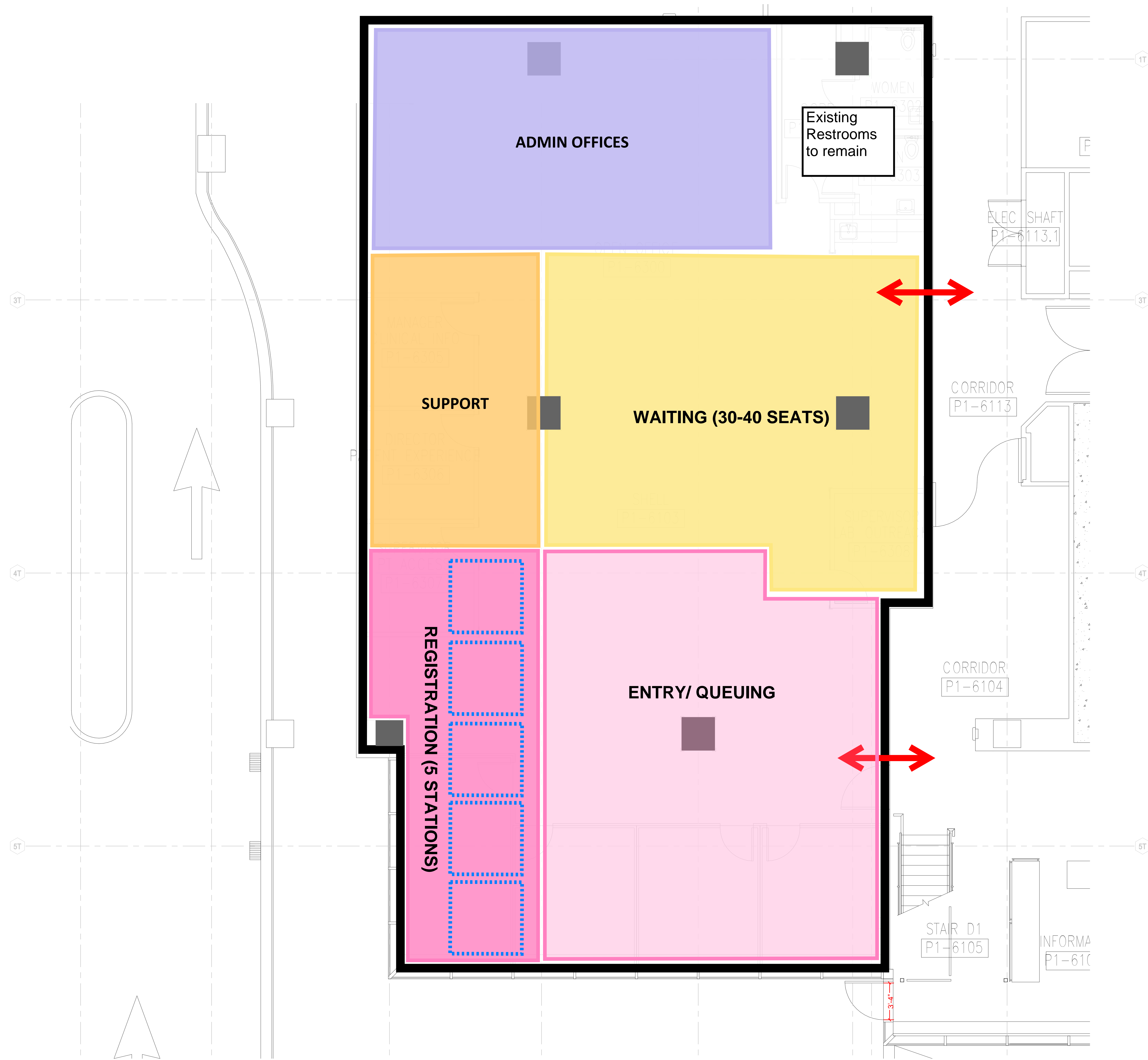


Scale : 1/4" = 1'-0"

5 Registration Stations

30-40 Waiting Seats

Option A



Scale : 1/4" = 1'-0"

4 C-Section ORs

Infant Stabilization in OR

Option A



KPU	Shown	Delta
ORs	4	-
ISR	0	-1
PACU	2	-

Scale : 1/4" = 1'-0"

Procedure Separate

Option A1

KPU	Shown
Std Proc	3
Complex Proc	2
Pre/Post	18



STAFF SUPPORT / ADMIN

- Locker Room
- Break Room
- Staff Offices

SUPPORT

Scale : 1/8" = 1'-0"

State of Washington
PROJECT REVIEW COMMITTEE (PRC)

SUPPLEMENT A
ALTERNATIVE SUBCONTRACTOR SELECTION APPLICATION

*To use the General Contractor/Construction Manager (GC/CM) Alternative Subcontractor Selection
per RCW 39.10.385 as approved by the Legislature in the spring of 2021.*

Please submit one Supplement A form for each desired subcontractor/subcontract package as part of your Project Application.

Identification of Applicant

- a) Legal name of Public Body (your organization): **King County Public Hospital District No. 2**
- b) Address: **12040 NE 128th St, Kirkland, WA 98034**
- c) Contact Person Name: **Garett Buckingham** Title: **Director Design and Construction**
- d) Phone Number: **425-899-3742** E-mail: **gbuckingham@evergreenhealthcare.org**
- e) Name of Project: **2-Silver Surgery Expansion**
- f) Subcontractor/Subcontract Package desired for Alternative Selection: **Electrical**
- g) Subcontract Value: **\$19,600,000**

1. Public Benefit –

- a. What does your organization see as the benefits to the public of using alternative subcontractor selection and why is it appropriate vs low bid selection?

This project is not a typical tenant improvement, school, or even stand-alone clinic, but a surgery/OR expansion in the middle of an existing 24/7/365 fully operational hospital. It entails very specialized equipment, products, and subcontractors who have experience working in operational medical facilities and collaborating with medical staff and around those who are in critical health condition. The scopes of work that the EC/CM writes will be detailed, complex, phased, and require contractors who can work with extreme care so as to not disturb or affect ongoing patient care and staff operations. Electrical and mechanical systems will be affected and require detailed phasing, shutdown, and switchover protocols that are closely coordinated with Evergreen's facilities, engineering, safety, and medical staff.

Another benefit of the EC/CM delivery method is that it allows for early design communication with the Owner, GC/CM, Architects, and Engineers to ensure project conformance to budget and schedule while maximizing interest and participation from small, local, and minority businesses, trades, and vendors to participate in the bidding process. This delivery method encourages the EC/CM to perform outreach and solicit bids from local and disadvantaged business by right-sizing and scaling bid packages. This also improves public interest for the project by creating smaller scopes of work for local, qualified bidders who meet the bidding requirements.

EC/CM offers us a more predictable outcome as the design team, their consultants, the GC/CM, end users, and the EvergreenHealth construction management department can collaborate together in the best interest of the project goals. This method of alternative delivery creates more certainty in cost and schedule, while maximizing local interest in bidding, specialized sub-trade work, improved owner training of systems operations after construction, safety of patients and staff, and overall quality of product.

For a project of this type, the EC/CM delivery method is simply more fiscally responsible than traditional Design-Bid-Build. The financial benefit to the owner for EC/CM over the traditional low bidder construction scenario is significant when one considers first, last, and operational cost. EC/CM will allow the team to incorporate critical phasing, proactive equipment procurement, contingencies, and proactively manage escalation of materials and labor. Additional fiscal benefits will be realized utilizing the EC/CM's expertise in product selection, value engineering, and

State of Washington
PROJECT REVIEW COMMITTEE (PRC)

SUPPLEMENT A

constructability reviews which are critical to developing a complete, coordinated, and cost-effective construction document set. Real-time, subcontractor-verified cost estimates throughout design will enable the team to engage potential team members and get a real-time reflection of market conditions to validate the current scope, timeline, and budget.

- b. Please explain the process your organization will use to determine if alternative subcontractor selection is in the best interest of the public.

As EvergreenHealth has previously experienced success utilizing EC/CM on two prior GC/CM projects, it has been determined that this delivery method will be a value add to the project and public. The level of investigation, coordination during design, pricing and procurement, and evaluation of various phasing/sequencing strategies is significant when working in occupied healthcare settings.

Once the GC/CM is selected, EvergreenHealth, with the participation of the GC/CM, Flourish, NBBJ, and Stantec, will conduct a meeting with discuss the process and benefits of including an EC/CM during the preconstruction phase of the project. These parties will further evaluate the EC/CM's participation in design, constructability, life-cycle considerations, value engineering, sequencing of work, and early procurement scope to aid in the RFP process.

- c. Please provide an updated schedule to include Alternative Subcontractor Selection Procurement process.

Project Design and Construction Schedule	Start	Finish
Programming through 30% Design	May 2025	September 2025
Design Development	September 2025	March 2026
Construction Documents + AHJ Review	March 2026	August 2026
Contract with GC/CM for Precon Services	December 2025	
Coordination Meeting to Determine EC/CM Procurement		December 12, 2025
Develop RFQ and RFP	December 15, 2025	December 19, 2025
1 st Advertisement EC/CM RFQ	December 22, 2025	
2 nd Advertisement EC/CM RFQ	December 26, 2025	
Pre-Proposal Meeting and Site Tour	December 30, 2025	
SOQ Submittals Due	January 23, 2026	
GC/CM + Owner Evaluate and Score	January 23, 2026	January 29, 2026
Notification of Finalists	January 30, 2026	
Conduct Interviews of Shortlisted Firms	February 9, 2026	February 10, 2026
RFFP Submissions and Public Opening	February 12, 2026	
GC/CM Authorized to Contract with EC/CM for Preconstruction Services	February 12, 2026	February 13, 2026
90% GMP Set Construction Documents		August 2026
Negotiate MACC	August 2026	October 2026
Permitting and Department of Health	August 2026	October 2026
Early Procurement Bid Packages	May 2026	June 2026
Bid Packages	June 2026	October 2026
Construction	October 2026	September 2027

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Substantial Completion		September 2027
Commissioning / Owner Occupancy	September 2027	November 2027
Final Completion		October 2027
Closeout	September 2027	March 2028

2. Public Body Engagement/Knowledge

- a. What role will your organization play in the selection process and the oversight of the GC/CM in the selection process?

While the GC/CM will lead the procurement of the EC/CM, EvergreenHealth and Flourish will also contribute to the qualifications and evaluation criteria, review and evaluate proposals and interviews, and participate in the public fee opening. EvergreenHealth and Flourish will work collaboratively with the GC/CM to select an EC/CM partner.

- b. Discuss your organization's understanding of the Public Body responsibilities contained in RCW 39.10.385, including the audit requirements.

EvergreenHealth and Flourish understand the RCW 39.10.385 process, requirements, and will work with the GC/CM throughout the procurement process to approve funds and authorization to contract with the most qualified EC/CM for preconstruction services. EC/CM preconstruction services during the design phase may include life-cycle cost considerations, value engineering, scheduling, cost estimating, constructability, alternative construction options for cost savings, and sequencing/phasing of work. The maximum allowable construction cost (MACC) will establish a total subcontract cost for the performance and payment bond. The MACC, which shall be negotiated between the GC/CM and the selected firm, will take place when the construction documents and specs are at least 90% complete. Final agreement on the MACC is subject to approval by EvergreenHealth. EvergreenHealth will contract with an independent auditor to confirm accrual and placement of costs.

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.

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

Signature:  _____

Name (please print): Garett Buckingham (public body personnel)

Title: Director Design & Construction

Date: 8/12/2025

State of Washington
PROJECT REVIEW COMMITTEE (PRC)

SUPPLEMENT A
ALTERNATIVE SUBCONTRACTOR SELECTION APPLICATION

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- c) Contact Person Name: **Garett Buckingham** Title: **Director Design and Construction**
- d) Phone Number: **425-899-3742** E-mail: **gbuckingham@evergreenhealthcare.org**
- e) Name of Project: **2-Silver Surgery Expansion**
- f) Subcontractor/Subcontract Package desired for Alternative Selection: **Mechanical/Plumbing**
- g) Subcontract Value: **\$29,400,000**

1. Public Benefit –

- a. What does your organization see as the benefits to the public of using alternative subcontractor selection and why is it appropriate vs low bid selection?

This project is not a typical tenant improvement, school, or even stand-alone clinic, but a surgery/OR expansion in the middle of an existing 24/7/365 fully operational hospital. It entails very specialized equipment, products, and subcontractors who have experience working in operational medical facilities and collaborating with medical staff and around those who are in critical health condition. The scopes of work that the MC/CM writes will be detailed, complex, phased, and require contractors who can work with extreme care so as to not disturb or affect ongoing patient care and staff operations. Mechanical and electrical systems will be affected and require detailed phasing, shutdown, and switchover protocols that are closely coordinated with Evergreen's facilities, engineering, safety, and medical staff.

Another benefit of the MC/CM delivery method is that it allows for early design communication with the Owner, GC/CM, Architects, and Engineers to ensure project conformance to budget and schedule while maximizing interest and participation from small, local, and minority businesses, trades, and vendors to participate in the bidding process. This delivery method encourages the MC/CM to perform outreach and solicit bids from local and disadvantaged business by right-sizing and scaling bid packages. This also improves public interest for the project by creating smaller scopes of work for local, qualified bidders who meet the bidding requirements.

MC/CM offers us a more predictable outcome as the design team, their consultants, the GC/CM, end users, and the EvergreenHealth construction management department can collaborate together in the best interest of the project goals. This method of alternative delivery creates more certainty in cost and schedule, while maximizing local interest in bidding, specialized sub-trade work, improved owner training of systems operations after construction, safety of patients and staff, and overall quality of product.

For a project of this type, the MC/CM delivery method is simply more fiscally responsible than traditional Design-Bid-Build. The financial benefit to the owner for MC/CM over the traditional low bidder construction scenario is significant when one considers first, last, and operational cost. MC/CM will allow the team to incorporate critical phasing, proactive equipment procurement, contingencies, and proactively manage escalation of materials and labor. Additional fiscal benefits will be realized utilizing the MC/CM's expertise in product selection, value engineering, and constructability reviews which are critical to developing a complete, coordinated, and cost-effective

State of Washington
PROJECT REVIEW COMMITTEE (PRC)

SUPPLEMENT A

construction document set. Real-time, subcontractor-verified cost estimates throughout design will enable the team to engage potential team members and get a real-time reflection of market conditions to validate the current scope, timeline, and budget.

- b. Please explain the process your organization will use to determine if alternative subcontractor selection is in the best interest of the public.

As EvergreenHealth has previously experienced success utilizing MC/CM on two prior GC/CM projects, it has been determined that this delivery method will be a value add to the project and public. The level of investigation, coordination during design, pricing and procurement, and evaluation of various phasing/sequencing strategies is significant when working in occupied healthcare settings.

Once the GC/CM is selected, EvergreenHealth, with the participation of the GC/CM, Flourish, NBBJ, and Stantec, will conduct a meeting with discuss the process and benefits of including an MC/CM during the preconstruction phase of the project. These parties will further evaluate the MC/CM's participation in design, constructability, life-cycle considerations, value engineering, sequencing of work, and early procurement scope to aid in the RFP process.

- c. Please provide an updated schedule to include Alternative Subcontractor Selection Procurement process.

Project Design and Construction Schedule	Start	Finish
Programming through 30% Design	May 2025	September 2025
Design Development	September 2025	March 2026
Construction Documents + AHJ Review	March 2026	August 2026
Contract with GC/CM for Precon Services	December 2025	
Coordination Meeting to Determine MC/CM Procurement		December 12, 2025
Develop RFQ and RFP	December 15, 2025	December 19, 2025
1 st Advertisement MC/CM RFQ	December 22, 2025	
2 nd Advertisement MC/CM RFQ	December 26, 2025	
Pre-Proposal Meeting and Site Tour	December 30, 2025	
SOQ Submittals Due	January 23, 2026	
GC/CM + Owner Evaluate and Score	January 23, 2026	January 29, 2026
Notification of Finalists	January 30, 2026	
Conduct Interviews of Shortlisted Firms	February 9, 2026	February 10, 2026
RFFP Submissions and Public Opening	February 12, 2026	
GC/CM Authorized to Contract with MC/CM for Preconstruction Services	February 12, 2026	February 13, 2026
90% GMP Set Construction Documents		August 2026
Negotiate MACC	August 2026	October 2026
Permitting and Department of Health	August 2026	October 2026
Early Procurement Bid Packages	May 2026	June 2026
Bid Packages	June 2026	October 2026
Construction	October 2026	September 2027
Substantial Completion		September 2027

State of Washington
PROJECT REVIEW COMMITTEE (PRC)

SUPPLEMENT A

Commissioning / Owner Occupancy	September 2027	November 2027
Final Completion		October 2027
Closeout	September 2027	March 2028

2. Public Body Engagement/Knowledge

- a. What role will your organization play in the selection process and the oversight of the GC/CM in the selection process?

While the GC/CM will lead the procurement of the MC/CM, EvergreenHealth and Flourish will also contribute to the qualifications and evaluation criteria, review and evaluate proposals and interviews, and participate in the public fee opening. EvergreenHealth and Flourish will work collaboratively with the GC/CM to select an MC/CM partner.

- b. Discuss your organization's understanding of the Public Body responsibilities contained in RCW 39.10.385, including the audit requirements.

EvergreenHealth and Flourish understand the RCW 39.10.385 process, requirements, and will work with the GC/CM throughout the procurement process to approve funds and authorization to contract with the most qualified MC/CM for preconstruction services. MC/CM preconstruction services during the design phase may include life-cycle cost considerations, value engineering, scheduling, cost estimating, constructability, alternative construction options for cost savings, and sequencing/phasing of work. The maximum allowable construction cost (MACC) will establish a total subcontract cost for the performance and payment bond. The MACC, which shall be negotiated between the GC/CM and the selected firm, will take place when the construction documents and specs are at least 90% complete. Final agreement on the MACC is subject to approval by EvergreenHealth. EvergreenHealth will contract with an independent auditor to confirm accrual and placement of costs.

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.

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

Signature: 

Name (*please print*): Garrett Buckingham, EvergreenHealth - (*public body personnel*)

Title: Director of Design and Construction

Date: 08/12/2025