RESPONSE TO TULARE LOCAL HEALTHCARE DISTRICT REQUEST FOR PROPOSAL

Preconstruction Services for Hospital Tower Completion Floors 1 and 2, Including Required Enabling Work

August 14, 2026

SEALS CONSTRUCTION INC.

RBB

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6.1.1: Proposer Information and Cover Letter

August 14, 2026

Attention: Mr. Brett Scott
Tulare Local Healthcare District
1437 E. Prosperity Ave., Tulare, CA 93274
BScott@tulareregional.org

RE: Preconstruction Services for Hospital Tower Completion Floors 1 and 2, Including Required Enabling Work

Dear Mr. Scott and Selection Committee Members,

We thank you for the opportunity to propose for the pre-construction services for the above-referenced project. Seals Construction and RBB Architects have a long-standing partnership, having collaborated in central California. Specifically, we have experience in a very similar project where we supplanted another team on a large complex project that had stopped construction at Saint Agnes Medical Center (SAMC).

Our Team has done this exact thing before and our combined 'lessons learned' will benefit this project! Our combined Pre-Construction and Design-Build experience, along with our established working relationship, positions our team to provide the District with a seamless, highly coordinated, and risk-conscious approach to project delivery. We understand the unique challenges associated with completing an interrupted healthcare project and are prepared to apply our experience to identify opportunities, mitigate risks, and support informed decision-making throughout the process.

Our commitment is to exceed the expectations of the Tulare Local Healthcare District by providing responsive leadership, technical expertise, and collaborative coordination from project initiation through completion. Our dedicated team is committed to working closely with the District, stakeholders, HCAI, and project partners to successfully complete this critical healthcare investment for the community.

Thank you for the opportunity to submit our qualifications and proposal response. We look forward to the next step in your selection process.

Respectfully,

Matt Seals
President
Seals Construction, Inc.
9410 W. Placer Avenue, Visalia, CA 93291
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Kevin Boots
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SEALS CONSTRUCTION INC.

DESIGN-BUILDER: SEALS CONSTRUCTION, INC.

Legal name of firm: Seals Construction, Inc.

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Primary contact name, phone number, and email:
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Contractor license number: CA CLASS A & B LICENSE #949738

DIR registration number: 1000017288

RBB ARCHITECTS INC

ARCHITECT: RBB ARCHITECTS INC

Legal name of firm: RBB Architects Inc.

Business address: 10980 Wilshire Blvd., Los Angeles, CA 90024

Primary contact name, phone number, and email:
Kevin Boots AIA, LEED AP, GGP, Senior Vice President
kboots@rbbinc.com | 310.345.4868

Contractor license number: NA

DIR registration number: 1000062455

Identification of any proposed subcontractors or consultants:
Refer to the following page (page 4) for our proposed subcontractors and consultants

PROPOSED SUBCONTRACTORS OR CONSULTANTS

Scheduler: Regency Construction Services, Inc.
Terry Poling | Scheduling Manager
5475 Engle Road, Brook Park, OH 44142
440.752.9003 | PolingT@regencycsi.com

Mechanical & Plumbing: ME Engineers
David Landau | Mechanical & Plumbing Principal-in-Charge
707 Wilshire Blvd, Suite 5070, Los Angeles, CA 90017
516.816.3457 | David.Landau@me-engineers.com

Exterior Enclosure Consultant: RDH Building Science Inc.
Joe Piñon | Principal
1901 Harrison St. #1210, Oakland, CA 94612
415.713.8584 | jpinon@rdh.com

Structural: KPFF Engineers
Ramzi Hodali I Structural Principal-in-Charge
700 S Flower St, Suite 2100, Los Angeles, CA 90017
310.892.7284 | Ramzi.Hodali@kpff.com

Laser Scanning: IBKS
Mo Haidar | Laser Scanning Principal-in-Charge
3714 Sawtelle Blvd, Los Angeles, CA 90066
310.500.9239 | mo.haidar@ibks.com

Trade Contractor - Electrical: Industrial Electrical Company
Kris Larey | Project Manager
2516 North Sunnyside Avenue, Fresno, CA 93727
559.301.8110 | KLarey@iecmail.com

Electrical: Coffman Engineers
Youssef Matta | Electrical Principal-in-Charge
6320 Canoga Avenue, Suite 1300, Woodland Hills, CA
818.523.9216 | youssef.matta@coffman.com

CASp & Inspection Consultant: RF10
Rob Crandall | Senior Project Manager
4070 N Palm St. Suite 701, Fullerton, CA 92835
562.686.3190 | Rob@RF10.com

Trade Contractor - Mechanical and Plumbing:
New England Sheet Metal and Mechanical Co.
Brandon Mead | Business Development Manager
2731 S. Cherry Ave., Fresno, CA 93706
559.259.0916 | bmead@nesm.com

6.1.2: Project Understanding and Approach

The Tulare Local Healthcare District deserves a preconstruction partner who can look at this project clearly - with experience, discipline, and dedication.

6.1.2.a. Existing Conditions and Challenges - Incomplete Work Across Every Discipline

The Hospital Tower has remained in a partially constructed state for approximately ten years, resulting in a significant and complex scope of unfinished work across all disciplines and building levels. The remaining work includes critical components of fire and life safety systems, mechanical and electrical infrastructure, structural and seismic elements, plumbing and medical gas systems, architectural finishes, and technology systems.

We recognize that this project is not simply an interior build-out, but a comprehensive building-wide systems integration effort. Successfully completing the Hospital Tower requires a thorough understanding of existing conditions, the impacts of prolonged dormancy, and the interdependencies between individual building systems.

Our approach will focus on validating existing work, identifying deficiencies and outstanding requirements, and developing a coordinated path forward to restore system functionality, achieve regulatory readiness, and support the successful opening of Floors 1 and 2.

Through our experience with complex healthcare renovations and interrupted construction projects, we understand that the greatest risk lies not only in completing unfinished work, but in ensuring that all systems function together as an integrated, reliable healthcare environment.

6.1.2.b. Key risks related to incomplete work, document reconciliation, existing conditions, regulatory compliance, HCAI oversight, and future construction procurement

The extended duration of interrupted construction creates significant risks that must be systematically evaluated and addressed before establishing a reliable construction procurement strategy. These risks include incomplete building systems, unresolved document discrepancies, uncertain existing conditions, regulatory compliance requirements, HCAI coordination, and the potential for scope gaps or unforeseen conditions during construction.

Incomplete Work and System Interdependencies
The remaining work extends across all major building systems and requires a coordinated approach to completion. Fire sprinkler, standpipe, and fire alarm systems require verification, completion of remaining installations, integrated testing, and HCAI acceptance. Rated shaft assemblies require verification, fire dampers require evaluation and installation where incomplete, and firestopping conditions must be documented and brought into compliance.

The interior build-out of Floors 1 and 2 remains substantially incomplete, including framing, drywall, ceilings, flooring, doors, and specialties. Major infrastructure systems also require comprehensive assessment, including emergency generators that are physically installed but not connected to the building electrical distribution system, roof-level mechanical equipment that has remained idle and exposed to environmental conditions, and hydronic and domestic water systems requiring flushing, testing, and evaluation of components prior to restoration of service.

The Outstanding Items List (OIL) by HCAI list will provide a comprehensive field assessment of deficiencies across the Basement, Floors 1 through 4, Penthouse, and Main Roof. Based on our experience with long-duration interrupted healthcare projects, we anticipate that many identified items will require elevated priority due to potential impacts to life safety, regulatory compliance, operational readiness, cost, or schedule.

No individual trade or building system can be evaluated or commissioned independently. The interrelationships between fire and life safety systems, emergency power, mechanical and electrical infrastructure, and architectural completion require a carefully developed sequencing strategy. Prior to release of construction procurement recommendations, our team will map these dependencies and identify the appropriate order of completion to minimize risk and support a successful construction delivery.

Document Reconciliation
The project documentation represents more than a decade of design development, permitting activity, construction modifications, and partial implementation across multiple project teams. Existing records include original construction documents with multiple attached sketches, ACDs, RFIs, CCDs, ASIs, change orders, prior submittals, inspection records, and the 2026 Validation Report.

These documents must be systematically reviewed, reconciled, and incorporated into a single coordinated Basis of Scope, or **“Posted Set”**, that accurately reflects the current project status. Without this reconciliation, contractors bidding the project may be exposed to significant uncertainty, including design deficiencies, scope gaps, rework, schedule impacts, and change-order risk.

Our team views document reconciliation as the foundation of the pre-construction effort. Establishing a reliable basis of design and scope will support accurate procurement recommendations, improve bid confidence, reduce contractor risk premiums, and provide the District with greater certainty regarding project cost and schedule.

Regulatory Compliance and HCAI Oversight
This project remains subject to HCAI oversight under the applicable California Building Standards Code requirements and the original approved permit for Increment #2. Successful completion requires coordinated management of design modifications, construction activities, inspections, testing, and system acceptance through the HCAI process.

6.1.2: Project Understanding and Approach

The regulatory pathway must be carefully planned and sequenced. Key activities include establishing the Design Professional of Record, processing required design changes through HCAI, retaining an Inspector of Record, resolving outstanding deferred approvals, developing an HCAI occupancy phasing strategy, and completing required acceptance testing for fire and life safety systems prior to occupancy.

Our team's experience with complex healthcare projects allows us to proactively coordinate these requirements, identify approval risks early, and develop a realistic path toward regulatory acceptance and operational readiness.

Key Considerations for Existing Conditions and Construction Procurement

Taken together, these conditions demonstrate that the project requires a comprehensive pre-construction phase before construction procurement can responsibly proceed. The work extends beyond the visible completion of Floors 1 and 2 and includes building-wide enabling work at the roof, generator yard, basement, and other supporting infrastructure areas.

A coordinated scope matrix, validated existing conditions assessment, reconciled document set, and clearly defined procurement strategy will be essential to reducing uncertainty and establishing a reliable foundation for successful project completion.

Current Project Condition Concerns Based on RFP Documents to be Defined in STAGE 2:

- There is no evidence that OILs provided have been successfully closed. These may require reinspection by the IOR and corrections by the new GC. We will identify items that require re-design.
- The **2nd Floor Evaluation Report** identifies multiple issues that would have to be addressed in the next RFP for supplantation / Construction to Complete project. The list of issues below represents some initial key concerns; however, all the items in the report will be evaluated and reviewed during Stage 2 and better defined at that time and added to our Risk Identification Register as appropriate:

FLSO ISSUES

- Existing fire protection systems, including sprinklers, standpipes, and alarms - require modification, acceptance testing, and full re-commissioning. The full scope of required changes will need to be determined.
- Fire separations at Ped-bridge / doors require upgrading. Trigger conditions for these upgrades need to be investigated.
- Rated pathways are required within the shell spaces. This will require negotiation with HCAI to determine code compliance.
- Elevator smoke protection measures are required.
- Egress lighting restoration will require EEOR observation, followed by IOR re-inspection and creation of a corrective action list.
- Missing or damaged fire/smoke dampers require MEOR observation and IOR re-inspection and corrective action list.
- Incomplete rated assemblies will require AOR observation and IOR re-inspection and corrective action list.
- Penetrations not sealed. This will require IOR re-inspection and corrective action list.

ARCHITECTURAL ISSUES

- Roof damage and moisture intrusion issues require Owner Consultant forensic inspection, followed by recommendations for remediation.
- Elevators systems are incomplete; this requires vendor inspection and recommendations.
- ADA compliance will require evaluation by a CASp consultant (Which we have provided as part of our services) with subsequent inspection and recommended corrections.
- Replacement of rusted studs will require evaluation by Owner's Abatement Consultant and documentation of areas requiring corrective actions.
- Mold remediation will require inspection by the Owner's waterproofing and forensic envelop consultant (We have provided an enclosure / waterproofing consultant as part of our services) , followed by a report and remediation required.
- Review operating room ceiling access panel locations, for compliance and accessibility.

SITE OWNER-CONTRACTOR ISSUES

- Verify / Audit stored materials.
- Lobby functions and staffing requirements.
- Accessible sidewalks to public way are required. Recommend CASp consultant review and advise.
- Connection to storm drain.
- Clear contractor laydown space to allow for fire truck access.
- Repair site damage (windows / plaster).
- Verify warranty status.
- Ensure all ductwork is properly cleaned.
- All installed med gas piping to be cleaned or potential reinstallation; to be determined by Med Gas Certifier.

MEDICAL PLANNING ISSUES

- Correct deficiencies in the program including med gas locations, clearances, hand washing fixtures, soiled work room, and work flow.
- Confirm room sizes for current code compliance and ability to support current program use and equipment.
- Confirm list of clinical procedures will be accepted by CDPH even if HCAI allows 2007 code for construction.
- Need to re-assess the Owner's needs to confirm the space being delivered meets those needs.
- Verify if RAD / RF / EMI shielding needs to be added now for future build-outs.
- Review chapter 3 of the report; it contains extensive medical planning directives and a check-list with unresolved comments.

STRUCTURAL ISSUES

- Equipment anchorage / bracing required for all new Equipment. Pending Equipment Consultant list.
- Review report by JAMA in chapter 4 "STRUCTURAL FINDINGS AND OBSERVATIONS".

MEP ISSUES

- There are numerous MEP related issues appearing to stem from the original design. This requires evaluation during Peer Review.
- Confirm commissioning status of any commission required items.
- Provide ERCSE system - confirm with local FM that "wireless" is acceptable.
- Read chapter 5 "MEP FINDINGS AND OBSERVATIONS".

6.1.2: Project Understanding and Approach

Purpose of the Risk Identification Register

The purpose of the TRMC Risk Identification Register is to convert the scattered evidence of a decade-long construction pause - validation findings, equipment condition assessments, outstanding items lists, and RFP-stated requirements into a single, prioritized instrument the District can act on. Rather than treating risk as a narrative afterthought to the proposal, Seals Construction and RBB Architects will build the register as the analytical backbone of the entire preconstruction response: **every claim made elsewhere in our approach, from the schedule's critical path to the systems review sequencing, traces back to a specific, sourced entry in this register**. Each item in the register will be pulled directly from a primary source - the Shadpour Equipment Condition Assessment (June 2024), the RPT 26-0211 Validation Report (February 2026), the Outstanding Items List binders across the Basement, Floors 1-4, Penthouse, and Main Roof, and the GC Services and Preconstruction Services RFPs and their addenda, along with our Preconstruction service findings- so that nothing in the register is speculative or unattributed.

Our Approach to Building and Maintaining the Register

Our approach scores every item using a consistent Probability × Impact methodology: each risk is rated High, Medium, or Low on likelihood and on consequence, producing a 1-9 risk score that sorts directly into Critical/High (6-9), Medium (4), or Low (1-3) priority bands. Each entry also carries a responsible party, a required mitigation or action, and a status field, so the register functions as a living management tool rather than a static exhibit - items move from Open to Mitigated as preconstruction and construction progress, and new findings (particularly from the pending 2nd and 4th Floor OIL text logs) are added under the same scoring discipline rather than appended as an afterthought. This structure is what lets the register drive real decisions: with the number of items currently scoring in the Critical/High band, it tells the District plainly where the real exposure sits- fire/life-safety, generator and electrical recommissioning, and the sheer volume of unresolved OIL items - and gives Seals Construction and RBB Architects a prioritized, source-traceable roadmap for closing that exposure before Floors 1 and 2 can be occupied.

RISK REGISTER – LEGEND & SCORING MATRIX

PROBABILITY RATINGS			
H – High	Greater than 50% likelihood during project		
M – Medium	20%–50% likelihood		
L – Low	Less than 20% likelihood		
IMPACT RATINGS			
H – High	Major schedule delay, regulatory non-compliance, occupancy denied, or safety hazard		
M – Medium	Moderate schedule/cost impact; workaround available		
L – Low	Minor impact; easily mitigated		
RISK SCORE MATRIX (Probability × Impact)			
	Impact H (3)	**Impact M (2)**	**Impact L (1)**
Prob H (3)	9	6	3
Prob M (2)	6	4	2
Prob L (1)	3	2	1
Score 6–9 = Critical/High Priority			
Score 4 = Medium Priority			
Score 1–3 = Low Priority			
PRIORITY DEFINITIONS			
Critical	Must be resolved before construction advance or occupancy; potential for permit rejection or life-safety hazard		
High	Significant impact; resolve within first 30–60 days of construction		
Medium	Moderate impact; resolve within 90 days or before affected trade work begins		
Low	Minor; track and resolve during normal construction progression		
SOURCES			
Equipment Condition Assessment (6/4/2024)	Shadpour Consulting Engineers, SC-Project 24111 – Equipment Condition Assessment & Initial Review, June 4, 2024 (R2). MEP equipment repair/replace prioritization (Tables 6, 8 & 10); incorporated as ECA-tagged rows in the Risk Register.		
GC Services RFP (10/17/2025)	General Contractor Services RFP for second-floor completion of the Hospital Tower — scope of work, bidder qualifications, cost/change-order transparency, and contract terms. Basis for RFP-01 through RFP-16.		
Addendum No. 1 (11/17/2025)	Modifies GC Services RFP (10/17/2025): extended proposal deadline to 2/26/2026; noticed forthcoming MEP Validation Report.		
Validation Report (2/11/2026)	RPT 26-0211 AH Tulare 2nd Floor Validation – SmithGroup/JAMA/Mazzetti, February 11, 2026.		
GC RFP (3/18/2026)	General Contractor RFP released March 18, 2026 – full project scope, special conditions, and contract requirements.		
Addendum No. 1 (orig RFP 3/18/2026)	Modifies GC RFP (3/18/2026): revised RFP timeline — RFI deadline 6/8/2026; proposal due 6/30/2026.		
Preconstruction Services RFP (6/24/2026)	Preconstruction Services for Hospital Tower Completion, Floors 1 & 2, including required enabling work (Tulare LHD, RFP 16333750.1). Released 6/24/2026; RFI due 7/17/2026; proposals due 7/31/2026. Document reconciliation, constructability, cost/schedule and risk-register deliverables. Basis for PRE-01 through PRE-07.		

OIL REGISTER – FLOOR COLOR LEGEND & SUMMARY

Floor / Level	OIL Summary	Color Code
Basement	9 items – Refrigeration, Mechanical, Electrical,	
1st Floor	24 items – Framing, Fireproofing, Fire/Life Safety,	
2nd Floor	55+ items – Plan view only; text descriptions not	
3rd Floor	36 items – Seismic Bracing, Fireproofing, Medical	
4th Floor	~58 items – Plan view only; text descriptions not	
Penthouse	7 items – Seismic Anchorage, Mechanical,	
Main Roof	8 items – Seismic Bracing, Handrail, Mechanical,	
TOTAL DOCUMENTED	**144 items (84 with text descriptions + 113+ from plan views pending text**	
IMPORTANT NOTE	**The 2nd Floor and 4th Floor OILs were provided as plan-view drawings**	

Priority Definitions

Risk Score	Priority Band	Definition
6-9	Critical / High	Must be resolved before construction advance or occupancy; potential for permit rejection or life-safety hazard.
4	Medium	Moderate impact; resolve within 90 days or before affected trade work begins.
1-3	Low	Minor; track and resolve during normal construction progression.

Risk Score Matrix (Probability × Impact)

	Impact H (3)	Impact M (2)	Impact L (1)
Prob High (H) (3)	9	6	3
Prob Medium (M) (2)	6	4	2
Prob Low (L) (1)	3	2	1

6.1.2: Project Understanding and Approach

TRMC HOSPITAL TOWER – KEY PROJECT RISK IDENTIFICATION REGISTER

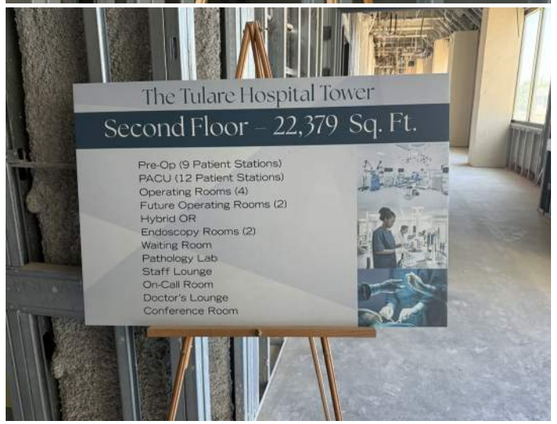
Project: (B25014) TRMC Hospital Tower 2nd Floor Build-Out | 869 N. Cherry St., Tulare, CA | Prepared: June 2026 | Scope: Construction & Build-Out Risks Only

Risk ID	Item Type	Category	Risk Description	Location / System	Code / Regulatory Ref.	Probability (H/M/L)	Impact (H/M/L)	Risk Score (1–9)	Mitigation / Action Required	Responsible Party	Priority	Status	Notes / Source
FLS-10	Risk-VR	Fire / Life Safety	ERCES (Emergency Responder Communications Enhancement System) required by local AHJ but not shown on approved drawings – coordination and submittal required	Throughout Building	2007 CBC §510.1; IFC §510; Local AHJ	H	H	9	Engage AHJ (Tulare Fire Dept.) for signal testing; design ERCES/DAS system; submit drawings to HCAI; install and certify	GC / Low-Voltage Sub / AHJ	Critical	Open	Validation Report RPT 26-0211 (2/11/2026) – Fire/Life Safety finding (ERCES)
FLS-13	Risk-VR	Fire / Life Safety	Bone yard / stored materials blocking fire truck access and egress on site – must be cleared before occupancy	Site / Staging Areas	IFC §315	H	M	6	Develop material staging plan; relocate stored materials; maintain clear fire lanes throughout construction	GC	High	Open	Validation Report RPT 26-0211 (2/11/2026) – site observation (staging / bone yard)
ARCH-01	Risk-VR	Architectural / Interior	Mold remediation required on east wall of recovery area – potential health hazard and ICRA implications	Level 2 – Recovery Area (East Wall)	HCAI ICRA; Cal/OSHA	H	H	9	Engage licensed remediation contractor; develop ICRA plan; remediate and verify clearance before adjacent work proceeds	GC / Remediation Sub	Critical	Open	Validation Report RPT 26-0211 (2/11/2026) – Architectural finding (mold remediation)
ARCH-02	Risk-VR	Architectural / Interior	Rusted/corroded light-gauge metal studs require removal and replacement before drywall installation	Multiple Locations – Throughout	HCAI; Structural Integrity	M	H	6	Survey all installed framing; identify corroded members; remove and replace before proceeding with drywall	GC / Framing Sub	High	Open	Validation Report RPT 26-0211 (2/11/2026) – Architectural finding (corroded studs)
STR-01	Risk-VR	Structural / Seismic	Supplemental structural steel for OR 2152 (future Hybrid OR) not installed – must be installed BEFORE MEP systems fill the space above	Level 2 – OR 2152	HCAI; Structural Engineer of Record	H	H	9	Confirm hybrid OR decision with Owner; engage structural EOR for design; install supplemental steel early in construction sequence	GC / Structural Sub / Owner	Critical	Open	Validation Report RPT 26-0211 (2/11/2026) – Structural finding (OR 2152 supplemental steel)
STR-04	Risk-VR	Structural / Seismic	RBS Protected Zones (orange-marked steel zones) must not be drilled, welded, or otherwise disturbed during construction	Structural Steel Throughout	HCAI; AISC 341; Structural EOR	M	H	6	Provide RFP-marked drawings to all subcontractors; conduct field orientation; enforce zero-tolerance policy; verify before proceeding	GC / All Subs	High	Open	Validation Report RPT 26-0211 (2/11/2026) – Structural finding (RBS protected zones)
MECH-01	Risk-VR	Mechanical (HVAC)	Only AHU-4 fully dedicated to ORs; partial loads from AHU-2/3/6/7 require addition of 200-gallon chilled water buffer tank for phased occupancy	Level 2 – Mechanical Room / OR Area	HCAI CAN 5-310.9; ASHRAE 170	H	H	9	Procure and install 200-gal chilled water buffer tank; design and install associated piping and controls before commissioning	GC / Mechanical Sub	Critical	Open	Validation Report RPT 26-0211 (2/11/2026) – Mechanical finding (CHW buffer tank)
ELEC-08	Risk-VR	Electrical	Level 2 branch circuit panels undersized (42-pole vs. recommended 60-pole minimum) for current healthcare loads	Level 2 – Electrical Panels	NEC §408; HCAI; FGI	H	M	6	Evaluate load requirements; replace undersized panels with minimum 60-pole units; submit to HCAI for approval	GC / Electrical Sub	High	Open	Validation Report RPT 26-0211 (2/11/2026) – Electrical finding (panel sizing)
PLMB-02	Risk-VR	Plumbing / Medical Gas	Hot water recirculation system has dead-end piping – HCAI no longer permits this configuration; system must be reconfigured to a true loop	Domestic Hot Water Recirculation – Throughout	HCAI CAN 5-310.9; Legionella Prevention	H	H	9	Redesign recirculation system as a true loop; submit revised drawings to HCAI; install and test before occupancy	GC / Plumbing Sub / Plumbing EOR	Critical	Open	Validation Report RPT 26-0211 (2/11/2026) – Plumbing finding (HW recirculation loop)
TECH-01	Risk-VR	Technology / Communications	Telecom Distribution Room (TDR) undersized (current vs. 12'x16' FGI 2022 minimum) AND located in semi-restricted (sterile) area – must be relocated	Level 2 – TDR Location	FGI 2022 §2.3; HCAI	H	H	9	Identify new TDR location outside restricted zone per FGI 2022; design 12'x16' min room; include in plan revision to HCAI	GC / Architect / Technology Sub	Critical	Open	Validation Report RPT 26-0211 (2/11/2026) – Technology finding (TDR relocation)
TECH-05	Risk-VR	Technology / Communications	Nurse call system as designed does not meet current FGI 2022 requirements – system re-design and updated submittal required	Level 2 – Patient Care Areas	FGI 2022 §2.2; HCAI	H	H	9	Engage nurse call engineer; redesign to FGI 2022 compliance; submit revised drawings to HCAI; install and test	GC / Technology Sub	Critical	Open	Validation Report RPT 26-0211 (2/11/2026) – Technology finding (nurse call FGI 2022)
MDPL-04	Risk-VR	Medical Planning / Clinical	OR Control Station not provided in current design – conversion of Office #2143 required; affects partition, MEP, and technology scope	Level 2 – Office #2143 / OR Corridor	FGI 2022 §2.2-3; HCAI	M	H	6	Coordinate office-to-control station conversion with Architect; update construction documents; proceed with modified scope	GC / Architect	High	Open	Validation Report RPT 26-0211 (2/11/2026) – Medical Planning finding (OR Control Station)
MDPL-07	Risk-VR	Medical Planning / Clinical	Missing medical gas outlets in PACU, Pre-Op, Phase II Recovery, and Anesthesia Workroom – additional piping and outlets required	Level 2 – Multiple Patient Care Rooms	NFPA 99; FGI 2022; HCAI	H	H	9	Survey all patient care areas against FGI 2022 outlet requirements; design additional outlets; install before wall close-in	GC / Medical Gas Sub	Critical	Open	Validation Report RPT 26-0211 (2/11/2026) – Medical Planning finding (med gas outlets)
REG-01	Risk-VR	Regulatory / Permitting	HCAI DPOR (Design Professional of Record) change process required for Increment #002 before construction can advance	Project-Wide	HCAI Regulations; H&S Code §129775	H	H	9	Owner to engage new DPOR team; initiate HCAI DPOR transfer process; do not proceed with design changes until DPOR is on record	Owner / Architect / HCAI	Critical	Open	Validation Report RPT 26-0211 (2/11/2026) – Regulatory finding (DPOR / Increment #002)
OIL-B-06	**OIL**	Mechanical / Seismic	Mechanical Room 0147 – medical air compressor and medical vacuum pump OSHPD seismic certification not confirmed; equipment labels and documentation required	Basement		H	M	6	Obtain OSHPD seismic certification documentation from equipment manufacturer; affix required labels; submit to IOR		Critical	Open	OIL Binder | Logged 4/1/2014 | Img B-9
OIL-2-00	**OIL**	See Plan – Multiple Categories	2nd Floor OIL – Plan view map (OIL-2) identifies 55 numbered outstanding items throughout the floor; detailed text descriptions not included in available documents. Items span surgical suite, PACU, OR areas, corridors, and support spaces.	2nd Floor		H	M	6	Obtain complete 2nd Floor OIL text log from HCAI/OSHPD project file; field-verify status of all 55 items; incorporate into construction scope		Critical	Open	OIL Binder | Logged 3/27/2014 | Img Plan OIL-2
ECA-046	**ECA**	Equipment Condition – Mechanical	CH-3 – Process Chiller (Filtrine SMS-2500-270A-WP); non-operational ~10 yrs, replacement recommended	CH-3 — Mechanical – Process Cooling	2007 CBC; Mfr	M	H	6	Replace with new unit; design tie-in and commission.		High	Open	Shadpour ECA (SC-24111), 6/4/2024, Table 6; Survey M-40; REPLACE

6.1.2: Project Understanding and Approach

6.1.2.c. Evaluating Floors 1 & 2 to support Occupancy

> *We will create a digital twin of the incomplete facility, reconcile it against the remaining scope, and use that information to reduce construction risk before procurement.*



A comprehensive investigation and validation of existing construction conditions is a critical first step in successfully completing the Hospital Tower and achieving occupancy of Floors 1 and 2. Given the project's extended construction interruption and the absence of digital design files, establishing an accurate and reliable representation of existing conditions is essential to reducing risk and developing informed pre-construction recommendations.

Our team will leverage advanced reality capture, 3D laser scanning, point cloud technology, Building Information Modeling (BIM), and visualization tools to document existing conditions and provide a common platform for evaluation and decision-making. These technologies will allow the District, design team, contractors, and stakeholders to visualize actual field conditions, identify discrepancies, and better understand the relationship between completed work and remaining construction requirements.

Because native CAD or Revit files are not available, our approach will begin with the creation of an accurate digital representation of the existing incomplete construction condition. Using laser scanning, field verification, and direct observation, the existing building conditions will be captured and developed into a Revit-based model by discipline representing the current state of construction ("Phase 0").

Concurrent with this effort, our team will develop a coordinated model of the remaining required work based on the available RFP documents, permitted drawings, and supporting project documentation ("Phase 1") by discipline. These models will include Floors 1 and 2, the Roof, and portions of the Basement infrastructure supporting the occupied areas.

The comparison of the Phase 0 existing conditions model with the Phase 1 completion requirements will allow our team to systematically identify by discipline:

- Construction that has been completed but requires verification, modification, or correction;
- Potential gaps between existing field conditions and approved construction documents;
- Coordination conflicts between disciplines;
- Conditions requiring further investigation, HCAI review, or design modification; and
- Opportunities to improve construction sequencing and reduce future change exposure.

During field investigations, our team will evaluate existing construction conditions, including rated assemblies, firestopping, building systems interfaces, and other critical components necessary for occupancy. Findings will be documented and incorporated into our Pre-Construction Services recommendations, providing the District with a clear understanding of required corrective actions, risks, and recommended next steps.

The Seals Construction and RBB Architects Design-Build Pre-Construction Team has intentionally selected consultants with demonstrated experience utilizing these reality capture technologies on complex healthcare projects. IBKS has previously partnered with RBB Architects and the MEP consultants to document existing hospital conditions in support of a major SPC alteration project.

By establishing a verified digital twin of existing conditions and comparing it against the remaining scope of work, our team will provide the District with a reliable foundation for decision-making, procurement, HCAI coordination, and successful completion of the Hospital Tower.

6.1.2.d. Review Existing Equipment Conditions

Approximately 56 major mechanical and electrical equipment components have remained non-operational for approximately ten years. The 2024 Equipment Condition Assessment identified that much of this equipment will require manufacturer evaluation, inspection, servicing, and functional performance testing before being considered suitable for return to service. Several pieces of equipment may require replacement due to age, condition, obsolescence, or the impacts of prolonged inactivity.

The extended period of dormancy also requires evaluation of surrounding building conditions that may impact system reliability and occupancy readiness. Field conditions documented in the 2026 Validation Report include active mold in the Level 2 recovery area, corroded metal studs, roof deterioration, concrete spalling, and non-compliant single-wall fuel oil piping within the generator yard. These conditions must be evaluated, prioritized, and incorporated into the overall completion strategy to ensure that repaired or restored systems can operate within a safe, reliable, and code-compliant healthcare environment.

Seals Construction and RBB Architects understand that the Pre-Construction phase is not simply a procedural step - it is a critical investment in reducing uncertainty and establishing a successful path to project completion.

Our combined experience with HCAI-regulated healthcare construction, existing conditions assessment, document reconciliation, commissioning, and constructability review enables our team to develop a coordinated, reliable basis for procurement and construction.

Through a disciplined pre-construction process, we will help the District identify risks early, make informed decisions regarding repair versus replacement, and establish a clear roadmap for completing the Hospital Tower with confidence.

6.1.2.e. Minimizing Future Change Orders

Minimizing Change Orders: Our Track Record Speaks
The true measure of an effective pre-construction effort is not simply the condition of the documents at the time of bid issuance - it is the ability to establish a reliable scope, minimize uncertainty, and maintain alignment between the original construction budget and the final project cost.

The Seals Construction and RBB Architects Design-Build Team successfully supplanted and completed the Saint Agnes Medical Center North Patient Tower Expansion, a 230,000 SF HCAI-regulated hospital project, with a change order rate of less than 1%. This result was achieved through disciplined pre-construction estimating, early contractor involvement in design coordination, thorough constructability reviews, and a proactive approach to identifying and resolving scope gaps before execution of the construction contract.

We will bring the same level of discipline and accountability to the Tulare Regional Medical Center Hospital Tower Completion project through four focused strategies:

- **Resolving design gaps before bid**
  Any design deficiencies or coordination issues identified during pre-construction will be documented, tracked, and recommendations made through coordination with RBB Architects and the project team before bid documents are issued. Items that cannot be fully resolved prior to procurement will be clearly identified, quantified, and carried as documented allowances or defined bid alternates rather than transferred to the construction phase as unknowns.

6.1.2: Project Understanding and Approach

- **Identifying long-lead equipment and procurement risks early**
  Major equipment items, including automatic transfer switches, generator systems, medical gas compressors, process chillers, building management systems, and nurse call systems, may significantly influence project schedule and procurement strategy. Our team will identify these items early, engage vendors to establish budgetary pricing and availability, and provide recommendations regarding early Owner procurement or phased release strategies when beneficial to the project.
- **Field-verifying existing conditions before pricing**
  All cost estimates associated with existing installed systems and incomplete construction will be supported by field verification. Our team will utilize site observations, existing conditions documentation, and coordination among design disciplines and trade partners to improve estimate accuracy and reduce assumptions. The team conducted an initial site walkthrough on July 7, 2026, and will continue targeted investigations as necessary to validate scope before finalizing procurement recommendations.
- **Recommendations to Pre-qualifying specialty subcontractors**
  We will identify qualified specialty subcontractors for high-risk scopes, including HCAI fire and life safety systems, NETA electrical testing, medical gas certification, and SJVAPCD-permitted generator commissioning. Early engagement will help ensure that future procurement attracts competitive, responsive proposals from contractors with the appropriate healthcare experience and regulatory knowledge required for successful project completion.

Through these strategies, our team will provide the District with greater cost certainty, reduced bid risk, and a procurement approach based on validated scope rather than assumptions.

Lessons learned from existing conditions and challenges associated with a supplanting a partially completed healthcare tower

Seals / RBB have learned from previous supplantation of incomplete projects that more frequent dialogue between Team Members is critical to success. We propose regular virtual 'big room' meetings of the Team Members during the Pre-Construction Services stages. We have identified the following challenges in the process of preparing our RFP response. As we progress through Stage 1 & Stage 2, we expect to identify additional challenges, which we will share with District leadership team and representatives along with proposed mitigation strategies.

Challenge: Confirming existing conditions and establishing a reliable baseline for completion of the Pre-Construction Recommendations when available documentation may be incomplete, outdated, or inconsistent with field conditions.
Mitigation: Establishing an accurate understanding of existing conditions is essential to reducing project risk and developing reliable pre-construction recommendations. Our first step will be to inventory and catalog all available drawings, reports, studies, and other project documentation, while identifying information gaps that require field verification. This assessment will establish a clear roadmap for targeted investigations and data collection.

Using the available documentation as a foundation, we will develop a comprehensive existing conditions verification plan that prioritizes systems and areas presenting the greatest technical, operational, or regulatory risk. Field investigations will include laser scanning, direct observations by our multidisciplinary design team, and participation by key trade partners to validate constructability and system conditions. Where appropriate and approved by the District, our investigations will include limited destructive exploration to verify concealed conditions and reduce uncertainty.

Following each investigation, our team will document findings, identify potential impacts to scope, schedule, budget, and regulatory compliance, and update the existing conditions database. The A/E Team will evaluate the results and determine whether additional investigations are warranted. This iterative process will continue until sufficient information has been collected to develop informed, defensible recommendations, minimize unforeseen conditions during design and construction, and support successful project delivery.

Challenge: Proper coordination and integration of a large amount of discovered existing field conditions.
Mitigation: The field survey information will be meticulously vetted and incorporated into a new Revit Model incorporating laser scanning, point cloud information, and good ole A/E Observation to properly document the as-built conditions by discipline. The Design-Builder's Pre-Construction Team will compare the construction documents with our point cloud model to resolve any conflicts between the existing conditions and the intent of the construction documents. We will utilize the Building Information Model (BIM) to reveal any conflicts between the work for each trade and existing conditions.

Challenge: A significant portion of the required effort is identifying work both installed and not yet installed that does not contribute to Floors 1 & 2 occupancy.
Mitigation: Our A/E Team is poised to analyze each system very quickly to understand how it was intended to operate and behave so that systems serving parts of the building other than floors 1 & 2 can be isolated. Not only will systems serving other areas of the building be not completed, but in many cases may require the ability to be isolated. There also may be re-engineering to achieve that isolation. Our Teams experience working together and on large complex Hospital projects will allow us to open the hood and diagnose a system designed by others very quickly.

Challenge: Assuming responsibility for completing a project initiated by another design team requires identifying and resolving unforeseen design, coordination, constructability, and code compliance issues that may not become apparent until construction progresses.

Mitigation: Our team has extensive experience successfully assuming responsibility for partially completed healthcare projects and advancing them through design, regulatory review, and construction. While it is not possible to identify every issue before construction begins, our experience enables us to recognize common areas of risk and proactively investigate them during the pre-construction phase.

Challenge: Elevator completion and Helipad completion by others may present challenges in coordination.
Mitigation: In the Pre-Construction , we will develop an effective work plan in coordination with Hospital representatives that ensures projects by others are fully coordinated and integrated into the plan to complete the built of the tower. We have experience with large multi-disciplinary teams and working with Owners Consultants.

Challenge: Evaluation of not only incomplete building systems, but also systems that have remained dormant for an extended period.
Mitigation: Our extensive experience commissioning large, complex hospital systems enables us to assess whether existing systems can be restored to their intended operational performance. Given the prolonged period of dormancy and lack of routine maintenance, many systems are likely no longer under warranty, and certain components may have reached the end of their useful service life. Through our experience delivering complex healthcare renovation and modernization projects, we routinely evaluate, integrate, and upgrade existing building systems of varying ages and conditions into comprehensive design solutions. This experience allows us to identify deficiencies, determine the feasibility of restoration versus replacement, and develop practical, cost-effective recommendations that support the project's long-term operational goals.

6.1.2: Project Understanding and Approach

6.1.2.f. Approach to Developing a Complete, Coordinated, Bid Ready Scope of Work

The successful completion of the Hospital Tower requires more than documenting unfinished work—it requires establishing a reliable, coordinated, and procurement-ready basis of scope. Given the project's extended construction interruption, incomplete documentation, multiple project changes, and existing conditions uncertainty, our team will implement a structured three-stage pre-construction process designed to reduce risk, reconcile information, and provide the District with a clear path forward.

Stage 1 – Existing Conditions Investigation and Baseline Documentation (Phase 0 – As-Built Existing Conditions)
The first stage establishes an accurate understanding of the current physical condition of the Hospital Tower. Our team will investigate and document existing construction conditions, reconcile available project information, and create a verified baseline from which remaining work can be evaluated.

Key activities will include:

- Performing 3D laser scanning of existing constructed conditions and developing a navigable point cloud environment to allow virtual review of the facility.
- Creating discipline-specific Revit models documenting existing conditions, completed work, incomplete work, and critical points of connection required to continue construction. This model will be identified as **Phase 0 – As-Built Existing Conditions**.
- Preparing an Existing Conditions Assessment Draft Report documenting observed conditions, deficiencies, risks, and recommended follow-up investigations.
- Cataloging, organizing, and reviewing all available RFP documents, drawings, reports, and supporting project information to identify documentation gaps and inconsistencies.

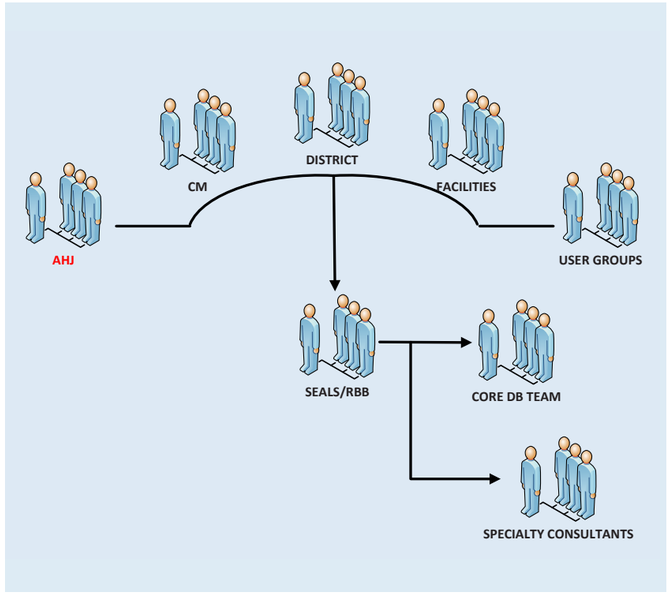
Stage 1 Outcome: Establish a reliable digital and documentary baseline of the existing incomplete facility.

Stage 2 – Document Reconciliation, Remaining Scope Definition, and Preliminary Cost Development (Phase 1 – Work Remaining)
The second stage focuses on reconciling the historical project documentation and defining the remaining work required to complete the Hospital Tower. The objective is to transform a fragmented collection of drawings, revisions, changes, and field conditions into a coordinated basis of scope for procurement.

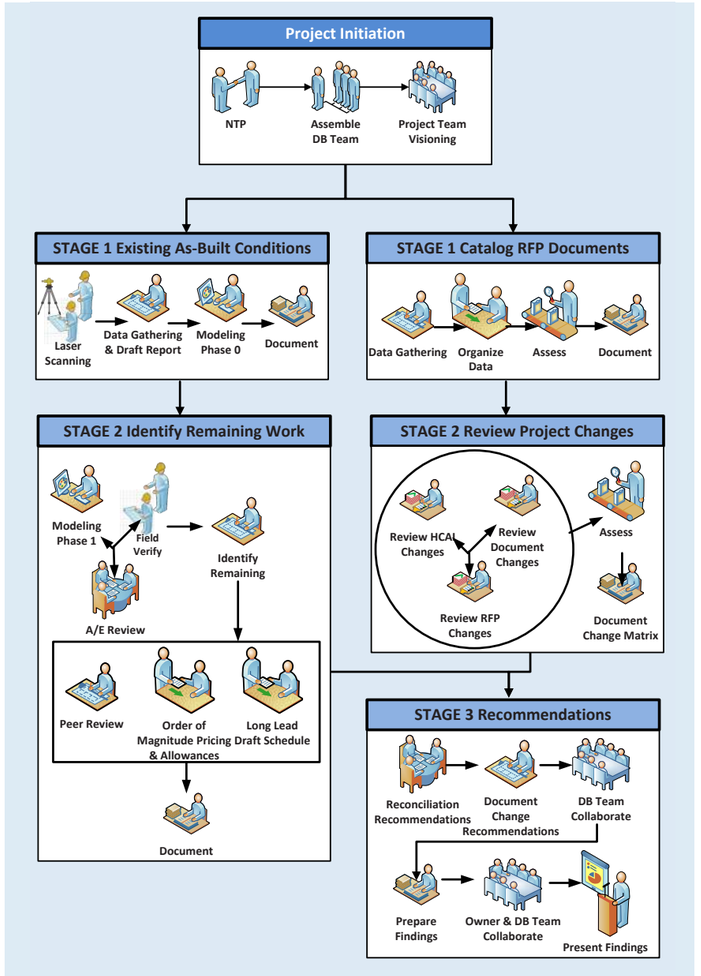
Key activities will include:

- Organizing and reconciling project changes, including ACDs, PADs, Change Orders, IBs, ASIs, AMCs, Deferred Approvals, Deferred Interpretations, and other HCAI-related documentation.
- Reviewing contract document sheets, attached sketches, project change documentation, and HCAI records to establish a complete history of approved changes.
- Comparing HCAI-approved changes against drawing issue records and RFP documentation to identify discrepancies and establish the basis for a coordinated Posted Set.
- Preparing a Document Change Matrix identifying revisions, impacts, and required reconciliation actions.
- Developing discipline-specific Revit models representing the remaining work required to complete the project. This model will be identified as Phase 1 – Work Remaining.
- Performing discipline-by-discipline evaluations to define completion requirements and identify scope gaps.
- Preparing:
  - Order-of-magnitude cost estimates;
  - Long-lead procurement schedules;
  - CSI-based estimate classifications and allowance logs; and
  - Trade-specific constructability and peer reviews of the reconciled documents.

Stage 2 Outcome: Establish a coordinated understanding of remaining scope, anticipated costs, procurement requirements, and construction risks.



STAGE 1	SEALS/RBB CORE DB TEAM SPECIALTY CONSULTANTS
STAGE 2	SEALS/RBB CORE DB TEAM
STAGE 3	SEALS/RBB CORE DB TEAM SPECIALTY CONSULTANTS



Stage 3 – Final Recommendations, Risk Assessment, and Procurement Strategy

The final stage synthesizes the findings from the existing conditions investigation, document reconciliation, cost evaluation, and constructability reviews into actionable recommendations for the District.

Key activities will include:

- Identifying missing scope, unresolved conditions, potential design modifications, and procurement risks.
- Preparing a comprehensive Risk Log identifying risk items, potential impacts, mitigation strategies, and responsible parties.
- Developing a final probable cost estimate and construction completion schedule.
- Collaborating with the District to review findings, validate priorities, and discuss recommended approaches.
- Providing recommendations regarding the most effective strategy for procuring and completing the remaining construction.

Stage 3 Outcome: Provide the District with a defensible, data-driven roadmap for moving the Hospital Tower toward successful completion.

Through this structured approach, Seals Construction and RBB Architects will transform incomplete information, dormant systems, and fragmented project documentation into a coordinated scope of work that supports informed procurement decisions, minimizes change exposure, and provides the District with confidence in the path forward.

6.1.3: Preconstruction Services Proposal

Every day the TRMC Hospital Tower remains incomplete represents a missed opportunity to expand healthcare services for the community. We approach this Pre-Construction Services engagement with the urgency, discipline, and accountability required to successfully advance this important District investment toward completion.

6.1.3.a. Proposed fixed fee or Not-To-Exceed fee for Preconstruction Services

Please refer to section 6.1.4.a

6.1.3.b. Description of preconstruction approach

Seals Construction, Inc., together with RBB Architects, brings a proven approach specifically suited to the challenges of completing the TRMC Hospital Tower. We have walked the facility, begun to review the layered project documentation developed over the past decade, and understand the complexity of the work required to advance the building toward successful completion and occupancy.

Our Preconstruction Approach Statement presents our understanding of the Hospital Tower project, our methodology for evaluating and restoring critical building systems supporting Floors 1 and 2, and our strategy for addressing the building-wide enabling work required to support occupancy. It also outlines our approach for reducing uncertainty, controlling potential change exposure before construction procurement, and delivering the cost estimate, schedule, and risk assessment necessary for the District to make informed decisions with confidence.

Our team completed a comprehensive site assessment of the Hospital Tower on July 7, 2026, with participation from Seals Construction, RBB Architects, RBB's Class A Inspector of Record (IOR) and CASp consultant, and IBKS, our reality capture and laser scanning consultant. The methodology described in this proposal is based not only on our review of available documents, but also in direct observation of current field conditions.

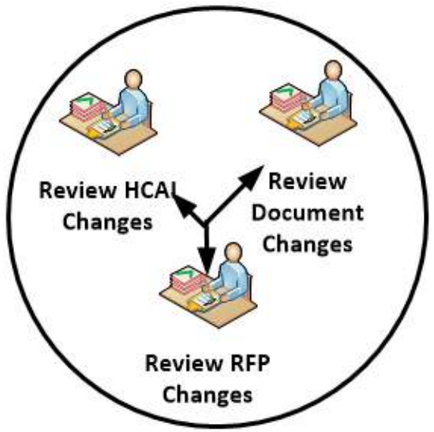
Our approach is further strengthened by proven results. The Seals Construction and RBB Architects Design-Build Team successfully assumed responsibility for an interrupted healthcare project and completed the **Saint Agnes Medical Center North Patient Tower Expansion**, a 230,000 SF HCAI-regulated hospital, with a change order rate of less than 1%. That success was achieved through disciplined preconstruction planning, early identification of risks, comprehensive coordination, and a commitment to resolve issues before they impact construction.

That same level of accountability, collaboration, and technical rigor is the standard we bring to the TRMC Hospital Tower Completion project.

6.1.3.c. Document reconciliation methodology, including review of ACDs, RFIs, CCDs, ASIs, prior change orders, validation reports, and historical project records

> *Three independent sources of truth*

The challenge with the TRMC Hospital Tower project is establishing a reliable and complete record of the approved design and construction history. Due to the project's extended duration, multiple design teams, numerous project modifications, and partially incorporated changes, the available RFP documents must be carefully reviewed and reconciled to confirm they accurately represent the current approved scope and remaining work required for completion.



Throughout the project life cycle, changes have been documented through multiple mechanisms, including sketches, SK sheets, RFIs, ASIs, CCDs, change orders, deferred approvals, inspection records, validation reports, and other project documentation. These changes may not have been consistently incorporated into the affected contract document sheets, creating the potential for gaps, inconsistencies, and uncertainty during future procurement.

Our reconciliation process will systematically compare and validate three primary sources of project change information:

- HCAI-approved change documentation: Including approved changes maintained through HCAI records, recognizing that multiple naming conventions may have been used throughout the project.
- Contract Document Sheet Print Issue Records: The drawing revision history intended to identify changes incorporated into each individual sheet.
- RFP Project Change Documentation: Including change folders, sketches, supplemental information, and other records provided as part of the RFP package.

Each documented change will be tracked through a comprehensive Document Change Matrix. For example, an approved change such as ACD #032 should be traceable across all three applicable sources: the HCAI approval record, the corresponding drawing sheet revision history, and the project change documentation provided in the RFP package.

Any change identified in only one or two of these sources will be documented as a reconciliation discrepancy requiring further evaluation. The resolution of these discrepancies will be critical to establishing an accurate Posted Set and a reliable basis of scope for the future supplantation and construction completion procurement.

Our objective is not simply to organize historical project records, but to reconstruct the complete design history of the Hospital Tower so that the District, design team, HCAI, and future contractors have a coordinated and defensible understanding of approved work, completed work, and remaining requirements.

6.1.3: Preconstruction Services Proposal

Current Document Concerns Based on RFP Documents to be defined in STAGE 2:

- DPOR Observation Reports were not provided, nor were Verified Reports from the original team or the two previous Supplantation Teams. We will assist the Owner in requesting these from the DPOR's or HCAI.
- Inspection Logs showing pass and fail inspections were not provided; these may need to be reconstructed and validated by the new IOR.
- Submittals provided appear to be incomplete. A new Submittal log will be developed for missing information identifying submitted and outstanding submittals not yet received.
- The sheets in the **ARCHITECTURAL** Folder (including all disciplines subfolders), which appear to represent the likely starting point for development of the consolidated 'Stick Set' do not incorporate all the Changes identified in the RFP Document sub folders for ACDs, AMC, ASIs, Change Orders, IBs, PADs, & RFIs. As result, each document within the sub folders for ACD's, AMC, ASIs, Change Orders, IB's, PADs, & RFIs must be reviewed verified and incorporated in the appropriate sheet in the new 'Stick Set'. A change log or 'IB Matrix' will be created to document each affected sheet and the corresponding revisions incorporated.
- The absence of a change index or 'IB Matrix' requires verification that all changes identified within the Print Issue Record for each sheet have either been incorporated, or attached to that sheet. This requires each sheet Print Issue Record to be updated and confirmed one change at a time. This issue is the converse of the issue above.
- Documents contained in the **ARCHITECTURAL** folder and its subfolders were not consistently updated by the DPOR's as revisions were issued over time. Instead, SK sheets (smaller-format supplemental drawings), including both digital and hand-marked revisions, were appended to the associated Contract Document sheets. In most cases, these SKs contain graphic revisions, while in others they contain narrative direction only. Based on our review to date, it appears this project was constructed, and inspected using a collection of SKs, rather than a fully coordinated drawing set. This approach significantly complicates the organized review of RFIs and Submittals and field verification activities for the Contractor, Inspection Team, and DPOR's.
- RFIs are typically the most critical documents for supplementation efforts, as they generally contain the underlying issue or field condition that initiated the design revision or clarification. This project spans a significant duration and multiple Architect-issued change protocols (IBs, ASIs, PADs, COs, and ACDs), but none were implemented consistently for the life of the project. Under normal circumstances RFIs are the lowest common denominator, but in this case the RFI folder appears to be the most incomplete of all the documents provided.
- Harris As-Builts provided in the **ARCHITECTURAL** folder are not usable as they were prepared over the originally AHJ-approved Christiansen documents and reflect revisions by RFIs we do not have and do not seem to include all the change documents that were provided. **OSHPD Approved Drawing Set.xlsx** file provided in the **ARCHITECTURAL** folder is not usable. The file appears to be an incomplete system export and does not provide a functional or reliable tracking matrix. This will need to be reconstructed as the IB Matrix tracking system described above.
- The **DEFERRED APPROVALS** (DAs) subfolder in the **ARCHITECTURAL** folder contains files that are incomplete and some sub-folders are blank. DAs need to be re-created, potentially with HCAI's help.
- The **ACDs** sub folder in the **Hospital Tower - Construction Records** folder is a sub set of historical revisions from when OSHPD used the acronym Amended Construction Document (ACD). Three sample ACDs were reviewed. Several referenced ASIs were not included in the file transfer; none identify the sheet affected and it is challenging to confirm if they were incorporated, and if so into what sheet they applied. Each ACD will require review and cross-checking against the Print Issue Record of the affected sheet to confirm it's been incorporated into the 'Stick Set'.
- The **ASIs** sub folder in the **Hospital Tower - Construction Records** folder is a sub set of older revisions from when OSHPD used the acronym "Architects Supplemental Instructions" (ASI). A review of two sample ASIs Indicates that one document listed 2 other ASIs, but those ASIs are not included in the file transfer. Content does not indicate location of change within the Contract Documents. There is no reference to where the change was / is implemented. These two ASIs lead to two other ASIs with even more challenges. ASIs do not represent a complete or reliable source for the Stick Set, and will require individual verification against the Print Issue Record of the affected sheet to confirm incorporation into the 'Stick Set', on a sheet-by-sheet basis.

- The **COs** sub folder in the **Hospital Tower - Construction Records** folder is a subset of changes issued to the Contractor, and in principal should have been reflected as HCAI approved changes through ACDs, ASIs, PADs, but they have to be confirmed individually. Six sample COs reviews indicate lack of completeness or do not include referenced supporting details. Some were not yet incorporated into the drawings. Accordingly, each CO will require individual cross-checking against the applicable sheet Print Issue Record to confirm whether it has been incorporated into the consolidated "Stick Set."
- The **IBs** subfolder in the **Hospital Tower - Construction Records** folder contains additional Contractor issued changes that require validation. A review of a sample IB indicates that it has not been incorporated into either the Contractor's As-Built set or the Architectural drawings, suggesting that certain IBs may not yet be reflected in the current document set. As with other change instruments, each IB must be reviewed and confirmed against the affected sheet Print Issue Record to verify incorporation into the "Stick Set," on a one-by-one basis.
- The **PADs** sub folder in the **Hospital Tower - Construction Records** folder is a sub set of older revisions from when OSHPD used the acronym "Post Approval Document" (PAD). There are examples of PAD's reviewed and it references ACD 62; however, the content of the PAD does not align with the corresponding ACD 62 file provided, raising concerns regarding the cross-referencing accuracy of change files. Another sample was checked and some of the details added to a sheet referenced not another sheet but another Change Order. This inability to go from one detail bubble reference directly to the sheet a change was issued for will be challenging during CA. These all have to be reviewed and checked against the Print Issue Record of the affected sheet to confirm it's been incorporated into the 'Stick Set' on a sheet-by-sheet basis.
- The IOR Daily Reports sub folder in the **Hospital Tower - Construction Records** folder consists of several thousand pages of handwritten notes do not provide meaningful or efficient value for purposes of supplantation.
- The **19031 Bid Drawings Index.xls** file in the Hospital Tower- Construction Records folder is Incomplete, and Hyperlinks to files are broken. An IB Matrix needs to be reconstructed.
- The **Approved Arch DWG 19031.xls** file in the **Hospital Tower - Construction Records** folder may be complete but needs to be verified. The file does not list all changes per sheet, but instead it lists the last document (IB, ASI, ACD, PAD, etc.) that modified the sheet. This document may serve as a foundation reference for reconstruction of the IB Matrix, subject to validation.
- We do not see changes in the title blocks in the Print Issue Record dated after 5/16/2016. There are very few changes recorded on the title blocks in 2012 – 2016. The majority of title block activity was recorded on 308 sheets in 2011, which may represent to last period in which the drawings were systematically and properly updated.

6.1.3.d. Constructability review methodology

Our team provides comprehensive QA/QC and peer review services to evaluate the work of others and ensure the appropriate balance between regulatory requirements, healthcare best practices, constructability, and cost efficiency. Our team has participated in peer reviews on numerous complex healthcare projects, including projects where we were subsequently selected to supplant and assume responsibility for completing and advancing the work.

Our own internal QA/QC process, has consistently demonstrated success in identifying issues early, reducing design and construction risk, and minimizing the time and cost impacts associated with resolving deficiencies after construction begins. RBB Architects applies a similar structured review process when performing peer reviews of projects originally designed by other teams.
The process used for peer review is the same disciplined approach applied to our own design work. Through decades of experience delivering HCAI-regulated healthcare projects, RBB Architects has developed a comprehensive understanding of agency expectations, documentation requirements, and the coordination necessary to successfully navigate plan review and field inspection processes. This experience enables our team to effectively advocate for the District, proactively address regulatory issues, and facilitate timely resolution of agency comments and approvals.

Peer Review and Document Reconciliation - A Coordinated Process

In a typical project, peer review begins with a complete and coordinated "Posted Set" of contract documents. The challenge with the TRMC Hospital Tower project is that the available RFP documents cannot be assumed to represent the complete and current approved design record. Over the course of the project, contract documents were modified through multiple change mechanisms, including sketches, SK sheets, RFIs, ASIs, CCDs, and other project revisions, without all changes necessarily being incorporated into the affected drawing sheets.

As a result, Stage 2 of our pre-construction approach requires that peer review and document reconciliation occur concurrently. The objective is not simply to organize historical documents, but to evaluate whether the reconstructed document set accurately represents the approved scope, completed construction, remaining work, and requirements for project completion.

This is why document reconciliation is not merely an administrative exercise—it requires experienced design professionals capable of evaluating design intent, code compliance, constructability, and the technical implications of project changes. By integrating peer review into the reconciliation process, our team can identify design deficiencies, scope gaps, and coordination issues while establishing the reliable basis of documents required for successful procurement and construction completion.

6.1.3.e. Existing conditions verification approach

> *Our Approach to Existing Construction Verification is 'Trust but Verify'*

To support accurate validation and acceptance of existing conditions, Seals Construction and RBB Architects have incorporated IBKS into our Specialty Team Consultant group. IBKS specializes in reality capture, laser scanning, and Revit model development for complex healthcare facilities and has performed similar services on numerous HCAI-regulated occupied and non-occupied healthcare projects.

IBKS brings more than scanning technology to the project. Their approach combines accurate field capture with building engineering expertise, allowing the collected information to be understood, evaluated, and effectively integrated into the design and construction process.

CAPTURE - CREATE - CONSULT

Capture
IBKS will document existing conditions through advanced reality capture methods, including laser scanning, high-definition photography, and structured light technology. The effort will include:

- Exterior conditions, including site and building envelope elements;
- Interior architectural conditions;
- Structural elements;
- Mechanical, electrical, plumbing, and medical systems distribution; and
- Above-ceiling and concealed conditions where accessible

Create
The captured information will be converted into discipline-specific Revit models developed in accordance with project BIM standards. This model will establish the digital representation of actual field conditions and will serve as the foundation for evaluating completed work, remaining scope, and future coordination requirements.The resulting documentation will provide the District with reliable as-built information that can support future construction.

Consult
IBKS will work directly with the A/E Design Team, Seals Construction, and trade partners throughout the capture and modeling process. Unlike traditional scanning providers that may focus primarily on data collection, IBKS employs professionals with building engineering backgrounds who understand the systems being documented and can communicate effectively with the project team using healthcare construction terminology.

Phase 0 – Existing Conditions Model
IBKS will develop a Revit model representing the actual constructed condition of the Hospital Tower, identified as Phase 0 – Existing Conditions. This model will be based on field-verified laser scanning data and will document the current state of construction, including completed systems, existing interfaces, and points of connection for remaining work. (See an example on the following pages **As-Built Mechanical Duct (blue) – Phase 0)**

Phase 1 – Remaining Scope Model
Concurrent with the existing conditions effort, the team will develop a discipline-specific Revit model representing the remaining work required for completion based on available RFP documents and contract drawings. This model will be identified as Phase 1 - Remaining Scope but must have the overlap with Phase 0 tuned off. (see the example on the following pages **As-Built Mechanical Duct (blue) - Phase 0 with Remainder of Mechanical Scope to Complete (red) - Phase 1)**

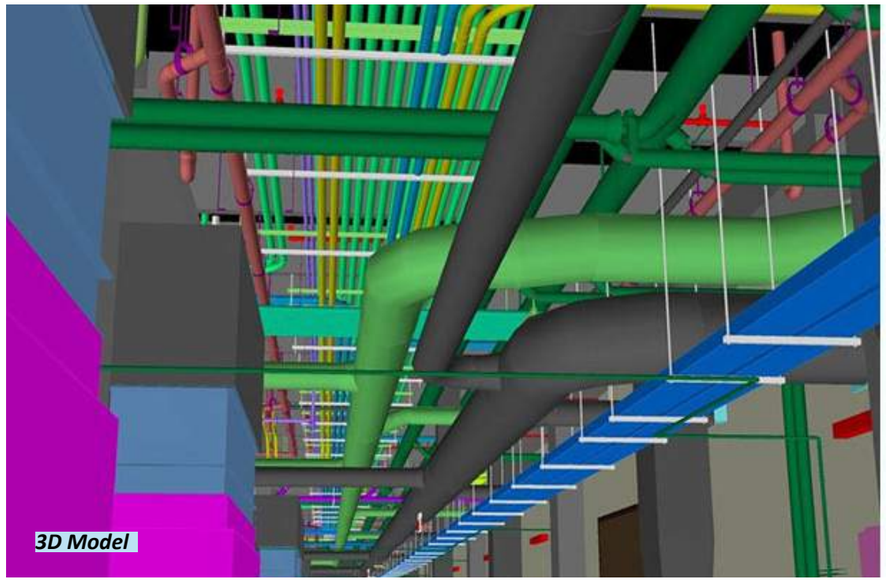
Analysis of Phase 0 and Phase 1 Conditions
The Phase 1 model will be compared against the Phase 0 existing conditions model to identify:

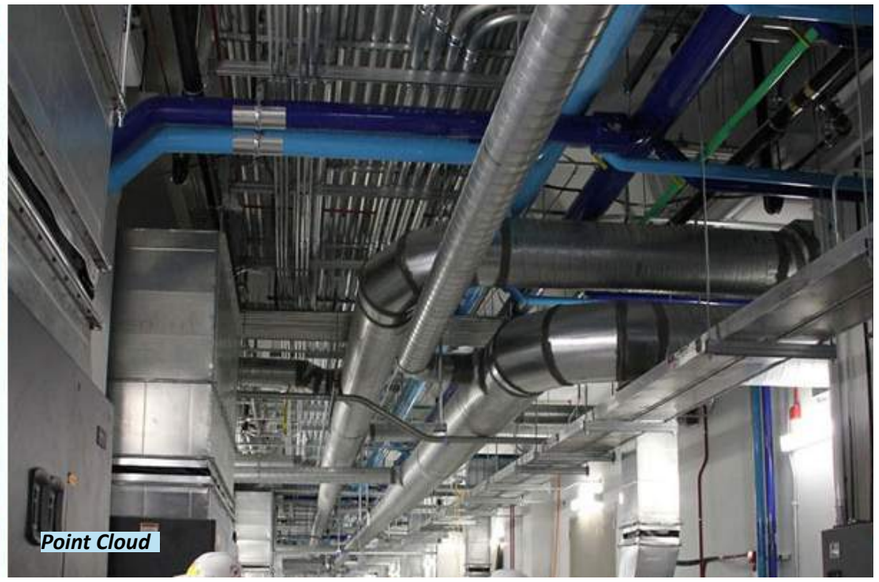
- Differences between design intent and actual field conditions;
- Areas where completed construction differs from available documents;
- Missing or incomplete scope;
- Coordination conflicts between disciplines; and
- Potential impacts requiring resolution before procurement.
- Analysis of Phase 0 and Phase 1 Conditions

The comparison between Phase 0 and Phase 1 will provide the District with a clear understanding of the relationship between existing construction and remaining completion requirements. Some differences between documented design intent and field conditions are expected on any project, which is why reliable as-built documentation is essential. However, given the project's extended duration, multiple document revisions, and incomplete reconciliation history, our team anticipates that additional discrepancies may require evaluation. (see the example on the following pages **Analysis of Gaps Between Phase 0 & Phase 1**)

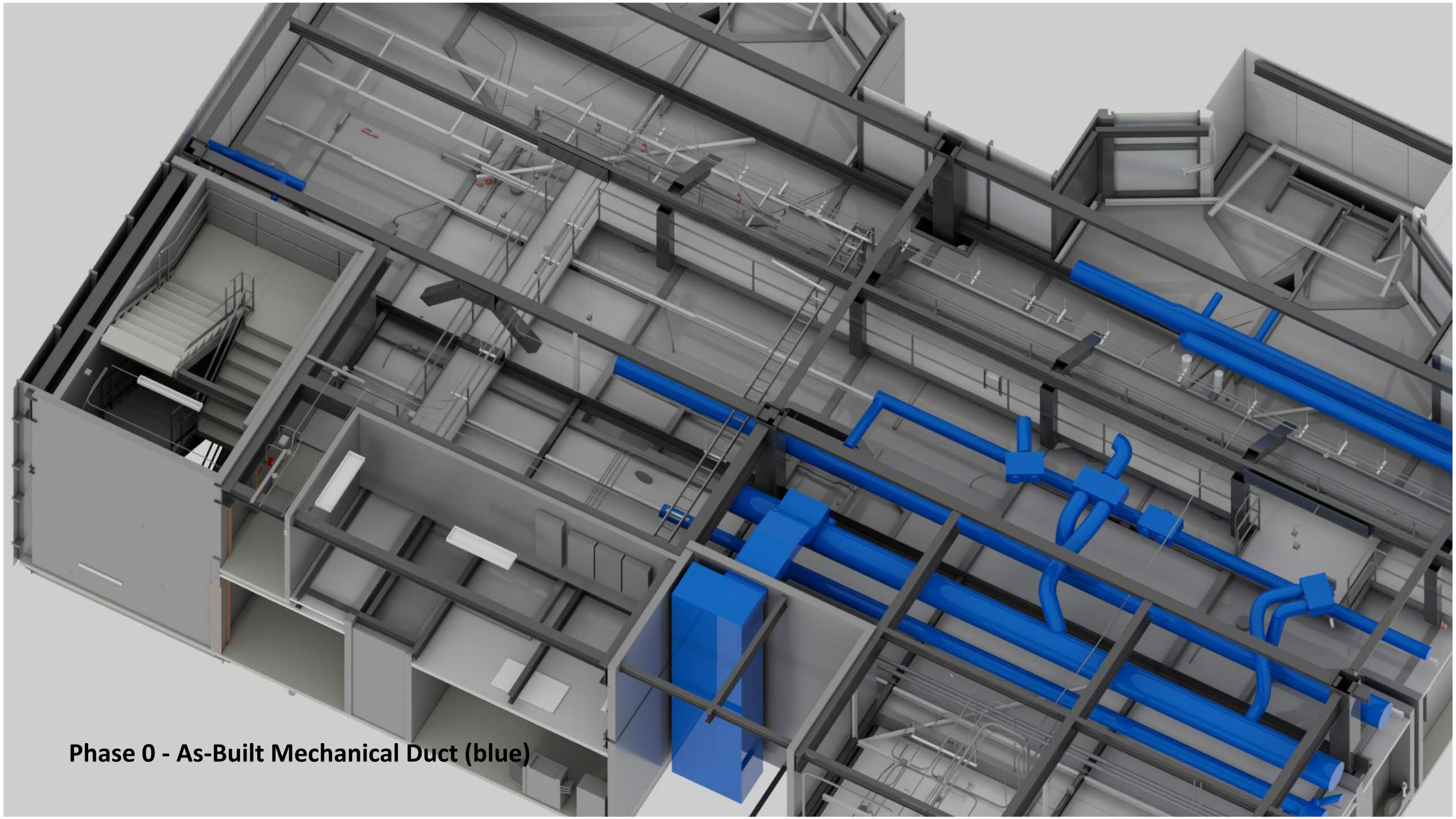
These findings will be documented and incorporated into the reconciliation process and recommendations for the future supplantation and construction completion procurement.

By combining reality capture, engineering expertise, BIM modeling, and multidisciplinary review, the Seals/RBB Team will provide the District with a reliable digital foundation for informed decision-making, reduced procurement risk, and successful completion of the Hospital Tower.

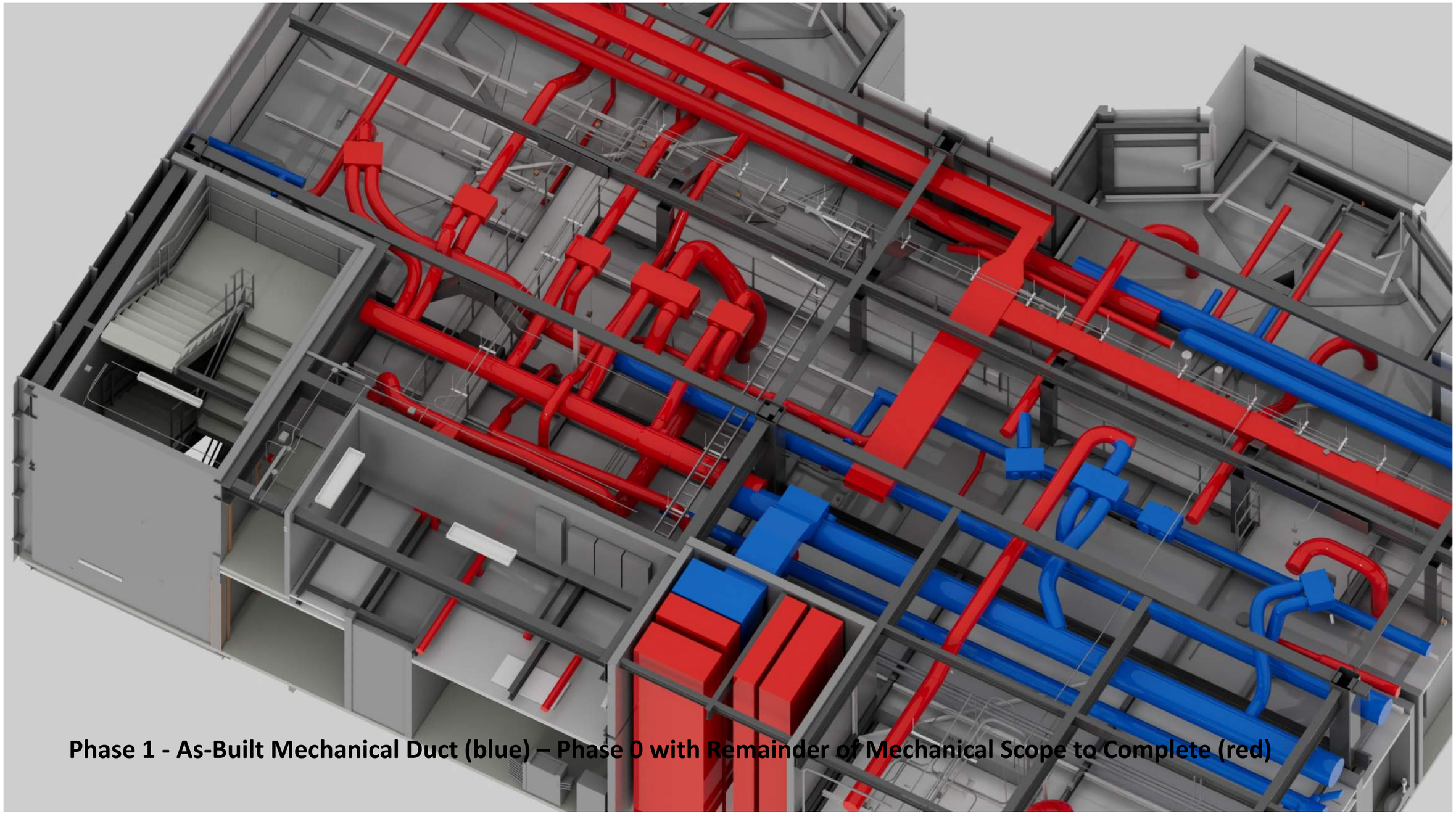

3D Model


Point Cloud

6.1.3: Preconstruction Services Proposal

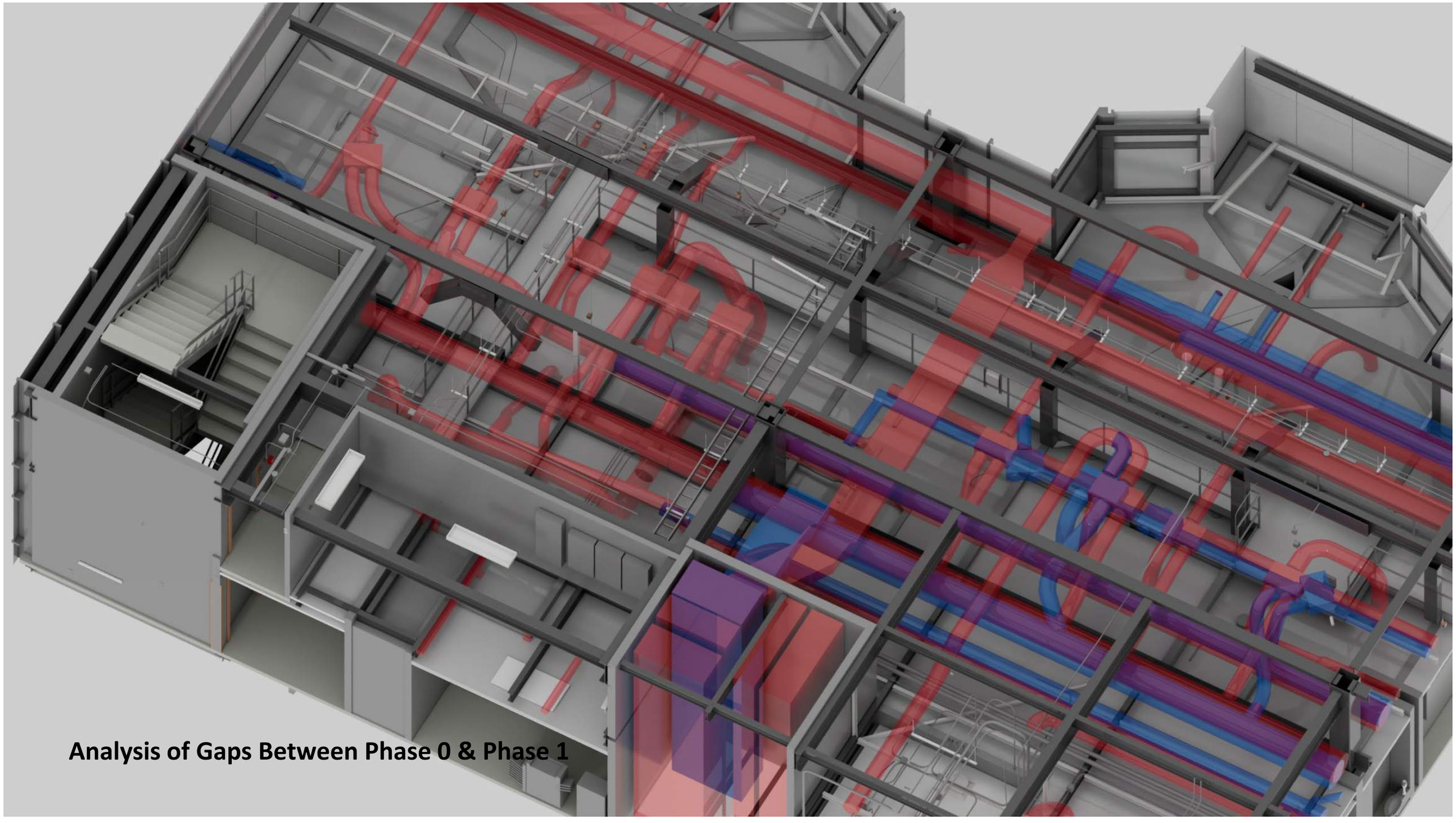


6.1.3: Preconstruction Services Proposal



Phase 1 - As-Built Mechanical Duct (blue) – Phase 0 with Remainder of Mechanical Scope to Complete (red)

6.1.3: Preconstruction Services Proposal



6.1.3: Preconstruction Services Proposal

Our Approach to Existing Building Systems Review
Completing Floors 1 and 2 of the Hospital Tower is not a floor-by-floor interior build-out - it is a building-wide systems integration challenge. Installed but dormant equipment across the roof, generator yard, and basement must be fully connected, commissioned, and HCAI-accepted before any patient care space on Floors 1 or 2 can be occupied. Our approach to each system area is grounded in the findings of the Risk Identification Register, the Validation Report, and the Equipment Condition Assessment, and is led by field-first verification rather than document assumptions.

Roof-Level Systems
The rooftop houses the mechanical infrastructure that drives critical environmental systems for Floors 1 and 2- AHUs, cooling towers, chilled water piping, exhaust fans, and associated electrical distribution - nearly all of it non-operational for a decade. Our approach begins with a coordinated field investigation by our Superintendent and MEP Coordinator, covering manufacturer assessment and recommissioning of air handling units, fan coil units, cooling towers, cleaning and pressure testing of all open ductwork, chemical flushing and pressure testing of hydronic piping, and confirmation that every roof penetration, curb, and flashing detail is weather-tight before interior work below proceeds.

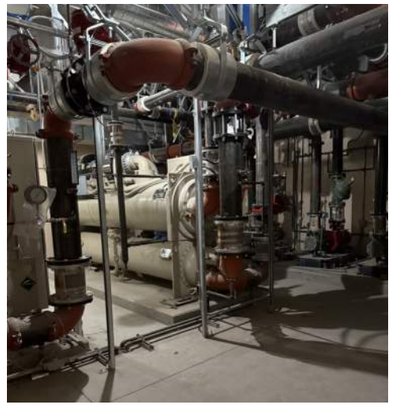
> *Seals Construction will not assume that rooftop equipment can simply be restarted. Every piece of mechanical equipment dormant for ten or more years requires manufacturer-led inspection and functional performance testing before it is placed in service.*

Emergency Generator Yard Systems
The generator yard is the single most critical enabling work item on this project. HCAI occupancy approval will not be issued for Floors 1 or 2 without a fully connected, tested, and accepted emergency power system.

Two diesel generators are physically installed and confirmed capable of operation, but entirely unconnected to the building's electrical distribution - no feeders, ATSs, switchgear connections, or control integration are in place. We will develop a scope that includes complete feeder and conductor routing to the main switchboard, NETA-certified testing of all ATS units after a decade of dormancy, installation of an additional double-wall fuel storage tank to meet code minimums, replacement of non-compliant exterior fuel piping, and the power system coordination study required by HCAI.

The generators are also subject to San Joaquin Valley Air Pollution Control District (SJVAPCD) permitting. A Permit to Operate is a prerequisite to load bank testing, which is itself a prerequisite to HCAI occupancy approval - and SJVAPCD processing typically requires 60-120 days from a complete application. Given the generators' age, we consider it likely that the units carry a Tier 2 or Tier 3 CARB certification rather than the Tier 4 Final standard SJVAPCD now expects, which could require a Diesel Particulate Filter retrofit ($50,000-$150,000 per unit) or, in the most severe case, full replacement ($500,000-$1,500,000 per unit with 12-18 month lead times). Our single most important early action will be to pull the engine data plates from both units and request an SJVAPCD pre-application meeting within the first weeks of engagement, as it will help determine the generator yard's cost, schedule, and procurement strategy more than any other variable on this project.

Basement-Level Systems
The basement houses the primary mechanical, electrical, and plumbing infrastructure serving the entire tower. Our field investigation distinguishes between work directly required to support Floors 1 and 2 occupancy and work outside the immediate scope. Key areas include the two chillers and associated pumps, steam boilers, fire tube boilers, medical air compressors and medical vacuum pumps requiring HCAI seismic certification, the main switchboard and all distribution boards requiring NETA-certified testing, and outstanding items related to fireproofing, fire-rated penetrations, and seismic anchorage.



Fire and Life-Safety Systems
Fire and life-safety is the most extensively documented risk category in the Risk Register, with thirteen risk items rated Critical or High. HCAI acceptance and occupancy approval will not be issued until every one of these systems is complete, tested, and formally accepted. RBB Architects leads FLS document review and code compliance analysis; our Superintendent leads field verification. Scope includes complete fire sprinkler, standpipe, and fire alarm installation and HCAI acceptance testing; completion of all rated shaft assemblies and firestopping; installation of remaining smoke and fire dampers; completion of smoke compartment boundaries and means of egress; design and installation of the ERCES/DAS system required by the Authority Having Jurisdiction; the pedestrian bridge fire separation upgrade; code-compliant elevator smoke enclosures; and reopening of the Terrace Avenue fire access road.

Mechanical, Electrical, and Plumbing (MEP) Systems
MEP systems span every level of the building and interact with every other system category. Our Mechanical review addresses recommissioning of all AHUs, ductwork cleaning and pressure testing, procurement of the chilled water buffer tank required for OR phasing, and resolution of the pending Owner decision on the BMS control platform. Our Electrical review addresses NETA-certified testing and commissioning of all dormant equipment, correction of undersized Level 2 branch circuit panels, mandrel testing of all conduit before conductors are pulled, and re-specification of likely-obsolete lighting fixtures. Our Plumbing review addresses replacement of dry-rotted domestic water gaskets, redesign of the hot water recirculation system as a true loop for HCAI and Legionella compliance, disinfection and replacement of plumbing fixtures, and Level 3 sanitary rough-in coordination to avoid future OR disruption.

Medical Gas Systems
Medical gas systems are among the most heavily regulated building systems under HCAI and NFPA 99. Led by RBB Architects' healthcare compliance specialist in coordination with our MEP Coordinator, this review covers manufacturer assessment and OSHPD seismic certification of all medical air compressors and vacuum pumps; relocation of zone valve boxes that do not meet current HCAI and NFPA 99 interpretation; installation of missing medical gas outlets in PACU, Pre-Op, Phase II Recovery, and the Anesthesia Workroom; upgrade of the WAGD system for nitrous oxide monitoring; and sanitization, purging, and ASSE certification of all medical gas piping before occupancy. We will engage a qualified medical gas engineer during preconstruction to review all zone valve box locations, outlet schedules, and piping configurations against current code.

Technology Systems
Technology systems have become significantly outdated since the original design. Led by RBB Architects, with our team coordinating physical rough-in scope, this review addresses relocation of the undersized Telecom Distribution Room, complete redesign of the nurse call system, access control and camera installation required for medication rooms, design and installation of the ERCES/DAS system, OR-integrated AV rough-in, seismic bracing for technology racks, and structured cabling updates to current ANSI/TIA standards.

Vertical Transportation Systems
The District has confirmed that elevator and dumbwaiter work is being completed separately. Our preconstruction scope for vertical transportation focuses on the adjacent work required to support Floors 1 and 2 occupancy: code-compliant smoke-protected elevator lobby enclosures at every level, adjacent finishes and firestopping at lobby areas, elevator shunt-trip and fire service integration with the emergency power system, full fire alarm integration for phased operation, and accommodation of the 11-inch seismic expansion joint in all utility crossings.

Across every system area, our discipline is the same: field-first verification, document reconciliation, regulatory compliance mapping, and a scope matrix entry for every item identified. Our goal is not simply to describe what is incomplete - it is to deliver a construction bid package so complete, so coordinated, and so well-documented that the future contractor can price the work with confidence and execute it without surprises.

6.1.3.f. Cost estimating and budget development approach

> *Our Approach to Delivering Cost Certainty for the TRMC Hospital Tower*

Our Commitment: Cost Certainty Before Construction Begins

The Tulare Local Healthcare District deserves a preconstruction partner who looks at this project clearly with experience, with discipline, and without flinching at its complexity. Seals Construction has walked this building. We've reviewed the documents. We know what is here, and we know what it takes to price it accurately. That is the commitment we are making.

Cost estimating on a project like the TRMC Hospital Tower is not a spreadsheet exercise, and treating it as such is how change orders happen. This building sat partially constructed for over a decade. Equipment is installed but dormant. Documents are layered across multiple design teams and permit cycles. Systems are interconnected in ways a single-discipline review will miss every time. The District needs an estimate that accounts for all of it - complete, defensible, and grounded in what the San Joaquin Valley construction market will actually produce when this project goes to bid.

Four principles anchor our estimating approach on every HCAI-regulated healthcare project we take on:

- Walk before you write. We completed our site walk of the TRMC Hospital Tower on July 7, 2026, with RBB Architects, RBB's IOR Consultant (Class A IOR), and IBKS. Our estimate reflects what we saw in the field, not just what the drawings describe.
- Reconcile before you price. Our estimate is built on a reconciled scope that accounts for the full history of ACDs, RFIs, CCDs, ASIs, change orders, and field conditions. We price what the project actually requires, not what an outdated drawing set says it requires.
- Price every system, independently. Architectural, structural, mechanical, electrical, plumbing, fire/life-safety, medical gas, technology - each discipline gets its own estimate from a cost professional who knows that system and knows the current SJV market cold.
- Be transparent about what we know and what we don't. Every estimate line carries a basis-of-estimate narrative. Where design is incomplete, we say so plainly, and we quantify the risk so the District can plan around it instead of getting surprised by it.

How We Build the Estimate

Our estimating work runs in four progressive phases across the seventeen-week preconstruction engagement. Each phase sharpens the number and shrinks the uncertainty. By the time we deliver the Final Preconstruction Report, the cost estimate will have been field-verified, document-reconciled, market-checked, and reviewed by the full Seals/RBB team - not assembled once and left alone.

Stage 2 - Order-of-Magnitude Range - Weeks 1-4

Within the first two weeks, after our initial document review and field walk, we produce a high/low range estimate by major scope area. This is an internal working tool, not a published number- but it immediately tells us where to focus the deepest investigation and gives the District an early read on the scale of the remaining work. We flag the five highest-cost scope areas - generator yard electrical connection, MEP recommissioning, fire/life-safety completion, interior build-out, and SJVAPCD/regulatory compliance - for immediate discussion with the District.

Stage 2 - Discipline-by-Discipline Estimate - Weeks 5-11

This is the primary estimating deliverable required by RFP §2.4.G. We build a complete CSI MasterFormat estimate-Division 01 through Division 33 - with quantity takeoff from field observation and reconciled construction documents, unit pricing from current SJV subcontractor data, RSMeans healthcare cost data adjusted to the Fresno/Tulare County index, and Seals Construction's own proprietary cost database built from completed HCAI healthcare projects across the Central Valley. Every line carries a basis-of-estimate narrative and a confidence rating.

The cost estimate we deliver at the conclusion of this preconstruction engagement gives the Tulare Local Healthcare District the confidence to go to bid — knowing what this project costs, why it costs that, and exactly what contingency is appropriate given where the design stands at that moment.

CSI	System	Key Scope Items Included
Div 01	General Requirements	Mobilization, supervision, ICRA/ILSM, temporary facilities, HCAI/ regulatory coordination, permits
Div 02	Existing Conditions	Selective demolition, hazardous material abatement, mold remediation, exploratory investigation
Div 03	Concrete	Equipment pad modifications, generator yard concrete, structural repairs
Div 05	Metals	Supplemental structural steel, equipment anchorage, seismic bracing, miscellaneous metals
Div 07	Thermal & Moisture	Firestopping, rated penetration sealing, roofing repairs, waterproofing, envelope flashing
Div 08	Openings	Doors, frames, hardware, rated assemblies, elevator lobby enclosures, glazing
Div 09	Finishes	Framing, drywall, ceilings, flooring, painting, wall protection, casework
Div 10	Specialties	Hospital specialties, signage, toilet accessories, fire extinguisher cabinets
Div 14	Conveying Systems	Elevator and dumbwaiter adjacent work, lobby finishes, FLS and emergency power integration
Div 21	Fire Suppression	Fire sprinkler and standpipe - complete installation and HCAI acceptance testing
Div 22	Plumbing	Domestic water, sanitary, HW recirculation redesign, fixture replacement, medical gas rough-in, WAGD
Div 23	HVAC	AHU recommissioning, ductwork cleaning/testing, hydronic system flushing, TAB, BMS
Div 26	Electrical	Generator yard connections, ATS recommissioning, distribution, lighting, branch circuits, NETA testing
Div 27	Communications	Technology rough-in, telecom, nurse call, DAS/ERCES, structured cabling, low-voltage
Div 28	Electronic Safety	Fire alarm completion, access control, nurse call redesign, security cameras
Div 33	Utilities	Fuel oil piping replacement, 10,000-gal double-wall fuel tank, utility connections
Allowances	Design Allowances	Items requiring additional design before reliable pricing - each documented with Owner action required
Contingency	Construction Contingency	Structured in three transparent layers - see Section 3

Stage 2 - Floor-Level and System-Level Views - Weeks 9-11
We restructure the estimate into two additional views so the District has real decision-making tools, not just one number. A floor-level breakdown allocates costs by building level - Basement, Floor 1, Floor 2, Roof, Generator Yard, and Building-Wide. A system-level breakdown allocates costs by major system - FLS, MEP, Architectural/Finishes, Technology, Emergency Power, Medical Gas, Structural, and Enabling Work. We also cleanly separate enabling work costs (generator yard, rooftop systems, basement infrastructure) from floor-level build-out costs, so the District can evaluate phasing options and procurement stategies with clear eyes.

Stage 3 - Market Check, Vendor Pricing, and Final Reconciliation - Weeks 12-17
Before the Final Preconstruction Report goes out, we close the loop on pricing. For the five highest-cost scope areas, we run informal market outreach to active SJV subcontractors to validate our unit pricing against current bid conditions. For every long-lead equipment item - ATS units, generator sets if replacement is required, medical gas equipment, process chiller, BMS platform, nurse call system - we obtain formal budget quotations from vendors and swap benchmarked costs for actual pricing. We also apply an explicit escalation adjustment, projecting from estimate date to anticipated construction start, based on ENR Construction Cost Index trends for the Fresno/Central Valley market.

Contingency: Transparent, Structured, and Defensible
The TRMC Hospital Tower needs a contingency framework that's honest about what we know and what we're still confirming. We don't bury one global contingency percentage at the bottom of the estimate and call it a day. We structure contingency in three transparent, independently documented layers:

Contingency Layer	Range	Purpose and Application
Design Contingency	8–12%	Applied where design is incomplete or HCAI clarifications are pending. Released line-by-line as design deficiencies are resolved and replaced with hard pricing.
Construction Contingency	10–15%	Applied across all scope items to address field conditions that cannot be fully quantified from document review - particularly at rated assemblies, firestopping, dormant MEP systems, and existing electrical infrastructure.
Owner's Program Contingency	5–10%	A reserve we recommend the District hold for scope additions arising from clinical planning decisions and regulatory requirements that emerge during HCAI review.
Total Recommended Contingency	**23–37%**	**Apply where design is incomplete or HCAI clarifications are pending. Release line-by-line as design deficiencies are resolved and replace with hard pricing.**

Every item that can't be reliably priced at the time of estimate is carried as a documented allowance - never buried in contingency - with a written basis, a specific amount, and a clear notation of the Owner's decision or HCAI resolution needed to convert it to a hard bid item. The District will have total visibility into fixed costs versus flexible estimates. We ensure complete transparency with no financial surprises.

Change Order Control: Our Track Record Speaks
The real test of a cost estimate isn't the number at the bottom of the page on delivery day - it's how close that number compares to the final construction cost two years later. That's the standard we hold ourselves to.

The design-build team of Seals Construction and RBB Architects completed the Saint Agnes Medical Center North Patient Tower Expansion - a 230,000 SF HCAI-regulated hospital project - with a change order rate of less than 1%. That wasn't luck. It was a direct product of disciplined preconstruction cost estimating, early contractor involvement in design coordination, and a relentless focus on closing scope gaps before the construction contract was signed.

We bring that same discipline to the TRMC Hospital Tower, built directly into how we estimate:

- Resolving design gaps before bid. Every design deficiency identified during preconstruction is logged, routed to RBB Architects and the District's DPOR, and resolved before the construction bid package is issued. Anything that can't be resolved in time is priced as an allowance - never ignored.
- Flagging long-lead items early. ATS equipment, generator sets, medical gas compressors, process chiller, BMS platform, and nurse call system all carry lead times that will shape the construction schedule. We identify these in the estimate, get vendor budget quotations, and flag them for early Owner procurement or early bid package release.
- Field-verifying before pricing. Every estimate item touching existing installed systems - rated assemblies, MEP connections, electrical distribution, hydronic piping, medical gas - is field-verified by our Superintendent before pricing is finalized. We walked this building on July 7. We'll walk it again, as many times as it takes, before we issue the estimate.
- Pre-qualifying specialty subcontractors. We identify and pre-qualify specialty subcontractors for the highest-risk scope areas - HCAI fire/life-safety, NETA electrical testing, medical gas certification, SJVAPCD-permitted generator commissioning - so the District's future bid process pulls competitive, responsive pricing from contractors who actually understand this regulatory environment.

Our Tools, Data Sources, and Team
Estimating Platform and Pricing Sources

- **Sage Estimating (Timberline):** Our primary estimating platform. All estimates are delivered in Excel format compatible with the District's review and procurement process.
- **RSMeans Healthcare Construction Cost Data:** Current year edition, adjusted to the Fresno/Tulare County cost index for the San Joaquin Valley labor and material market.
- **Seals Construction internal cost database:** Our proprietary unit cost library, built from completed HCAI healthcare projects in the Central Valley and updated quarterly for current subcontractor pricing and material conditions.
- **Direct vendor quotations:** For all long-lead equipment and specialty items, we obtain formal budget quotations from vendors and put actual pricing into the estimate in place of benchmarked unit costs.
- **Current SJV subcontractor market outreach:** For the highest-cost scope areas, we run informal pricing outreach to active SJV subcontractors before finalizing the estimate — to confirm our numbers reflect what the trade market will actually produce at bid.

6.1.3: Preconstruction Services Proposal

The Team Behind the Numbers

Estimating a project this complex takes a strong team. Our team brings together construction cost expertise, healthcare regulatory knowledge, and direct field experience with this specific building:

Name / Firm	Role	Estimating Responsibility
Matt Seals	Principal-in-Charge	Overall responsibility for estimate quality and District budget communication. 20+ years of HCAI healthcare construction and preconstruction experience in the Central Valley.
Nick Seals	Cost Estimating Lead	Responsible for CSI division quantity takeoff, unit pricing, and estimate assembly. ASPE certification preferred. Active SJV healthcare project experience required.
Mike Kottage	MEP / Generator Yard Estimator	Leads Divisions 21–28 cost development, generator yard scope pricing, and long-lead equipment budget quotation coordination.
Kevin Boots, AIA — RBB	A/E Cost Review and HCAI Regulatory	Validates architectural and HCAI regulatory cost items; confirms code compliance cost implications; reviews design contingency and allowance recommendations.
RBB's IOR Consultant	Class A IOR - Field Observation	Assists with independent field inspection of installed work to establish HCAI inspection approval status; supplements cost estimate field verification.
RDH Building Science Inc	Exterior Waterproofing Forensic Consultant	Provides forensic review of east stairwell exterior, roofing conditions, and envelope deficiencies; findings incorporated into Division 07 cost estimate.

What We Will Deliver - and When

Every deliverable below arrives on schedule, formatted for District review, grounded in the field-verified, document-reconciled scope we build during preconstruction:

#	Deliverables	Target	Description
1	Order-of-Magnitude Range Estimate	Week 4	High/low cost range by major scope area; identifies five highest-cost risk items
2	CSI Division-by-Discipline Estimate	Week 11	Complete estimate with quantity takeoff, unit pricing, basis of estimate, confidence ratings, and item-specific contingency
3	Floor-Level Cost Breakdown	Week 11	Estimate re-sorted by level: Basement, Floor 1, Floor 2, Roof, Generator Yard, Building-Wide
4	System-Level Cost Breakdown	Week 11	Estimate re-sorted by system: FLS, MEP, Architectural, Technology, Emergency Power, Medical Gas, Structural, Enabling Work
5	Allowance Log	Week 11	Itemized list of all allowances with basis, amount, and Owner action required to convert to bid items
6	Long-Lead Procurement List with Vendor Quotations	Week 13	Itemized list of long-lead equipment with actual vendor budget quotations, lead time, and procurement strategy
7	Escalation Analysis	Week 13	Estimate-to-construction-start escalation projection based on ENR CCI trends for the Fresno/Central Valley market
8	Bid Packaging Recommendations with Cost Allocation	Week 13	Recommendations for bid package structure with cost implications of each option for District evaluation
9	Final Cost Estimate (in Final Preconstruction Report)	Week 16	Reconciled, market-checked final estimate formatted for District board review and future construction procurement

Addenda Acknowledgment and Pre-Bid RFI Log
Seals Construction and RBB Architects acknowledge receipt of Addendum No. 1 (issued July 9, 2026) and Addendum No. 2 (issued July 16, 2026). Both have been reviewed in full, distributed to every team member, and incorporated into this proposal. The revised proposal submission deadline of August 14, 2026 at 3:00 p.m. is acknowledged and accepted.

The Pre-Bid RFI Log (dated July 16, 2026) has been reviewed by the full Seals/RBB team. The District's responses to pre-bid RFIs, including clarifications on DPOR supplantation, prevailing wage applicability, contract form, document availability, site access, and the scope boundaries for document reconciliation - are fully incorporated into our cost estimating approach, fee proposal, and scope of services. Where RFI responses identified documents that aren't currently available - IOR inspection logs, structural calculations, final pay application - we calibrated our estimating approach accordingly, with allowances and contingency structured to address those gaps transparently, without overstating or understating what this project actually costs.

Key team actions taken in response to the addenda and RFI log:

- **Site walk completed July 7, 2026** - Seals Construction, RBB Architects, RBB's IOR Consultant, and IBKS walked the full building. Our estimate reflects field-observed conditions, not document assumptions.
- **RBB's IOR Consultant RF10 engaged** - as Class A IOR and ADA path-of-travel consultant, supplementing the preconstruction scope to address the absence of IOR inspection logs confirmed in RFI No. 7.
- **RDH engaged** - as exterior waterproofing and forensic consultant, providing expert evaluation of the envelope conditions identified in the Validation Report and confirmed by our site walk.
- **Prevailing wage rates incorporated** - Tulare County general prevailing wage rates are reflected in all labor pricing in the construction cost estimate, consistent with the District's confirmation in RFI No. 3 and Addendum No. 1.
- **RBB proposed as incoming DPOR** - consistent with the District's confirmation in RFI No. 5 that the preconstruction team may propose its own architectural team. RBB's recommended supplantation approach and fee are described in the A/E services section of this proposal. Supplantation will occur in the next RFP for Supplantation and Construction Completion. Fee to digitally alter the Contract Documents is not included per the response to RFI No. 26
- **All addenda documents downloaded and distributed** - HCAI Field Visit Reports, AMC log, TIO documents, helipad drawings, elevator package, and room renderings provided via ShareFile in Addendum No. 1 and No. 2 have been received, reviewed, and incorporated into the preconstruction scope basis.

> *Our approach to the information gaps identified through the RFI process is simple: we've built a cost estimating framework that's honest about what's known, transparent about what's still being determined, and structured to get more precise - not less - as preconstruction progresses. The District will never be surprised by a number that was hidden in a contingency line.*

Seals Construction and RBB Architects are ready to deliver the cost certainty this project needs. We've walked the building, we know the regulatory environment, and we have the estimating depth and healthcare construction experience to price this work accurately - the first time. When we hand the Tulare Local Healthcare District the Final Preconstruction Report, the cost estimate inside it will be something the District can take to its board, to its bond counsel, and to the construction market with full confidence.

6.1.3.g. Schedule development approach

> *Our Promise: A Schedule the District Can Actually Build To*

Anyone can hand a District a Gantt chart. Few can hand it one that survives contact with HCAI, SJVAPCD, and a decade-dormant building - and still gets patients into Floors 1 and 2 on the day it says it will. That is the difference Seals Construction brings to the TRMC Hospital Tower.

This is not a project where a schedule can miss a predecessor and call it a rounding error. With building-wide enabling work required across the roof, the generator yard, and the basement before a single patient care space on Floors 1 or 2 can open, one missed dependency does not just look bad on paper - it costs the District money, delays the day the doors open, and chips away at the confidence this procurement is built on.

Seals Construction has spent more than thirty years building schedules for HCAI-regulated healthcare projects, which means we already know the drivers that will make or break this one: HCAI review and approval cycles, IOR inspection sequencing, system acceptance testing, long-lead medical equipment and electrical gear, SJVAPCD permitting, and the commissioning gauntlet that stands between "under construction" and "certificate of occupancy." We have walked this building. We know what's here. We know the path from where this project stands today to the day the District reopens Floors 1 and 2 - and we're prepared to prove it.

The preliminary construction schedule we build during this preconstruction engagement is not a placeholder to satisfy a checklist. It is a working decision-making tool the District can put to use immediately - to evaluate procurement options, set board milestones, plan clinical transition, and hold every future contractor to account.

How We Think About This Schedule

Most contractors build a schedule one direction: start at mobilization, push toward completion, and hope it holds. Seals Construction builds the TRMC schedule in **both directions at once**.

We work **backward from occupancy** - mapping every HCAI milestone, system acceptance test, and commissioning event required for the Certificate of Occupancy, and pinning down the latest possible start date for each predecessor. And we **work forward from where the project stands today** - establishing the earliest possible start for every scope item based on available design information, procurement lead times, and what has to be in place before each trade can move.

Where those two schedules meet - or don't - is where the real story gets told. If there's a gap, we surface it early enough for the District to close it through design acceleration, early procurement, or phased sequencing, before the construction contract is ever signed. That is the entire point of building a schedule during preconstruction instead of discovering the gap during construction.

Five principles govern everything we build:

1. **Critical path first.** We map the longest path through the project - from today to final Certificate of Occupancy - before we schedule a single other activity. On this project, that spine runs through the SJVAPCD generator permit, the generator yard electrical connection, HCAI emergency power acceptance testing, and Floors 1 and 2 FLS acceptance testing. Everything else gets built around it.
2. **HCAI isn't a line item - it's the operating system.** HCAI review cycles, IOR inspection requirements, deferred approval submittals, and system acceptance testing are woven into every relevant activity, not tacked on at the end. The schedule reflects the reality of HCAI-regulated construction from day one of procurement to the last day of occupancy approval.

3. **Long-lead procurement is the schedule driver nobody sees coming - until we show them.** ATS equipment, replacement generator sets if required, medical gas equipment, the process chiller, the BMS platform, and the nurse call system all carry procurement lead times that dwarf the construction activities they support. We flag every long-lead item with its required order date - and call out every item whose order date has already passed the construction start date, because the District needs to procure those before the construction contract is even executed.
4. **Enabling work sets the pace for everything above it.** Floors 1 and 2 interior build-out cannot start until the generator yard connection, rooftop recommissioning, and basement infrastructure restoration are far enough along to support safe, inspectable construction. We make these dependencies explicit so the District understands exactly why floor-level work waits on building-wide work - not just that it does.
5. **Schedule risk gets named and priced, not hoped away.** Every risk on this schedule carries a specific mitigation recommendation. We don't hand the District an optimistic schedule and cross our fingers. We hand over a realistic one - with float identified, risks named, and concrete actions the District can take to protect the critical path.

The Schedule We Will Build - Phase by Phase

Scheduling and cost estimating run in parallel across the seven-week preconstruction engagement - not in sequence - because procurement decisions, phasing choices, and long-lead strategy affect both at the same time. Building them together means the numbers and the dates tell the same story.

Stage 1 Preconstruction Phase Schedule - Weeks 1-4

The first deliverable is a preconstruction milestone schedule the District can put to work immediately upon award - to plan internal resources and set board milestones. It covers the preconstruction engagement itself: initial document review, site investigation, discipline coordination, draft findings, cost estimate development, District review, and delivery of the Final Preconstruction Report. It also lays out the recommended procurement preparation timeline - the specific sequence of design clarifications, HCAI submittals, and document preparation that has to happen between the end of preconstruction and the release of construction bid documents.

Stage 1 HCAI Review, Approval, and Regulatory Sequencing - Weeks 3-8

RBB Architects leads development of the HCAI regulatory sequence - the single most project-specific, highest-risk piece of any HCAI-regulated schedule. It maps every required HCAI action in order, from DPOR supplantation through final Certificate of Occupancy:

- **DPOR supplantation:** The new DPORs' incoming Verified Compliance Form must be accepted by HCAI before any design change submittals can move. This 30-60 day process is the first activity on the HCAI critical path and starts immediately upon the next RFP for Supplantation and Construction Completion award.
- **Design clarification submittals:** Every open design deficiency requiring a plan revision - the pedestrian bridge fire separation upgrade, nurse call system redesign, ERCES/DAS design, Telecom Distribution Room relocation, medical gas ZVB relocations, and others - carries its own HCAI submittal and review cycle, typically 60–120 days. RBB sequences these in parallel wherever HCAI will allow it, to compress the timeline the District is waiting on.
- **Deferred approval DA #022 resolution:** The pending Deferred Approval for miscellaneous equipment anchorage has to be resolved and HCAI-accepted before anchorage and seismic bracing work proceeds. It's scheduled as a hard predecessor to every equipment installation activity.
- **HCAI system acceptance testing:** Fire sprinkler, fire alarm, standpipe, smoke control, emergency power, medical gas, and elevator systems each require formal HCAI acceptance testing with IOR documentation before going into service. Every one of these events is sequenced with the specific predecessor work each test requires.
- **SJVAPCD Permit to Operate:** The generator Permit to Operate must be in hand before any load bank testing happens. SJVAPCD processing typically runs 60-120 days. This permit sits as a predecessor to the HCAI emergency power acceptance test, which is itself a predecessor to occupancy approval. This chain is on the critical path from day one.
- **HCAI occupancy phasing plan:** The schedule includes development and HCAI approval of the occupancy phasing plan establishing compliant separation between occupied and construction zones - required before any partial occupancy of Floors 1 or 2.

Stage 2 Long-Lead Procurement and Early Bid Package Strategy - Weeks 5-10

Several items on this project carry lead times longer than the construction activities they support, which means the order has to go in before construction procurement is even released, or the project starts constrained on day one. We identify these items, quantify their lead times, and give the District a specific procurement strategy for each:

Long-Lead Item	Lead Time	Schedule Strategy
Automatic Transfer Switches (ATS)	26–52 weeks	ATS-EQP, ATS-CRT, ATS-LS — non-operational for 10+ years; NETA testing will determine condition; replacement likely required. District should consider early procurement concurrent with preconstruction.
Emergency Generators (if replacement required)	12–18 months	Tier 4 Final hospital-grade units at required kW rating. SJVAPCD Tier 3 determination may trigger this requirement — must be resolved during preconstruction to establish need.
Process Chiller CH-3 (replacement recommended)	20–36 weeks	ECA assessment flagged for likely replacement. Chilled water plant must be operational before Floors 1–2 MEP systems can be commissioned.
Medical Gas Compressors / Vacuum Pumps	16–24 weeks	Three Powerex MAC units and three MVP units — dormant 10+ years; OSHPD seismic certification and manufacturer assessment required before recommissioning.
BMS Platform (if Distech upgrade approved)	12–20 weeks	Owner decision on Siemens vs. Distech open-protocol platform required early; integration affects commissioning of all HVAC systems.
Nurse Call System (complete redesign required)	16–26 weeks	FGI 2022 non-compliant system requires full redesign and HCAI submittal before procurement. Design must be completed before order can be placed.
Lighting Fixtures (likely obsolete — re-specification required)	12–20 weeks	Original fixtures likely discontinued after 14 years; re-specification and HCAI substitution approval required before order.
Fire Pump ATS (replacement per HCAI PIN 78)	20–30 weeks	Non-compliant bypass-isolation type required; HCAI submittal for replacement required before order.

Several long-lead items on this project have lead times that outlast the entire preconstruction engagement itself. We will flag these for the District within the first two weeks of the engagement — so early procurement decisions get made before the construction bid package is released, not after.

6.1.3: Preconstruction Services Proposal

Stage 3 Preliminary Construction Schedule - Weeks 11-14
The centerpiece deliverable - required by RFP §2.3.13 and §2.4.H - is a complete **preliminary construction schedule** covering all work required to finish Floors 1 and 2, plus every piece of required enabling work. We build this in Oracle Primavera P6, the industry-standard platform for HCAI-regulated healthcare construction, with export to Microsoft Project and PDF for District review. ***Refer to the table for the work breakdown structure used to organize the schedule.***

For every activity, Seals Construction identifies:

- Activity duration- grounded in current SJV production rates, HCAI inspection requirements, and this building's actual conditions.
- Predecessor and successor relationships - logic ties that reflect real construction sequencing, HCAI inspection dependencies, and trade coordination.
- Responsibility assignment - District, Seals Construction, specialty contractor, HCAI, or vendor - spelled out for every activity.
- Float and critical path identification - zero-float activities and schedule flexibility clearly separated, so phasing decisions are made with eyes open.
- ICRA/ILSM coordination - infection control and interim life-safety measures identified before, during, and after each phase, to keep any occupied adjacent areas safe.

WBS	Phase	Key Activities
WBS 1.0	Preconstruction and Procurement	HCAI DPOR supplantation · Design clarification submittals · Long-lead procurement · Bid packaging · Contractor selection · SJVAPCD Permit to Operate
WBS 2.0	Enabling Work - Generator Yard	Fuel system remediation · Feeder and conduit installation · ATS/ switchgear connections · Generator system integration · Load bank testing · HCAI emergency power acceptance
WBS 3.0	Enabling Work - Roof-Level Systems	AHU recommissioning · Ductwork cleaning and testing · Cooling tower assessment · Hydronic system flushing and TAB · Roof penetration sealing and flashing
WBS 4.0	Enabling Work - Basement Systems	Central plant assessment and recommissioning · Boiler plant assessment Electrical switchboard NETA testing · Medical gas equipment assessment · Distribution system verification
WBS 5.0	Hazardous Materials Abatement	Mold remediation (Level 2 east wall) · Hazardous materials survey (if authorized) · ICRA/ILSM plan implementation
WBS 6.0	Floor 1 and Floor 2 - Interior Build-Out	Architectural finishes · MEP rough-in completion and final installation · Fire/life-safety system completion · Technology systems · Medical gas final connections · Rated assembly completion
WBS 7.0	Fire and Life-Safety System Completion	Fire sprinkler and standpipe installation · Fire alarm completion and programming · Smoke/fire damper installation · Firestopping · Rated assembly completion · Means of egress · Elevator smoke protection · ERCES/DAS installation
WBS 8.0	System Testing, Commissioning, and Acceptance	MEP system start-up and balancing · Fire alarm acceptance test · Fire sprinkler acceptance test · Emergency power acceptance test · Medical gas certification · Elevator acceptance · BMS commissioning
WBS 9.0	HCAI Inspection, Punch List, and Occupancy Approval	IOR final documentation package · HCAI final inspection · Punch list completion · HCAI Certificate of Occupancy · District operational readiness

Stage 3 Schedule Risk Analysis and Mitigation - Weeks 15-16
We name every significant schedule risk and pair it with a specific mitigation. These risks are already visible from the RFP documents, addenda, and our site walk - and they're built into the schedule framework from day one:

Schedule Risk	Level	Impact	Mitigation Strategy
SJVAPCD Permit to Operate	Critical	60-120 day processing time; Tier 3 engine finding may require DPF retrofit or replacement - adding 6-18 months to the generator critical path	Initiate pre-application meeting with SJVAPCD immediately upon preconstruction award; pull engine data plates within Week 1; submit formal ATC/PTO application as early as possible
HCAI DPOR Supplantation Chain	Critical	Missing supplantation forms between Kluger and DSC create an irregular HCAI record; The next DPOR's incoming VC form cannot be filed until the record is resolved	New DPOR initiates HCAI coordination on supplantation immediately upon preconstruction award; target resolution within 30 days
Design Clarification Submittal Volume	High	Twelve or more design changes require HCAI plan revision submittals before construction can proceed; sequential review could extend procurement by 6-12 months	RBB parallelizes submittals to the extent HCAI will accept; categorizes submittals by urgency and critical path position; sequences the most schedule-sensitive submittals first
CDPH Code-Vintage Determination	High	If current code required rather than 2007 CBC, significant room-size corrections and Title 22/24 compliance work will add scope, cost, and time	District obtains written CDPH determination before construction procurement is released; design contingency and schedule float reserved for this scenario
Generator Replacement (if Tier 3 confirmed)	High	Tier 4 Final replacement units carry 12-18 month factory lead times - potentially the longest single lead time item on the project	Engine data plates pulled and SJVAPCD pre-application meeting scheduled during Week 1 of preconstruction; replacement procurement initiated if Tier 3 confirmed
ATS Recommissioning vs. Replacement	High	NETA testing of ATS-EQP, ATS-CRT, ATS-LS after 10+ years of dormancy may result in replacement recommendation 26–52 week lead time	NETA testing contractor engaged during preconstruction; results establish replacement vs. recommission path before bid package is assembled
Hazardous Materials - Scope Unknown	Medium	No hazardous material survey on file; mold, lead, asbestos, and bird guano extent unknown; abatement may be a predecessor to multiple construction activities	District authorizes comprehensive hazmat survey during preconstruction; abatement scope established before construction schedule is finalized
Equipment Commissioning After Dormancy	Medium	All major mechanical and electrical equipment has been dormant for ~10 years; manufacturer assessment and recommissioning may reveal additional replacement needs	Equipment Condition Assessment incorporated into schedule as preconstruction activity; replacement findings trigger long-lead procurement decisions before bid

6.1.3: Preconstruction Services Proposal

Realistic Construction Duration - Setting the Right Expectation

Seals Construction will not hand the District an aggressive schedule to win the preconstruction award and manage expectations down later. We deliver a **realistic schedule** - one that reflects the full complexity of what this project requires, the regulatory timeline HCAI and SJVAPCD will impose, and the production rates SJV contractors can actually achieve in an active healthcare construction environment.

Based on our site walk, document review, and firsthand knowledge of this building, here is our preliminary assessment of construction duration. These are ***planning-level estimates*** - they will sharpen into a detailed activity-level schedule during preconstruction and update as long-lead procurement decisions land and HCAI milestones get established:

Phase / Activity	Estimated Duration	Key Dependencies
Preconstruction Completion and Procurement Preparation	3–4 months after preconstruction award	Design clarification submittals, bid package preparation, SJVAPCD permit application, long-lead procurement initiation
Construction Procurement and Contractor Selection	2–3 months	Bid advertisement, proposal period, evaluation, award, contract execution, HCAI approval of awarded contractor
Enabling Work - Generator Yard, Roof, Basement	4–8 months	Parallel work streams on generator yard, roof systems, and basement; HCAI inspection milestones govern readiness for floor-level work
Hazardous Materials Abatement	1–3 months (concurrent with enabling work)	Scope dependent on hazmat survey results; mold remediation of Level 2 east wall is known and sequenced
Floors 1 & 2 - Interior Build-Out	8–14 months	Architectural finishes, MEP completion, FLS completion, technology, medical gas; HCAI inspection sequencing governs close-in milestones
System Testing, Commissioning, and Acceptance	3–5 months (concurrent with late construction)	Cannot begin until all systems are installed; HCAI acceptance testing of each system adds sequential time
HCAI Final Inspection, Punch List, and Certificate of Occupancy	1–3 months	IOR documentation package, HCAI final inspection, punch list resolution, CDPH licensing coordination
TOTAL ESTIMATED CONSTRUCTION DURATION	**18–30 months from construction NTP**	**Range reflects known unknowns: SJVAPCD permit outcome, generator/ATS replacement requirement, code-vintage determination, hazmat scope, and HCAI review cycle times**

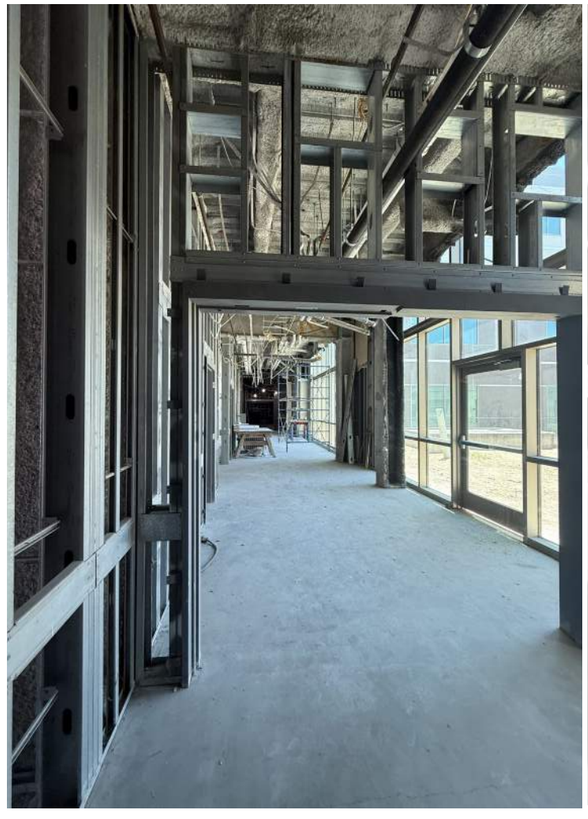
The 18–30 month range is driven almost entirely by factors we can resolve during preconstruction — the SJVAPCD permit outcome, the ATS replacement call, the CDPH code-vintage decision, and the hazmat survey results. Every day invested in thorough preconstruction work compresses this range and pulls the District toward the low end. That is the case for doing preconstruction right, the first time.

ICRA, ILSM, and Phased Occupancy - Planning for Safe Construction

A partially constructed building with adjacent occupied areas, potentially brought into partial occupancy mid-construction, needs a carefully planned Infection Control Risk Assessment (ICRA) and Interim Life Safety Measures (ILSM) program - and that is exactly what we bring. Seals Construction has direct experience running HCAI-mandated ICRA and ILSM programs on completed healthcare projects, including projects where active clinical operations continued in adjacent areas throughout construction.

The preliminary construction schedule incorporates:

- **ICRA class designations by work area:** Every phase and work zone is assigned an ICRA Class (I through IV) based on dust, vibration, and airborne contaminant risk, and the proximity of susceptible patients. All Class III and IV activities require full barrier systems, negative pressure, and dedicated entry/exit protocols coordinated with the District's infection control officer.
- **ILSM monitoring plan:** Any phase that temporarily impairs a required means of egress, fire detection system, fire suppression system, or rated assembly is covered by an ILSM plan approved by the IOR and HCAI before work begins - built into the schedule as a predecessor to the affected work.
- **Phased occupancy sequencing:** We evaluate whether Floor 1 occupancy can be achieved ahead of Floor 2, or whether specific departments can open before a full floor is complete, wherever code-compliant occupancy boundaries can be established through HCAI-approved separation. RBB Architects develops the phasing plan as part of the preconstruction scope.
- **Utility shutdown and tie-in planning:** Every required shutdown - domestic water, medical gas, electrical, fire alarm - is sequenced with the advance notice, District coordination, and HCAI IOR observation each event requires.



6.1.3: Preconstruction Services Proposal

Scheduling Tools, Format, and Team

Software and Deliverable Format

- Oracle Primavera P6: Our primary scheduling platform. Every preliminary construction schedule is developed in P6 and delivered in native P6 format, Microsoft Project (.mpp), and PDF - ready for District board presentation, contractor bid use, and future construction management.
- Microsoft Project: Export format for District and owner team review, with every activity, logic tie, and milestone fully visible and editable.
- HCAI-formatted milestone schedule: A condensed one-page milestone schedule built for HCAI submittal and District board review, showing only the key procurement, construction, acceptance testing, and occupancy milestones.
- Gantt chart with critical path highlighted: Full-project Gantt chart with the critical path in red, float shown by activity, and long-lead procurement items flagged with required order dates.

Name / Firm	Scheduling Role	Responsibility
Matt Seals	Principal-in-Charge	Overall schedule strategy; HCAI critical path review; District milestone coordination; 20+ years of HCAI healthcare construction sequencing experience in the Central Valley.
Matt Seals - Regency Construction	Lead Scheduler - P6	Develops and maintains the preliminary construction schedule in Oracle Primavera P6; responsible for logic tie development, resource loading, and critical path analysis.
Mike Kottage	MEP / Systems Schedule Lead	Sequences MEP, FLS, medical gas, technology, and generator yard enabling work activities; integrates commissioning and HCAI acceptance testing durations into the construction schedule.
Kevin Boots, AIA - RBB	HCAI Regulatory Sequence Lead	Develops the HCAI regulatory activity sequence - DPOR supplantation, design clarification submittal schedule, deferred approval resolution, and system acceptance testing coordination with the IOR.
RBB HCAI Specialist	Regulatory Schedule Advisor	Validates HCAI review durations based on current HCAI workload and project-specific factors; identifies regulatory predecessors for each major construction phase.

Schedule Deliverables - What We Will Deliver and When

Every deliverable required by RFP §2.3.13 and §2.4.H arrives on time, in the specified format, grounded in the field-verified, document-reconciled scope we build during the preconstruction engagement:

#	Deliverables	Target	Description
1	Preconstruction Milestone Schedule	Week 2	Preconstruction engagement milestones from award through Final Report delivery; includes recommended procurement preparation timeline for District board use
2	HCAI Regulatory Activity Sequence	Week 7	Complete sequence of required HCAI actions from DPOR supplantation through Certificate of Occupancy; identifies parallel submittal opportunities to compress timeline
3	Long-Lead Procurement Schedule	Week 7	All long-lead items with required order dates, lead times, and Owner procurement strategy recommendations
4	Preliminary Construction Schedule (P6 + PDF)	Week 14	Complete WBS-organized schedule from construction NTP through Certificate of Occupancy, including all enabling work, HCAI milestones, commissioning, and acceptance testing activities; critical path identified
5	Phased Occupancy Schedule (if applicable)	Week 14	Schedule for potential Floor 1-ahead-of-Floor 2 occupancy phasing, if code-compliant separation is achievable; HCAI phasing plan milestones included
6	Schedule Risk Register	Week 14	Itemized list of schedule risks with probability, impact, and specific mitigation recommendations; linked to construction schedule activities
7	ICRA / ILSM Phasing Plan (preliminary)	Week 14	Preliminary identification of ICRA class by work zone and ILSM requirements by phase; formatted for HCAI IOR review and District infection control coordination
8	Final Schedule (in Final Preconstruction Report)	Week 16	Reconciled final schedule incorporating all Phase 4 refinements; formatted for District board review and future construction procurement

The TRMC Hospital Tower has waited long enough. Seals Construction and RBB Architects are committed to a schedule that is realistic, honest about the regulatory road ahead, and gives the Tulare Local Healthcare District a clear line of sight from today to the day the doors open. We have done this before on HCAI-regulated healthcare projects across the Central Valley. We will do it here.

6.1.3: Preconstruction Services Proposal

Field Scheduling Controls - How We Keep the Schedule Alive in the Field

A master schedule is only as good as the discipline behind it once boots hit the ground. At Seals Construction, schedule development doesn't end the day the Primavera P6 file is issued - it runs every single day of construction through two field processes we deploy on every HCAI-regulated healthcare project: the 4-Week Look Ahead Trade Coordination System and the Daily Construction Schedule Confirmation Plan. Both will be fully live on the TRMC Hospital Tower from the first day of construction through the day the Certificate of Occupancy is issued.

4-Week Look Ahead Trade Coordination System
The 4-Week Look Ahead is our primary field tool for managing multiple trades in a complex, sequence-dependent environment. On a project like this one - where fire/life-safety, MEP, architectural finishes, and HCAI inspections are tightly interdependent - the Look Ahead makes sure every trade knows exactly what's expected of them over the next four weeks, and that constraints get removed before they become delays. The Look Ahead runs on a structured weekly cadence:

Day	Activities
Monday	Review 4-Week Look Ahead at Trade Coordination Meeting · Update Look Ahead for Tuesday OAC Meeting · Update and distribute Constraint Log by end of day
Tuesday	Issue updated 4-Week Look Ahead at OAC Meeting · Distribute to all trade contractors by email
Wednesday	Monitor field execution against Look Ahead commitments · APM tracks constraint resolution progress
Thursday	Internal team review of next week's Look Ahead · Identify upcoming constraints and readiness gaps before they impact trades
Friday	Finalize updated Look Ahead for Monday Trade Coordination Meeting · Calculate and distribute Percent Plan Complete (PPC) log to internal team

The Look Ahead is a live commitment system, not a passive document. Every activity on it is a trade contractor's specific promise about what gets done, where, and by when. The Percent Plan Complete (PPC) metric - calculated every Friday - measures how well those promises get kept. On the TRMC Hospital Tower, we target a minimum PPC of 85% or above. A score below 70% triggers an immediate accountability review and re-sequencing plan. This is the discipline that separates a schedule that gets maintained from one that just gets displayed.

On HCAI-regulated projects, the Look Ahead also does regulatory work: it flags HCAI inspection and IOR observation requirements 2–4 weeks in advance, giving the IOR and HCAI enough notice to schedule inspections without creating hold points that stall trade progress. Inspection scheduling is treated as a constraint on the Look Ahead, not an afterthought.

Daily Construction Schedule Confirmation Plan

The Daily Construction Schedule Confirmation Plan is our field-level accountability system - it turns the master schedule and the Look Ahead into specific, measurable daily commitments from every trade foreman on site. On a healthcare project this complex, where one missed day in a predecessor activity can hold up an HCAI inspection and cascade into a week's delay, daily accountability isn't optional - it's the job.

Roles and accountability are assigned at every level:

- Project Manager - leads the daily foremen huddle; verifies commitments against actual progress; enforces non-negotiable participation by all trade foremen.
- Field Manager - walks the site at midday to validate production against the morning's commitments; escalates issues immediately rather than waiting for the end-of-day report.
- Assistant Project Manager (APM) - maintains the short-interval 2–3 week lookahead schedule; updates the constraint log daily; documents completed vs. committed tasks; clears RFI, submittal, and procurement blockers before they stop field work.
- Trade Foremen - commit to specific, measurable daily tasks with location and quantity; report blockers immediately; attend the daily huddle without exception.

The daily process runs on a disciplined five-step cycle from pre-shift prep through end-of-day update:

Step	When / What	How It Works
Step 1	Pre-Huddle Prep - Before start of shift	APM updates yesterday's actual progress, today's planned activities, and the constraint log - so the Project Manager walks into the huddle with current, accurate data
Step 2	Daily Foremen Huddle - 15 minutes max, 6:30 AM	Led by Project Manager / Field Manager. Standard agenda: (1) Yesterday vs. Plan - what was completed, what slipped and why; (2) Today's Commitments - each foreman states measurable tasks by location and quantity; (3) Constraint Check - access, materials, inspections, trade stacking; (4) Tomorrow Preview - confirm readiness for next day's work
Step 3	Visual Tracking - Jobsite board / digital tracker	APM maintains a real-time tracking board - Trade / Today's Task / Area-Quantity / Status (Planned / In Progress / Complete / Blocked). Managed in Procore, Autodesk Build, or Excel depending on project requirements. Field Manager enforces accuracy.
Step 4	Midday Field Check - Led by Field Manager	Field Manager walks each active work area and asks every foreman: "Are you on track to complete today's commitment?" Work is resequenced immediately if a foreman is falling behind - not reported at end of day when it is too late to recover.
Step 5	End-of-Day Update - APM driven	APM logs completed vs. committed tasks with documented reasons for any misses; updates the lookahead schedule; flags issues for PM escalation. No missed commitment goes undocumented or unaddressed.

Every constraint identified in the daily huddle or midday check is logged immediately in the Constraint Log - trade affected, impacted task, responsible owner, required due date. The APM owns the log; the Project Manager reviews it daily. Nothing sits unaddressed - the PM and APM are personally accountable for clearing systemic blockers before they reach the field.

Percent Plan Complete (PPC) - Tasks Completed divided by Tasks Promised - is our weekly performance measure:

PPC Score	Assessment	Response
85% or above	Strong execution - schedule is under control	Maintain current discipline; recognize performing trades
70%–85%	Manageable gaps - attention required	Root cause analysis of misses; constraint removal plan issued
Below 70%	Planning or accountability issue	Immediate PM-led accountability review; re-sequencing plan; foreman-level commitments reviewed and reset

Here's what makes this work on an HCAI project specifically: on a standard commercial job, a missed daily commitment can recover in a day or two. On the TRMC Hospital Tower, a missed commitment in a predecessor activity can hold an HCAI inspection - and a held inspection can push close-in back by weeks, not days. The Daily Confirmation Plan is built for exactly this reality:

- **HCAI inspection hold points are pre-loaded into the daily tracker** - so every foreman knows when their scope has to be inspection-ready, not just installed.
- **IOR observation requirements are treated as constraints** - logged, tracked, and resolved in advance rather than discovered the day work was scheduled.
- **Trade sequencing in a partially occupied healthcare environment** demands ICRA and ILSM compliance at every work zone. The daily tracker includes ICRA class designation by area, and foreman commitments include ICRA barrier maintenance as a mandatory task alongside production work.
- **Infection control compliance is a daily commitment**, not a periodic audit. A foreman who reports a compromised barrier condition at the morning huddle triggers an immediate response, not a next-day fix.

At Seals Construction, the Daily Construction Schedule Confirmation Plan and the 4-Week Look Ahead aren't project management overhead - they're the mechanism that keeps the master schedule accurate, removes constraints before they stop work, and holds trade contractors to the commitments they made when they signed their subcontracts. On the TRMC Hospital Tower, these systems go live Day 1 of construction and stay active through the final Certificate of Occupancy inspection.

6.1.3.h. HCAI, IOR, AHJ, and consultant coordination approach

HCAI Experience and Regulatory Coordination
RBB Architects has been designing HCAI-regulated healthcare facilities for decades and has developed a comprehensive understanding of the agency's regulatory requirements, plan review process, construction administration procedures, and field inspection expectations. This experience enables our team to anticipate regulatory issues early, develop practical solutions, and coordinate efficiently with HCAI throughout project delivery.

Although direct engagement with HCAI will occur during the subsequent Design-Build procurement for Supplantation and Construction Completion, every recommendation developed during this Stage 3 Pre-Construction effort will be prepared from our perspective of the future Design-Build Team responsible for implementing the work. Our objective is to ensure that the recommendations, procurement strategy, sequencing, and construction documents can transition seamlessly into design, permitting, and construction with minimal rework.

Demonstrated HCAI Experience
RBB's Martin Luther King, Jr. Community Hospital project demonstrated our ability to successfully manage large, complex HCAI-regulated healthcare projects involving multiple concurrent permitting efforts.

As part of the RBB Architects/Hensel Phelps Design-Build Team, RBB coordinated regulatory activities associated with 11 HCAI Master Permits and more than 50 incremental permits while simultaneously preparing Executive Monthly Reports at HCAI's request. This disciplined management approach contributed to efficient plan review, improved coordination between project participants, and meaningful schedule efficiencies during construction.

During construction, RBB worked collaboratively with HCAI field staff to review approximately 1,669 Requests for Information (RFIs) and 629 Material Change Orders. Our team's understanding of HCAI processes and proactive field coordination enabled many issues to be resolved promptly in the field, reducing unnecessary delays and supporting continued construction progress.

Field Oversight and Inspector of Record Coordination
To strengthen our existing conditions assessment, RBB has engaged RF10 Technologies to provide a Class A Inspector of Record (IOR) as part of our Specialty Consultant Team. During the Pre-Construction phase, RF10 will assist with field observations of existing construction, evaluation of prior IOR documentation, and review of the Outstanding Items List (OIL) contained within the RFP documents.

RF10's participation will help our team identify inspection-related issues requiring resolution before construction resumes and develop recommendations for coordinating the future Inspector of Record services during the Supplantation and Construction Completion phase. Integrating IOR expertise into the Pre-Construction effort will improve continuity between existing conditions assessments, regulatory requirements, and future construction inspections.

6.1.3: Preconstruction Services Proposal

6.1.3.i. Proposed deliverables

Every deliverable below will be provided on schedule, formatted for District review, and grounded in the field-verified, document-reconciled scope developed during this preconstruction engagement.

Deliverables	Stage	Target	Description
Preconstruction Milestone Schedule	Stage 1	Week 1	Engagement milestones from award through Final Report delivery
RFP Document Index	Stage 1	Week 3	Index identifying nested folder location and description of document
Existing Conditions Assessment Draft Report	Stage 1	Week 5	Initial Assessment of existing construction
Order-of-Magnitude Range Estimate	Stage 2	Week 4	High/low cost range by major scope area
HCAI Regulatory Activity Sequence	Stage 2	Week 8	Full HCAI action sequence from DPOR supplantation to Certificate of Occupancy
Long-Lead Procurement Schedule	Stage 2	Week 4	All long-lead items with order dates and procurement strategy
CSI Discipline-by-Discipline Estimate	Stage 2	Week 11	Complete estimate with basis of estimate and confidence ratings
Floor- and System-Level Cost Breakdowns	Stage 2	Week 11	Estimate re-sorted by building level and by major system
Contract Document Change Matrix	Stage 2	Week 9	Matrix by discipline and by sheet documenting all approved changes to the sheet
Allowance Log	Stage 2	Week 11	Itemized allowances with basis, amount, and required Owner action
Preliminary Construction Schedule (P6 + PDF)	Stage 3	Week 15	Full WBS schedule from NTP through Certificate of Occupancy
Schedule Risk Register	Stage 3	Week 17	Itemized risks with probability, impact, and mitigation
Long-Lead Vendor Quotations & Escalation Analysis	Stage 3	Week 13	Actual vendor pricing and ENR-based escalation projection
Final Cost Estimate & Final Schedule	Stage 3	Week 16	Reconciled, market-checked final figures in the Final Preconstruction Report

6.1.3.j. Proposed meetings, workshops, site walks, reporting structure, and communication process

> *Leadership, Communication and Trust Are the Keys to Success*

While a project manager's main goal is always to deliver a project on time and on budget (or better), we also know from experience that successful project management includes many other facets, not the least of which is the people who comprise the project team.

- **Leadership:** Establishing strong team relationships between key stakeholders and project team members is the cornerstone of Seals/RBB's success. We know that teamwork provides a strong foundation for project success, and we bring our combined years of experience leading and guiding teams to successfully complete complex projects.

- **Communication:** In project management, clear and effective communication is the key to success, and can help to minimize conflicts. Practicing with the motto that "project closeout begins on day one", we begin with an initial kick-off meeting for Project Visioning, led by the District, CM, and Seals/RBB principals and project managers. At this meeting, we will set goals, define expectations, and establish a critical path timelines. This initial meeting is critical in setting the tone for the project—one of collaboration and full transparency for all members of the team.

  Regular Bi-weekly Team meetings will continue to update the status of all affected Stage 1, 2, and 3 task. These meetings include all members of the team that are appropriate, including the consultants, and engineers. Team leaders will review internal processes with members of the team. We will establish protocols and clear lines of communication for the Pre-Construction Project. The team leaders will regularly verify that team members are on track and aware of any changing project goals.

- **Clearly Defined Goals:** Reviewing, discussing, building consensus, and ultimately setting goals are all essential parts of a project - they serve as the road map for success. Seals/RBB starts the process with a roundtable discussion, where project goals and team goals are properly defined and concurrence from the collective team is confirmed.

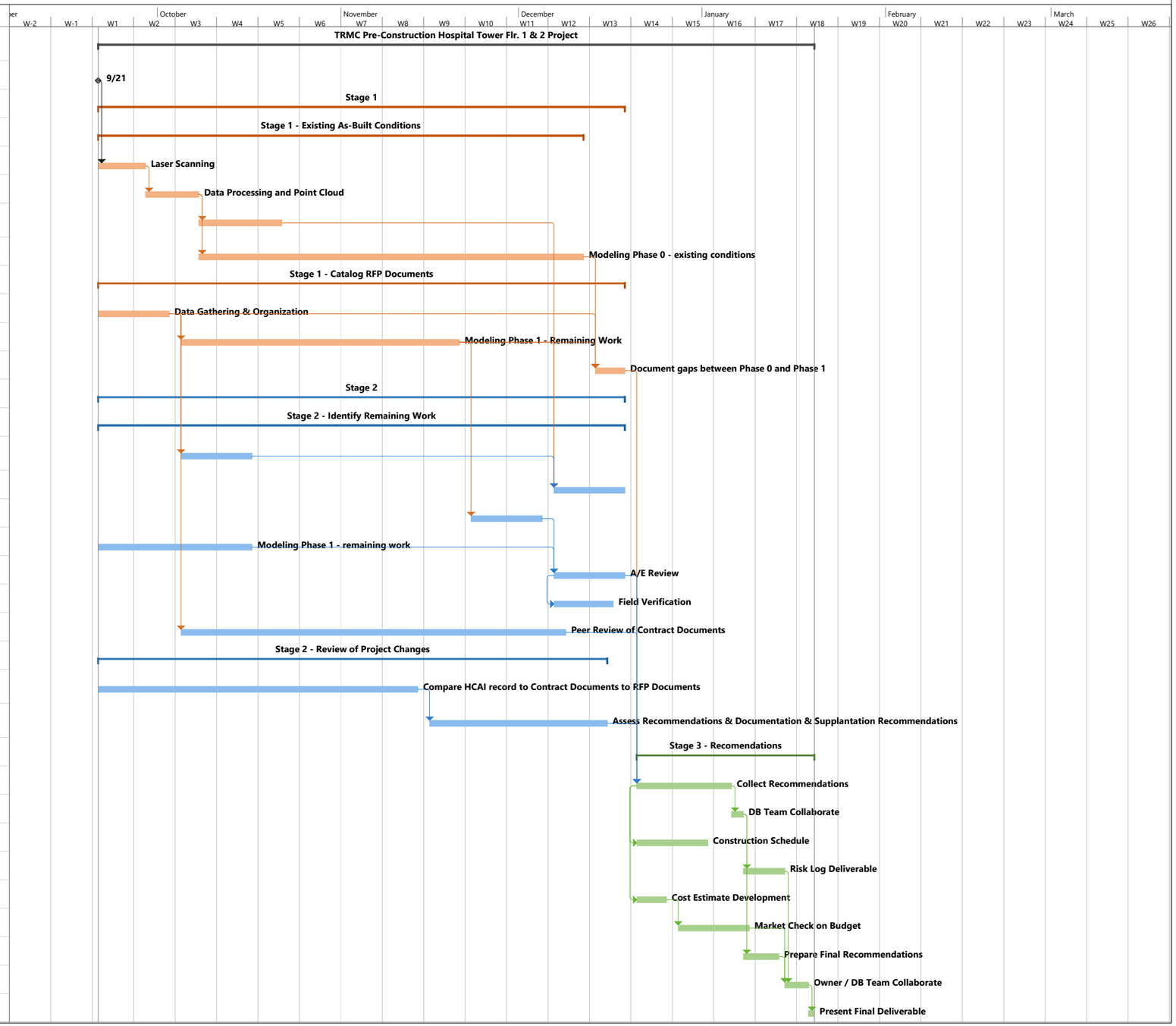
- **Collaborative Spirit:** Working together towards a common goal requires commitment and a spirit of collaboration between all team members. Individuals with personal goals can lose sight of project and/or organizational team goals. One tactic of keeping on task is to remind team members how their personal goals and efforts fit into the project's strategic goals and outcome expectations. We remind team members that while individual achievement towards the goal is important and should be recognized, ultimately, it is the sum of the work that creates success. In the end, success is shared between all members of the group. This kind of collaborative spirit helps to build a culture of success.

- **Trust:** Successful teams are built on a foundation of trust. Seals/RBB will establish and cultivate trust through effective team building concepts. Communication, collaboration and commitment to well-defined, common goals all foster a sense of trust between team members. Team members know - and trust - that in the end, a successful project ultimately results in a "win" for all parties.

PRECONSTRUCTION MILESTONE SCHEDULE

HOSPITAL TOWER COMPLETION FLOORS 1 & 2

ID	Task Mode	Task Name	Duration	Start	Finish
1		**TRMC Pre-Construction Hospital Tower Flr. 1 & 2 Project**	**78 days**	**9/21/26**	**1/19/27**
2		NTP	0 days	9/21/26	9/21/26
3		**Stage 1**	**63 days**	**9/21/26**	**12/18/26**
4		**Stage 1 - Existing As-Built Conditions**	**58 days**	**9/21/26**	**12/11/26**
5		Laser Scanning	6 days	9/21/26	9/28/26
6		Data Processing and Point Cloud	7 days	9/29/26	10/7/26
7		Existing Conditions Assesment Draft Report Deliverable	10 days	10/8/26	10/21/26
8		Modeling Phase 0 - existing conditions	45 days	10/8/26	12/11/26
9		**Stage 1 - Catalog RFP Documents**	**63 days**	**9/21/26**	**12/18/26**
10		Data Gathering & Organization	10 days	9/21/26	10/2/26
11		Modeling Phase 1 - Remaining Work	35 days	10/5/26	11/20/26
12		Document gaps between Phase 0 and Phase 1	5 days	12/14/26	12/18/26
13		**Stage 2**	**63 days**	**9/21/26**	**12/18/26**
14		**Stage 2 - Identify Remaining Work**	**63 days**	**9/21/26**	**12/18/26**
15		Order of Magnitude Range Estimate Deliverable	10 days	10/5/26	10/16/26
16		Long-Lead Procurement Schedule Deliverable	10 days	12/7/26	12/18/26
17		CSI Estimate & Allowance Log Deliverable	10 days	11/23/26	12/4/26
18		Modeling Phase 1 - remaining work	20 days	9/21/26	10/16/26
19		A/E Review	10 days	12/7/26	12/18/26
20		Field Verification	8 days	12/7/26	12/16/26
21		Peer Review of Contract Documents	45 days	10/5/26	12/8/26
22		**Stage 2 - Review of Project Changes**	**60 days**	**9/21/26**	**12/15/26**
23		Compare HCAI record to Contract Documents to RFP Documents	40 days	9/21/26	11/13/26
24		Assess Recommendations & Documentation & Supplantation Recommendations	20 days	11/16/26	12/15/26
25		**Stage 3 - Recomendations**	**15 days**	**12/21/26**	**1/19/27**
26		Collect Recommendations	5 days	12/21/26	1/5/27
27		DB Team Collaborate	2 days	1/6/27	1/7/27
28		Construction Schedule	10 days	12/21/26	1/1/27
29		Risk Log Deliverable	5 days	1/8/27	1/14/27
30		Cost Estimate Development	5 days	12/21/26	12/25/26
31		Market Check on Budget	10 days	12/28/26	1/8/27
32		Prepare Final Recommendations	4 days	1/8/27	1/13/27
33		Owner / DB Team Collaborate	2 days	1/15/27	1/18/27
34		Present Final Deliverable	1 day	1/19/27	1/19/27



RFP Task#	Deliverables #	Pre-Con Task	Seals / RBB Task & Notes	Seals	Trade Contractors	RBB	KPFF	ME	Coffman	RDH	IBKS	RF10 CASp	RF10 Insp.	Grand Total
2.2.a	2.4.C	Develop a complete understanding of the remaining work required to complete and occupy Floors 1 and 2.	Baseline review of full drawing set Arch, Power, Fire Alarm, Fire Sprinkler, Mechanical, Medical Gas, Plumbing) plus Risk Register (250+ items), Feb 2026 Validation Report, and ECA report to establish overall scope of remaining work.	$31,680	$233,896	$28,600	$5,000	$35,000	$48,000				$825	**$383,001**
	2.4.C		Laser Scanning of Basement, 1st, 2nd, and roof			$5,574					$35,731			**$41,305**
	2.4.C		Provide navigable Point Cloud & viewer								Incl			**Incl.**
	2.4.C		Digital Creation of REVIT files from scans of as-built progress			$26,895					$172,404			**$199,299**
2.2.d	2.4.B	Review and reconcile all available ACDs, RFIs, CCDs, ASIs, prior change orders, field records, validation reports, inspection records, and related project documentation.	Most overall risk currently prior to reconciliation. Compare HCAI Record against CD's Print Issue Record & SK's against RFP Changes issued			$551,460	$20,000	$60,000	$36,000				$660	**$668,120**
	2.4.C		Creation of Revit Model of work that remains			$21,840		$5,000	$7,000		$70,000			**$103,840**
2.2.c & 2.2.e. & 2.2.g	2.4.C	Determine all building systems, infrastructure, and enabling work required to support Floors 1 and 2 occupancy Confirm the extent of roof-level mechanical, electrical, plumbing, and related systems required to support Floors 1 and 2. Confirm the extent of basement-level systems, infrastructure, distribution, piping, controls, life-safety, or support work required to serve Floors 1 and 2.	Discipline-by-discipline review of Floor 1 & 2, roof-level and basement-level systems. Covers ~56 dormant pieces of major MEP equipment (ECA-001–ECA-086).	$14,400	$325,487	$28,600	$5,000	$70,000	$16,000	$10,000			$2,475	**$471,962**
2.2.f & 2.3.7	2.4.C	Confirm the extent of generator yard work, emergency power integration, ATS/switchgear coordination, and related electrical infrastructure required to support Floors 1 and 2.	E6.20 generator/fuel oil electrical plan review, ATS-EQP/CRT/LS and switchgear NETA-testing coordination, plus SJVAPCD Tier 3/4 engine certification and PTO permitting research. Highest schedule-risk item on the project.	$8,640	$39,000	$4,160	$2,000		$16,000				$330	**$70,130**
2.2.j	2.4.D	Develop a detailed scope matrix identifying remaining work by discipline, location, responsibility, and priority	Digital Comparison of Current Contract Documents by discipline against As-Built Progress			$81,432		$9,200	$11,300					**$101,932**
2.2.b & 2.4 & 2.3.10	2.4.A & D	Identify, reconcile, and document gaps, conflicts, deficiencies, and incomplete work within available construction documents and existing field conditions	A/E Peer Review of CD's			$179,452	$10,000	$90,000	$36,000					**$315,452**
	2.4.D		Identify areas requiring additional design or design clarifications			$22,880	$10,000	$10,000	$16,000			$2,448		**$61,328**
2.2.h	2.4.A & D	Identify fire/life-safety, smoke protection, fire alarm, fire sprinkler, smoke barrier, rated assembly, egress, firestopping, damper, and related compliance requirements.	Fire alarm and fire sprinkler plan review plus field verification of rated shaft assemblies, smoke/fire dampers, and firestopping. Most heavily documented risk category (13 Critical/High Risk Register items).	$31,680	$46,396	$14,560			$28,000				$2,475	**$123,111**
2.2.i & 2.3.14	2.4.A & D	Identify HCAI, IOR, OSFM, local agency, and other AHJ coordination requirements.	HCAI DPOR/IOR coordination, deferred approval (DA #022) tracking, and OSFM/AHJ meeting support	$7,200		$219,186	$8,000	$25,000	$24,000				$825	**$284,211**
2.2.k	2.4.G	Develop realistic cost estimates and scheduling assumptions for future construction procurement.	Full CSI Division 01–33 quantity takeoff and unit pricing (Phases 1–4 per Cost Estimating approach)	$95,040										**$95,040**
2.2.k	2.4.H	Develop proposed construction schedule identifying anticipated procurement, HCAI review, construction, testing, commissioning, punch-list, and occupancy milestones	Preliminary P6 construction schedule (WBS 1.0–9.0). Primary estimating/scheduling deliverables (RFP §2.4.G / §2.4.H).	$37,800		$11,440								**$49,240**
2.2.l	2.4.E. & F	Minimize future change orders by identifying issues during the preconstruction phase before construction procurement is released.	Ongoing design-gap log maintenance and recomendations for resolution across the 18-week engagement, to avoid unpriced allowances at bid.	$25,920		$11,400	$5,000	$55,000	$16,000	$8,500				**$121,820**
2.2.m	2.4.I	Assist the District in preparing for a future bid or proposal process for construction services	Bid package structuring and cost-allocation recommendations by phase/package to support the District's future procurement.	$21,600		$11,400								**$33,000**
2.3.5	2.4.E	Elevator and Vertical Transportation Systems Review	Review of elevator-adjacent scope only — lobby smoke enclosures, shunt-trip/fire service integration, 11" seismic joint crossings. No dedicated elevator drawings in current plan set; District is procuring elevator/dumbwaiter work separately.	$10,800	$4,992	$4,290							$330	**$20,412**
2.3.6.1 & 2.3.8	2.4.E	Limited Exterior and Envelope Review & Roof Level Systems work review	Limited visual exterior/envelope walk (east stairwell, roofing) coordinated with the exterior waterproofing forensic consultant; MEP roof-level systems cross-check overall roof plan, and CASp review of path of travel on site.	$8,640		$9,733	$5,000	$16,000	$16,000	$34,500		$9,792		**$99,665**
			RBB Overall Coordination of A/E Consultants			$202,759								**$202,759**
			GRAND TOTAL	**$293,400**	**$649,771**	**$1,435,661**	**$70,000**	**$375,200**	**$270,300**	**$53,000**	**$278,135**	**$12,240**	**$7,920**	**$3,445,627**
		Reimbursables	**$89,000**											

STAGE 1 Investigation of Existing Construction & Existing Contract Documents
STAGE 2 Evaluate Posted set for reconciliation & Perform Constructability Review & identification of remaining scope
STAGE 3 Recommendation of missing scope / concerns / potential changes & schedule / cost estimate & Bidding recommendations

6.1.4: Fee Proposal

6.1.4.b Hourly rates for key personnel

DESIGN-BUILD PRE-CONSTRUCTION TEAM		
Firm Name	**Role**	**Hourly Rate**
Seals Construction	Project Executive / Principal-in-Charge	$185.00
	Preconstruction Manager	$185.00
	MEP Coordinator / Fire-Life-Safety Specialist	$165.00
	Superintendent	$165.00
	Estimator	$110.00
	Sr. Project Manager / Cost Estimating	$75.00
RBB Architects Inc	Principal-in-Charge, Healthcare Architectural	$275.00
	Sr. Project Manager / HCAI Compliance Specialist	$235.00
	Project Manager / HCAI Compliance Specialist	$210.00
	Project Coordinator / HCAI Compliance Specialist	$140.00
Regency Construction Services, Inc.	Scheduler	$155.00
KPFF Engineers	Principal-in-Charge, Stuctural	$310.00
	Sr. Project Manager, Stuctural	$250.00
	Project Manager, Stuctural	$230.00
	Project Engineer	$195.00
	Design Engineer	$180.00
	Lead Modeler	$195.00
ME Engineers	Principal-in-Charge, Mechanical/Plumbing	$335.00
	Associate, Mechanical/Plumbing	$280.00
	Project Manager, Mechanical/Plumbing	$230.00
Coffman Engineers	Principal-in-Charge, Electrical	$280.00
	Sr. Project Manager, Electrical	$200.00
	Project Manager, Electrical	$205.00

SPECIALTY CONSULTANTS		
RF10	Certified Hospital Inspector Evaluation (Consultant)	$165.00
	CASp Services	$255.00
RHD Building	Principal (Senior Specialist 2)	$375.00
	Project Manager (Project Consultant 2)	$235.00
	Field Engineer (Consultant 1)	$170.00
IBKS	Principal	$270.00
	Associate Principal	$235.00
	Senior Consultant	$201.00
	Consultant	$177.00
	Associate	$130.00
	Analyst	$94.00
TRADE CONTRACTORS		
New England Sheet Metal & Mechanical Co.	SMWIA Sheet Metal Worker (Field)	$190.00
	UA Plumber/Pipe Fitter (Field)	$190.00
	Program Manager	$200.00
	Project Manager	$150.00
	Project Coordinator/Drafting	$90.00
Industrial Electrical Company	Project Manager	$160.00
	General Foreman	$146.72
	Foreman	$138.90
	Crew	$121.18

6.1.4.c. Hourly rates for additional services, if authorized

None required at this time.

6.1.4: Fee Proposal

6.1.4.d. Reimbursable expenses, if any

Stage 1, 2 & 3 Reimbursable expenses are anticipated to be in the amount of $25,000; these shall be billed at cost, and will not be charged unless they are incurred. Every effort will be made to share files electronically to mitigate printing costs. Electronic file exchange will be facilitated through RBB's FTP site. Typical expenses include: mileage, food & overnight lodging if required, reproductions, postage, shipping and deliveries, tel & communication, FTP file storage, parking and other misc. expenses.

6.1.4.e. Proposed fee for optional services, if applicable

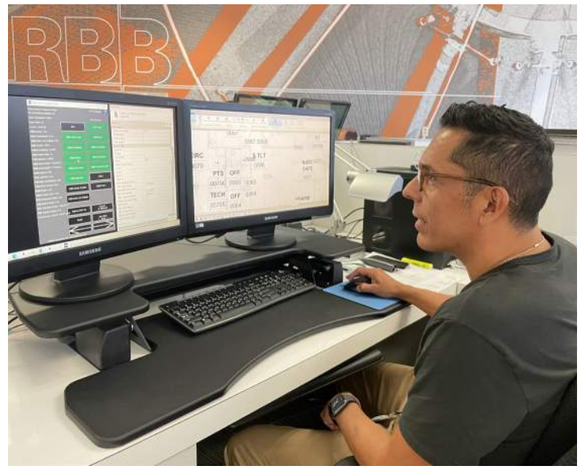
None required at this time. The Pre-Construction services we proposed are to the level and extent that our Team would want if we were to be successful in the next RFP for Supplantation and Completion of Construction.

6.1.4.f. Assumptions and exclusions

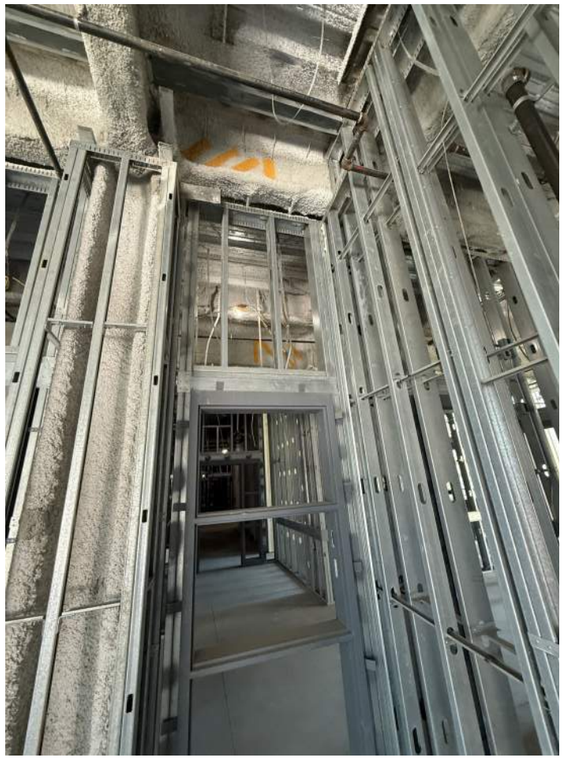
See 6.1.9: Section 9 – Exceptions or Clarifications

6.1.4.g. Identification of any services not included in the proposed fee

See 6.1.9: Section 9 – Exceptions or Clarifications



Our Roadmap to Occupancy - Built to Withstand Scrutiny, Engineered to Deliver



6.1.5: Section 5: Schedule

RFP Procurement Timeline (As Amended by Addenda No. 1 and No. 2)
This schedule responds to RFP §6.1.5 (Schedule), which requires proposers to identify major milestones for completion of Preconstruction Services, and supports the schedule-related deliverables required under RFP §2.3.13 and §2.4.H. It incorporates the revised dates issued in Addendum No. 1 (July 9, 2026) and the additional clarifications issued in Addendum No. 2 (July 16, 2026), both of which are acknowledged and accepted by Seals Construction and RBB Architects.

Procurement Milestones	Date / Time	RFP / Addendum Reference
RFP Released	June 24, 2026	RFP §1
Site Visit (required for all proposers)	Completed July 7, 2026 — Seals Construction, RBB Architects, RBB IOR Consultant, IBKS	Addendum No. 1, RFI No. 20
Addendum No. 1 Issued (RFI responses; schedule extension)	July 9, 2026	Addendum No. 1
Addendum No. 2 Issued (RFI responses; supplemental documents)	July 16, 2026	Addendum No. 2
RFI Deadline (revised)	July 24, 2026, 3:00 PM	Addendum No. 1 (supersedes RFP §1 original date of July 17, 2026)
District Written Clarifications Issued (no later than 48 business hours before proposal due date)	On or before August 12, 2026	RFP §5
Proposals Due (revised)	August 14, 2026, 3:00 PM	Addendum No. 1 (supersedes RFP §1 original date of July 31, 2026)
Proposal Evaluation / Interviews / Negotiation (at District's discretion)	TBD	RFP §6.3, §7.1
Contract Award / District Approval	TBD	RFP §1, §7.1
Contract Execution (selected bidder must sign and return within 7 days of receipt)	TBD + 7 calendar days	RFP §7.2
Notice to Proceed (NTP) — Preconstruction Services Commence	TBD	RFP §2, §6.1.5

Note: All dates and times in Section 1 are subject to change at the sole discretion of the District per RFP §1 and §7.6.

6.1.5: Schedule

Preconstruction Services Milestone Schedule - 18 Weeks from Notice to Proceed

The preconstruction engagement is planned as a seven-week effort from Notice to Proceed (NTP) to delivery of the Final Preconstruction Report. Because the RFP identifies the Contract Award date as TBD (§1), the schedule below is organized by engagement week. An illustrative calendar is shown assuming an NTP of September 21, 2026 - for District planning purposes only - and will be reissued with confirmed dates once the actual NTP is established.

Wk	Illustrative Dates*	Milestone Activities (RFP §6.1.5 / §2.3)	Deliverables Issued (RFP §2.4)
1	Sep 21 – Sep 25, 2026	Mobilize preconstruction team; initial document review of full RFP document set and addenda Field investigation kickoff - existing conditions verification, Floors 1–2 and enabling-work areas Laser Scanning begins Initiate SJVAPCD generator pre-application inquiry Begin RFP Document coordination and cataloging review Order of Magnitude pricing begins Contract Document Reconciliation process begins	Preconstruction Milestone Schedule (this document) issued to District Long-lead item watch list - initial flag
2	Sep 28 – Oct 02, 2026	Data processing and creation of point cloud begins	
3	Oct 05 – Oct 09, 2026	Peer Review of Contract Documents begins Existing Conditions Assessment Draft Report begins Modeling Phase 0 – Existing Conditions begins Modeling of Phase 1 - Remaining Work begins Long-Lead Procurement Schedule Begins Cost estimate development - CSI Division 01–33 discipline-by-discipline estimate begins	RFP Document Index
4	Oct 12 – Oct 16, 2026	Multiple activities continue	Order-of-Magnitude Range Estimate
5	Oct 19 – Oct 23, 2026	Floor-level and system-level cost breakdown views begins Schedule development - Preliminary Construction Schedule build in Oracle Primavera P6 Begins	Existing Conditions Assessment Draft Report
6	Oct 26 – Oct 30, 2026	Multiple activities continue	
7	Nov 02 – Nov 06, 2026	Assessment & Recommendations of Contract Document Reconciliation begins	
8	Nov 09 – Nov 13, 2026	Multiple activities continue	Multiple activities continue
9	Nov. 16 – Nov 20, 2026	Multiple activities continue Asses Reconciliation Recommendations /Documentation and Supplantation Recommendations begins	Contract Document Change Matrix
10	Nov 23 – Nov 27, 2026	Multiple activities continue	
11	Nov 30 – Dec 04, 2026	Multiple activities continue	CSI Discipline-by-Discipline Estimate Floor – and System Level Cost Breakdowns
12	Multiple activities continue	Multiple activities continue	
13	Dec 14 – Dec 18, 2026	Incorporate District comments and finalize all deliverables Present recommended timeline for future construction procurement documents Identify Gaps between Phase 0 and Phase 1	Long-Lead Procurement Schedule Long-Lead Vender Quotations & Escalation Analysis
14	Dec 21 – Dec 26, 2026	Finalize Document Reconciliation Report, Scope Matrix, Design Deficiency Log begins Complete Preliminary Construction Schedule, Schedule Risk Register, ICRA/ILSM phasing plan begins Collect Recommendations for final report begins Final Construction Schedule (P6 + PDF) begins	
15	Dec 28 – Jan 01, 2027	Market check — vendor budget quotations for long-lead equipment; SJV subcontractor pricing outreach Compile Draft Preconstruction Report (Deliverables A–K per RFP §2.4) begins Present recommended timeline for future construction procurement documents Final Cost Estimate begin	Preliminary Construction Schedule (P6 + PDF)
16	Jan 04 – Jan 08, 2027	Final Schedule Risk Register begin	Final Cost Estimate & Final Schedule Issue Draft Preconstruction Report to District for review
17	Jan 11 – Jan 15, 2027	District review period on Draft Preconstruction Report (overlaps final days of Week 16) Incorporate District comments and finalize all deliverables	Schedule Risk Register
18	Jan 18 – Jan 22, 2027		Final Complete Report

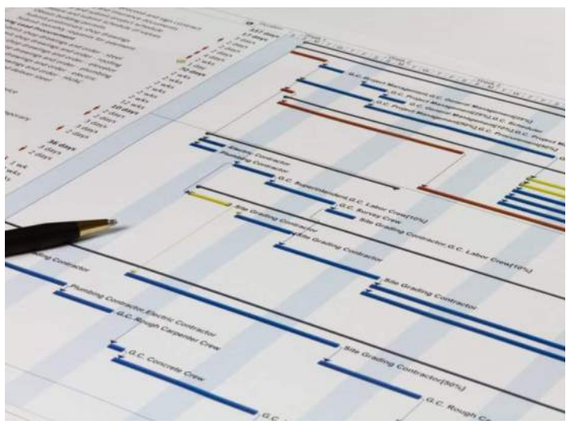
**Illustrative dates assume Notice to Proceed on September 21, 2026. Actual calendar dates will be confirmed and reissued upon District contract award and execution per RFP §7.1–§7.2.*

6.1.5: Schedule

Regulatory and Long-Lead Critical-Path Items Running Concurrent with Pre-Construction

Several regulatory and procurement actions must begin in Week 1 of the preconstruction engagement because their processing time exceeds the seven-week engagement itself. These items govern the recommended timeline for future construction procurement described in Section 4 below.

Items	Action Window	Why It Matters to the Milestone Schedule
SJVAPCD Generator Permit to Operate (PTO)	Initiate Week 1; 60–120 days to PTO issuance	PTO is a prerequisite to generator load-bank testing, which is a prerequisite to HCAI emergency power acceptance and occupancy approval. Processing time exceeds the 7-week preconstruction window and must run concurrently with, and beyond, the engagement — action starts Week 1 regardless of engagement length.
Deferred Approval DA #022 (equipment anchorage)	Track through preconstruction; resolve before construction NTP	Predecessor to all equipment anchorage and seismic bracing installation activities in construction.
Long-lead equipment determinations (ATS, generators if replacement required, process chiller, medical gas compressors, BMS platform, nurse call, lighting, fire pump ATS)	Identified Weeks 1–3; vendor budget quotations by Week 6	Lead times of 12–52 weeks mean several items must be ordered before or concurrent with construction bid release, not after — flagged early so the District can consider early procurement.
CDPH code-vintage determination	Track through preconstruction; District to obtain written determination before procurement release	Affects room-size compliance and Title 22/24 scope; outcome drives design contingency and schedule float carried into construction procurement.



Recommended Timeline for Preparing Future Construction Procurement Documents

Per RFP §6.1.5, the following is Seals Construction's recommended timeline for the period between delivery of the Final Preconstruction Report and release of the construction bid package. This timeline is planning-level and will be refined as design clarification submittals, the SJVAPCD permit determination, and long-lead procurement decisions are resolved during preconstruction.

Phase (Following Final Preconstruction Report)	Estimated Duration	Key Dependencies
Design clarification submittals and HCAI review	3–4 months	Twelve or more design changes require HCAI plan revision submittals (pedestrian bridge fire separation, nurse call redesign, ERCES/DAS, Telecom Distribution Room relocation, medical gas ZVB relocations, and others); RBB parallelizes submittals to the extent HCAI will accept.
Construction procurement and contractor selection	2–3 months	Bid advertisement, proposal period, evaluation, award, contract execution, and HCAI approval of the selected construction contractor.
Concurrent regulatory / long-lead resolution	Runs from Week 1 of preconstruction through construction NTP	Lead times of 12–52 weeks mean several items must be ordered before or concurrent with construction bid release, not after — flagged early so the District can consider early procurement.
CDPH code-vintage determination	Track through preconstruction; District to obtain written determination before procurement release	SJVAPCD PTO determination, and long-lead equipment ordering all continue past the 7-week preconstruction window and should not be treated as preconstruction-only tasks.

Governing Notes and Assumptions

- This schedule is a planning-level milestone schedule prepared for proposal purposes; it will be refined into a detailed, resource-loaded schedule during the preconstruction engagement itself.
- The District reserves the right to modify the RFP schedule, request clarifications, negotiate scope, and adjust the Contract Award date at its sole discretion (RFP §7.6).
- Site visit, Addendum No. 1, and Addendum No. 2 have been reviewed and incorporated by the full Seals/RBB team; both addenda are acknowledged in this proposal.
- Regulatory items in Section 3 — particularly the SJVAPCD Permit to Operate and HCAI DPOR supplantation — are the two highest-risk drivers of the overall path to occupancy and are initiated on Day 1 of the RFP for Supplantation and Construction Completion.

SEALS CONSTRUCTION + RBB ARCHITECTS | RELEVANT PROJECT EXPERIENCE
SAINT AGNES MEDICAL CENTER, TOWER EXPANSION

Similar Scope / Complexities
- ☑ Supplantation/Renovation or completion of partially constructed buildings
- ☑ Healthcare Facility
- ☑ OSHPD/HCAI-regulated project
- ☑ Document reconciliation
- ☑ Complex MEP, fire/life-safety, emergency power, medical gas, and technology coordination
- ☑ Prime trade scope coordination
- ☑ Quality Control

Location
Fresno, CA

Project Size
230,000 SF

Construction Manager
Seals Construction

Architect
RBB Architects Inc

Mechanical/Plumbing Engineer
ME Engineers

Electrical
Coffman Engineers
(Previously known as N.A. Cohen)

The 230,000 SF expansion included 100 private patient rooms, 5 cardiac catheterization labs, 6 cardiovascular surgical suites, 3 interventional radiology rooms and a 16-bed chest-pain unit. Improvements included a dedicated cardiac ICU, expanded outpatient center, ED, cardiac rehab and imaging services.

St. Agnes Medical Center commissioned RBB to perform a Peer Review of the initial Design Team. The project was 18 months behind schedule, had over 500 changes to the original contract that had not been properly processed with HCAI, and required a new set of drawings to resume construction. RBB identified over 1,300 actions items for the Design Team, and implemented a procedure to facilitate field observation and Construction Administration. St. Agnes then hired a new construction manager, and contracted RBB to **supplant as the new AOR**. Through extensive coordination with HCAI, DHS, Local and State Fire Marshals, RBB turned the project around. Fast track documentation was completed, and legacy changes were approved to keep the construction schedule.

Seals Construction took the project over from the original General Contractor at the same time RBB Supplanted the A/E Team. RBB & Seals Construction delivered the remainder of the project as a Design Assist delivery. Design professionals helped the Trade Contractor Engineers prepare to carry out all remaining unapproved changes needed to finish the project.

SEALS CONSTRUCTION I RELEVANT PROJECT EXPERIENCE
SAINT AGNES MEDICAL CENTER, CARDIAC WING 6TH FLOOR BUILD OUT

Similar Scope / Complexities
- ☑ Healthcare Facility OSHPD/HCAI-regulated project
- ☑ Document reconciliation
- ☑ Complex MEP, fire/life-safety, emergency power, medical gas, and technology coordination
- ☑ Quality Control
- ☑ Subcontractor scope coordination & review
- ☑ ACD Review & Implementation

Location
Fresno, CA

Project Size
27,573 SF

Construction Manager At Risk
Seals Construction

Seals Construction provided general contracting services for the Sixth Floor Build-Out at Saint Agnes Medical Center, an active acute-care hospital regulated by OSHPD/HCAI — delivering 27,573 SF of new construction across 28 medical/surgical patient rooms, 8 ICU suites, a modernization of Operating Rooms 5 and 7, and a Satellite Pharmacy remodel. The three-phase delivery process consisted of the selective demolition of the existing space and equipment, implementation of newly designed space utilization, modern furnishings, finishes and equipment, and extensive upgrades to the existing HVAC and electrical systems. The work required renovating within an existing floor, reconciling as-built field conditions against original documentation before work proceeded, and coordinating construction sequencing and cost/schedule control around an occupied clinical environment.

The project demonstrates complex, multi-system MEP and clinical infrastructure coordination: extensive HVAC and electrical upgrades, installation of new medical gas valves and piping with tie-ins to ceiling-mounted medical gas booms, coordinated MEP shutdowns to safely connect new systems to live hospital infrastructure, replacement of surgical lighting and scrub sinks requiring combined plumbing/electrical/structural coordination, and reconfiguration of electrical and telecom closets to support the expanded patient room count.

SEALS CONSTRUCTION I RELEVANT PROJECT EXPERIENCE
KAWEAH DELTA SURGERY PATIENT PRE-OP HOLDING & PREP

Similar Scope / Complexities
- ☑ Healthcare Facility OSHPD/HCAI-regulated project
- ☑ Complex MEP, fire/life-safety, emergency power, medical gas, and technology coordination
- ☑ ACD Review & Implementation

Location
Visalia, CA

Project Size
9,677 SF

General Contractor
Seals Construction

Architect
Darden Architects, Inc.

Seals Construction was engaged by Kaweah Delta Health Care District to deliver a comprehensive renovation and expansion of the Ambulatory Surgery Center. The work began with selective demolition of the existing basement and surgical center space to prepare for the new layout. The project included architectural and interior tenant improvements that created 18 pre-operative patient beds for surgical patients, a centralized nurse station, a dedicated staff lounge, multiple medication rooms, and supporting ancillary offices and restrooms, reconfiguring the department to meet current outpatient surgical care standards while remaining fully integrated with the District's existing hospital campus.

Work extended beyond the surgical suite itself into significant building infrastructure upgrades, requiring structural modifications to support the building addition and the relocation of stairs and the service elevator to accommodate the new layout. In the existing basement level, the team installed a new service elevator and expanded the mechanical and storage rooms to accommodate the department's added capacity, supported by mechanical upgrades including a new rooftop air handling unit and plumbing system modifications throughout the renovated and added space. Electrical systems were upgraded to support the expanded department and new equipment loads, and life-safety systems were fully addressed through the installation and upgrade of fire alarm and fire sprinkler systems.

SEALS CONSTRUCTION I RELEVANT PROJECT EXPERIENCE
SAINT AGNES MEDICAL CENTER, 4 EAST OUTPATIENT SURGERY REMODEL

Similar Scope / Complexities
- ☑ Healthcare Facility OSHPD/HCAI-regulated project
- ☑ Document reconciliation
- ☑ Complex MEP, fire/life-safety, emergency power, medical gas, and technology coordination
- ☑ Owner medical equipment coordination
- ☑ Prime trade scope review & coordination

Location
Fresno, CA

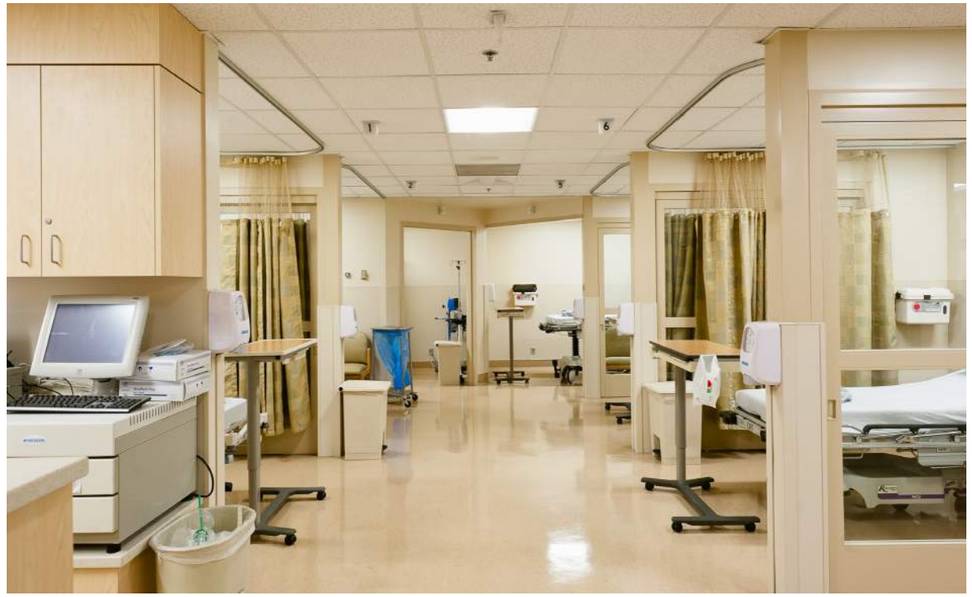
Project Size
15,977 SF

Construction Manager
Seals Construction

Architect
Darden Architects

Seals Construction provided construction services for the remodel of an outpatient surgery floor at Saint Agnes Medical Center, delivering a comprehensive modernization of the 4th floor outpatient surgical facilities across approximately 16,000 square feet. The scope included a full renovation of the physicians' lounge and staff recliner room, giving clinical staff dedicated space to prepare for and recover between procedures, along with dedicated pre-operative and post-operative areas designed to support efficient patient flow into and out of surgery. The recovery room and a redesigned patient waiting room were reconfigured to improve the patient and family experience throughout the outpatient surgical process, while six operating rooms were fully modernized with updated finishes, equipment infrastructure, and clinical work flow improvements to bring the department in line with current outpatient surgical standards.

Delivering this scope required close coordination across architectural, structural, and MEP disciplines to integrate new clinical space planning into an existing occupied hospital floor, sequencing work around the operating rooms and adjacent patient care areas to minimize disruption to ongoing surgical operations.



SEALS CONSTRUCTION I RELEVANT PROJECT EXPERIENCE
SAINT AGNES MEDICAL CENTER, CARDIAC CATH LAB EXPANSION

Similar Scope / Complexities
- ☑ Healthcare Facility OSHPD/HCAI-regulated project
- ☑ Document reconciliation
- ☑ Complex MEP, fire/life-safety, emergency power, medical gas, and technology coordination
- ☑ BIM coordination & clash detection
- ☑ Design Build assist
- ☑ ACD Review & Documentation
- ☑ Risk Review & Assessment

Location
Fresno, CA

Project Size
18,500 SF

Construction Manager At Risk
Seals Construction

Architect
Darden Architects

Saint Agnes Medical Center expanded its cardiac cath lab services through the construction of a new two-story building addition with a loading dock on the south side of the existing main hospital building. The new structure was founded on grade beam footings underpinned to the three surrounding existing buildings, with a structural steel frame enclosed by a shell of pre-cast panels. The lower level provides storage space, while the second floor houses the Cath Lab Recovery Center.

Delivered under a CM at Risk delivery method, this project presented significant challenges to the facility's ongoing operations. The existing loading dock had to be removed entirely, leaving the hospital without dock capabilities until the new dock was completed. The project also required structural underpinning to upgrade the existing facility's foundation, all while connecting the new two-story addition to an existing structure immediately adjacent to operating rooms running around the clock.

Successfully executing this work demanded exceptional coordination, sequencing, and planning to keep the facility fully operational throughout construction—minimizing disruption to critical hospital functions while delivering a vital expansion of cardiac care capacity.

RBB ARCHITECTS INC I RELEVANT PROJECT EXPERIENCE
NORTHERN INYO HOSPITAL, HOSPITAL EXPANSION PHASE II

Similar Scope / Complexities
- ☑ Supplantation/Renovation or completion of partially constructed buildings
- ☑ Healthcare Facility
- ☑ OSHPD/HCAI-regulated project
- ☑ Document reconciliation
- ☑ Complex MEP, fire/life-safety, emergency power, medical gas, and technology coordination

Location
Bishop, CA

Project Size
55,000 SF

Architect
RBB Architects Inc

Construction Manager
Turner Construction

Structural Engineer
KPFF Engineers
Thornton Tomasetti, Inc.

Mechanical/Plumbing Engineer
ME Engineers

Electrical Engineer
Coffman Engineers
(Previously known as N.A. Cohen)

RBB was contracted by Northern Inyo Hospital to serve as the Architect of Record for Phase 2 of the district hospital expansion, **supplanting the previous design team** after completing a peer review of the planning and programming documents. The Phase 2 expansion increased patient capacity with 25 additional medical surgical beds. The project also included a new 1,400 SF new central plant.

RBB and Contractor Team delivered this project on a fast track construction schedule to meet SB 499 OSHPD requirements. RBB and the sub-consultants coordinated closely with the Contractor to implement BIM modeling and a detailed value engineering effort to maximize cost savings. Sustainable design measures included strategic site planning to optimize solar influences, drought resistant landscaping, storm water retention ponds, selection of long life materials and reusable materials that require minimal maintenance, energy value engineering, use of low VOC adhesives and paint, and high performance low E glazing.

The project was successfully completed on schedule, providing Northern Inyo Hospital with expanded patient capacity and a new central plant while meeting SB 499 OSHPD requirements.

RBB ARCHITECTS INC I RELEVANT PROJECT EXPERIENCE
SIERRA SANDS UNIFIED SCHOOL DISTRICT, BURROUGHS HIGH SCHOOL MODERNIZATION

Similar Scope / Complexities
- ☑ Supplantation/Renovation or completion of partially constructed buildings
- ☑ Document reconciliation
- ☑ Public agency project
- ☑ Complex MEP, fire/life-safety, emergency power, medical gas, and technology coordination

Location
Ridgecrest, CA

Project Size
147,000 SF

Architect
RBB Architects Inc

Structural Engineer
KPFF Engineers

MEP Engineer
WSP

RBB Architects was brought in to SSUSD to **supplant an architect** that was unable to procure DSA approval for a comprehensive modernization project at multiple campuses. The Burroughs HS modernization scope included a new Administration building, new concession and toilet building at the football stadium, an addition to a multi-use building, renovation of classroom buildings, HVAC upgrades throughout the entire campus, the gymnasium, boy locker rooms and toilets, library building, and selective electrical and fire alarm upgrades throughout the campus; new boiler and HVAC systems upgrades throughout the Burroughs High School Performing Arts Building.

Scope of work also included landscape and hardscape and new entry and exit roadways. Structural deficiencies were upgraded at Monroe Middle school and Mesquite Continuation High School and the project was successfully completed.

RBB ARCHITECTS INC I RELEVANT PROJECT EXPERIENCE
MERCY SAN JUAN MEDICAL CENTER, NEW PATIENT TOWER

Similar Scope / Complexities
- ☑ Healthcare Facility
- ☑ OSHPD/HCAI-regulated project
- ☑ Document reconciliation
- ☑ Complex MEP, fire/life-safety, emergency power, medical gas, and technology coordination

Location
Carmichael, CA

Project Size
210,000 SF

Architect
RBB Architects Inc

MEP Engineer
ME Engineers

RBB provided planning, programming and design for a new patient tower. Answering to the Community's need for more beds, Catholic Healthcare West (now Dignity Health), commissioned RBB to build a 7-level, 210,000 SF tower with sufficient acute care capacity to meet projected patient demand. This campus addition consisted of 142,000 SF of new construction and 68,000 SF of remodel. The 106-bed Tower included both critical care and general hospital beds. Shell space was planned for an additional 20 to 30 beds for use in the future. Ground level programs included a chapel, admitting and registration, clinical programs, education and conference spaces, and new central utility plant.

Significant cost savings were achieved. The project was completed 90 days ahead of schedule and remained on budget throughout construction. Construction was also completed with only 0.8 percent in change orders. In addition, a substantial client rebate was achieved through successful completion of the Savings By Design program.

RBB ARCHITECTS INC I RELEVANT PROJECT EXPERIENCE
MERCY MERCED MEDICAL CENTER, REPLACEMENT HOSPITAL

Similar Scope / Complexities
- ☑ Healthcare Facility
- ☑ OSHPD/HCAI-regulated project
- ☑ Document reconciliation
- ☑ Complex MEP, fire/life-safety, emergency power, medical gas, and technology coordination

Location
Merced, CA

Project Size
267,000 SF

Architect
RBB Architects Inc

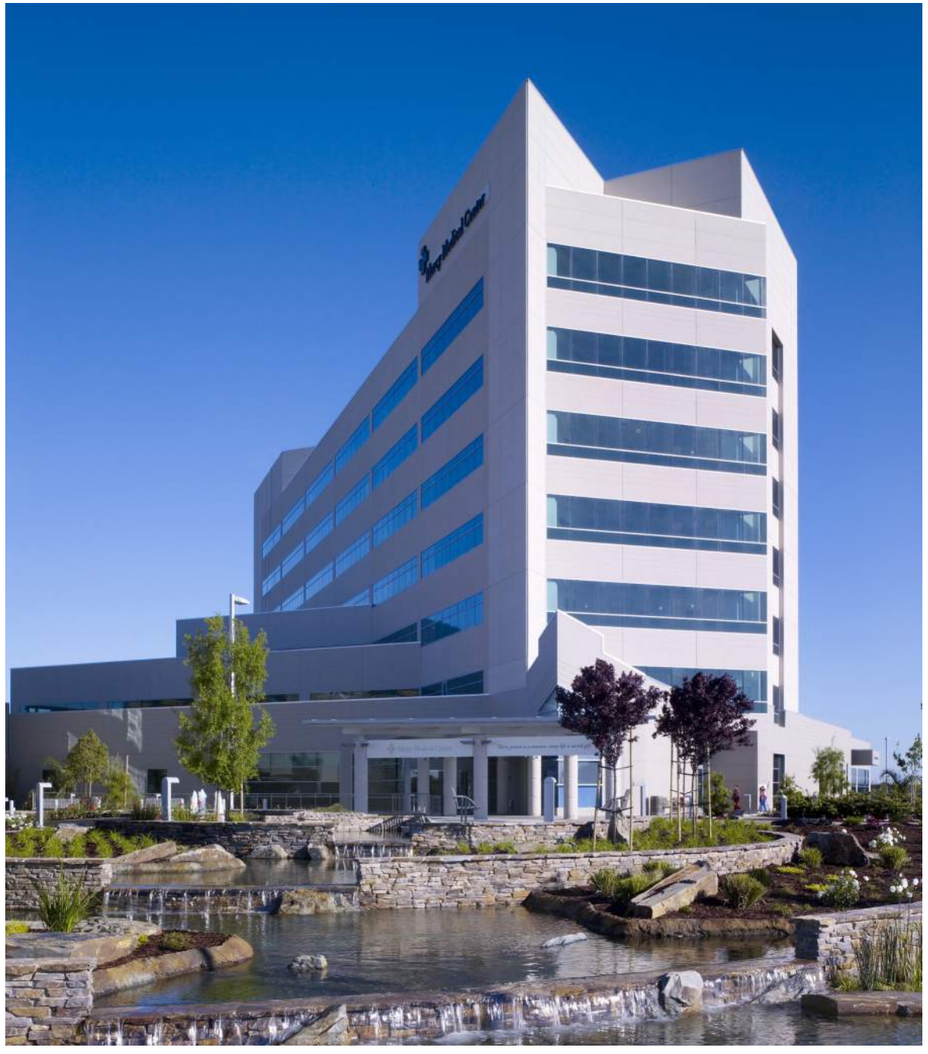
Structural Engineer
KPFF Engineers

Mechanical/Plumbing Engineer
ME Engineers

Electrical Engineer
Coffman Engineers
(Previously known as N.A. Cohen)

RBB was commissioned by Catholic Healthcare West (now Dignity Health) to provide planning, design and construction services for a hospital tower that doubled patient capacity. The new facility offered expanded services, including trauma care and future invasive cardiovascular surgery and neurosurgery. An Integrated Project Delivery (IPD) system was implemented, in which the team evolved with the participation of design-assist trades led by the general contractor and PM-CM. The IPD approach enabled an accelerated construction schedule to be achieved. Lean planning and design strategies further resulted in the most cost efficient hospital in the Health Care System history.

The project achieved $31 million in design savings and $4 million in energy savings. Through optimized circulation and support services, the 1,443 sf per bed floor plan is 20 percent more efficient than similar facilities and provides ample space for diagnostic and treatment areas without reducing patient room sizes. Structural savings of $3,725,000 were achieved through the use of a concentric braced frame system, gravity system, and composite steel floors. Additional M/E/P savings of $542,000 resulted from the implementation of Low-E glass, centrifugal chillers, and other energy-efficient systems. The project was also completed 60 days ahead of schedule with only 0.19 percent in change orders.



RBB ARCHITECTS INC I RELEVANT PROJECT EXPERIENCE
PIH HEALTH, SHANNON TOWER AND PLAZA TOWER

Similar Scope / Complexities
- ☑ Healthcare Facility
- ☑ OSHPD/HCAI-regulated project
- ☑ Document reconciliation
- ☑ Complex MEP, fire/life-safety, emergency power, medical gas, and technology coordination

Location
Whittier, CA

Project Size
Shannon Tower: 175,000 SF
Plaza Tower 250,000 SF

Architect
RBB Architects Inc

Mechanical/Plumbing Engineer
ME Engineers

Electrical Engineer
Coffman Engineers
(Previously known as N.A. Cohen)

RBB Architects provided planning, programming and design for the new patient tower that included 144 patient beds over a lower level of critical hospital services. The precast concrete, glass, and metal panels integrate with the existing campus design, which was also initiated by RBB with the campus Perry Pavilion.

The Tower offered flexibility on each nursing floor, through the use of 28 single care rooms and a unique arrangement of 8 beds in “extra care” rooms on each nursing unit. “Extra care” rooms are pairs of two-bed rooms, designed around a shared vestibule such that they can be adapted to nursing “sitter” rooms, isolation rooms, cohort rooms or single care rooms for higher acuity patients by adjusting blinds and screening devices. This arrangement allows for observation of all beds in the suite from any nursing position, and a variety of nursing functions on each floor.

Plaza Tower is Phase II of the three-phase Master Plan implemented by RBB. The 250,000 SF Plaza Tower consists of two floors of Critical Care beds (4 12-bed ICU Suites), two floors of Med/Surg beds (32 beds/floor), and contains 11 state-of-the-art surgical suites and procedure rooms. Plaza Tower is connected to the existing Shannon Tower, also designed by RBB. The lower level Surgery Department is adjacent to the newly relocated Imaging Department and expanded Emergency Department. The new tower was completed while the existing Surgery remained in operation. Subsequently, the project includes demolition of the Surgery, a four story bridge that links to the existing hospital, and landscaped gardens.

Shannon Tower

Plaza Tower

RBB ARCHITECTS INC I RELEVANT PROJECT EXPERIENCE
SIERRA VIEW DISTRICT HOSPITAL, NEW PATIENT TOWER

Similar Scope / Complexities
- ☑ Healthcare Facility
- ☑ OSHPD/HCAI-regulated project
- ☑ Document reconciliation
- ☑ Public agency project
- ☑ Complex MEP, fire/life-safety, emergency power, medical gas, and technology coordination

Location
Porterville, CA

Project Size
125,000 SF

Architect
RBB Architects Inc

Mechanical/Plumbing Engineer
ME Engineers

Electrical Engineer
Coffman Engineers
(Previously known as N.A. Cohen)

Designed as a part of the campus master plan, this 5-story, 125,000 SF expansion increased the Hospital's existing 85 beds to a total of 170. The addition brings a substantial modernization to the hospital's original 1958 facility. The ground level houses ambulatory clinics and a community education conference center. The second floor has special care and intermediate care beds; the third floor includes medical acute beds; and the fourth floor contains an LDR unit. The lower level supports data processing, medical records, and staff facilities. The entrance features a light canopy frame that leads into a four story atrium lobby. The reflective glass tower design remains an architectural landmark in the **Tulare County region**.

RBB ARCHITECTS INC I RELEVANT PROJECT EXPERIENCE
ANTELOPE VALLEY MEDICAL CENTER, MASTER PLAN, FULL-SERVICE DESIGN & CONSTRUCTION SERVICES

Similar Scope / Complexities
- ☑ Healthcare Facility
- ☑ OSHPD/HCAI-regulated project
- ☑ Document reconciliation
- ☑ Complex MEP, fire/life-safety, emergency power, medical gas, and technology coordination

Location
Lancaster, CA

Project Size
52 Acres

Architect
RBB Architects Inc

Structural Engineer
KPFF Engineers

MEP Engineer
WSP

RBB Architects has served as Campus Architect for the last 23 years, developing and implementing a Campus Master Plan. Phase 1 & 2 Master Plan projects were designed to improve and expand the AVMC facility's patient services for the growing community.

The first Phase of Master Plan Projects included a new Lab Building, Outpatient Waiting and intake, Stat Lab, Cath Lab Suite, Upgraded X-Ray CT and MRI rooms, a new lobby and drop off canopy and a complete Site Improvement Project. Phase 1 Master Plan Implementation was completed in 2016, Phase 2 Master Plan Implementation included additional Imaging Room remodels phased and sequenced to minimize disruption and was completed in 2024.

All projects have prioritized sustainable design elements, promoting health, comfort, indoor air quality and natural light. Product selection includes materials with low Volatile Organic Compound emissions for solid surface materials, paints, adhesives, carpeting, and sealants. Structural steel, hardware, and metals all boast high recycled content. High efficiency plumbing fixtures save water throughout the hospital. Electronic ballasts, programmable lighting controls, and occupancy lighting sensors improve energy efficiency.

Antelope Valley Hospital rebranded their name to Antelope Valley Medical Center to update their brand image with fresh colors and an updated logo. RBB collaborated with AVMC in replacing all the signage and reconfiguring the exterior paint color scheme to create a refreshed new brand for the hospital.

RBB ARCHITECTS INC I RELEVANT PROJECT EXPERIENCE
HARBOR-UCLA MEDICAL CENTER, CAMPUS MASTER PLAN

Similar Scope / Complexities
- ☑ Healthcare Facility
- ☑ OSHPD/HCAI-regulated project
- ☑ Document reconciliation
- ☑ Public agency project
- ☑ Complex MEP, fire/life-safety, emergency power, medical gas, and technology coordination

Location
Torrance, CA

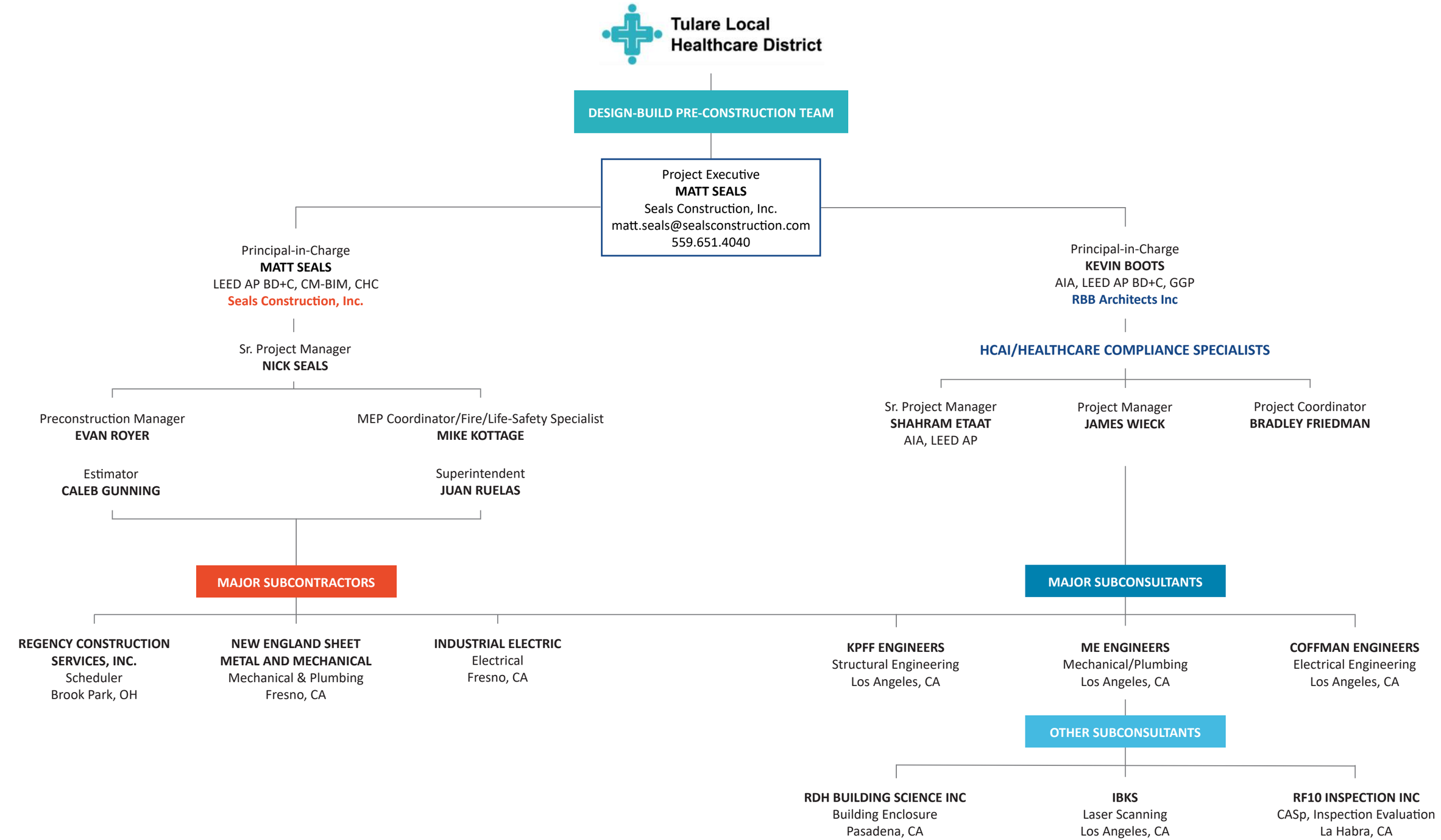
Project Size
72 Acres

RBB Role
Campus Architect
Scoping Architect
Peer Review Lead
AOR Make-Ready Projects

In February 2017, the Los Angeles County Department of Public Works (DPW) selected RBB Architects Inc. as the Campus Architect for the Harbor UCLA Master Plan Implementation. RBB proposed a large multi-disciplinary Consultant Team to accomplish the goals set out by DPW for the project.

Given the magnitude, size and scale of the Harbor-UCLA Master plan whose site area covers approximately 72 acres, it was pertinent to review the different types of third party environmental performance rating systems that applied to this project and were considered, in order to maintain a master plan that not only exceeded environmental compliance, but also expectations via lean design strategies, energy efficiency measures, controls and utility management software, adequate capacity for growth, reliability, adaptability, flexibility, sustainable infrastructure and lowest life cycle utility cost. The sustainability vision for the project demanded a rigorous effort between the A/E team and the owner to confirm the project criteria met LEED Silver and maximized local energy production and renewable energy sourcing to achieve carbon-neutral goals. RBB then completed design / criteria documents for a new Inpatient Tower, Outpatient tower, Support Building, Facilities Building, and Parking Structure to be delivered as Design Build. Our A/E Team as Subject Matter Experts continue in a Peer Review Role of the DB Teams design, and Construction. RBB's team served as the Architect and Engineer of Record for 12 large make-ready projects that are in various stages of completion, design, permitting, and construction.

6.1.7: Key Personnel



Duration with the company: 26 yrs
Years of HCAI experience: 26 yrs
Duration in the industry: 26 yrs

Education

BA, California Polytechnic State University, San Luis Obispo

Professional Memberships, Accreditations, Certifications, etc.

LEED AP BD+C
CM-BIM
CHC (Certified Healthcare Constructor)

MATT SEALS, LEED AP, CHC

President & Project Executive

Professional Experience

Upon entering the construction industry directly after college, Matt has had the opportunity to be highly involved in several multi-million dollar projects throughout the Central Valley. Playing an active part in the project management of major projects, he has gained the trust and respect by clients, colleagues and executives of industry related disciplines. He has been instrumental in weaving Lean practices into Seals Construction's project procedures, identifying components in the process that could be streamlined while ensuring the quality and service to clients is never compromised. Matt's passion, innovated vision, and strong leadership skills are the driving force behind Seals Construction's success.

Relevant Project Experience

Saint Agnes Medical Center, North Patient Tower Expansion, Fresno, CA
The Design-Build team of RBB and Seals Construction completed 230,000 SF North Patient Tower Expansion. Scope included 100 private patient rooms, 5 cardiac catheterization labs, 6 cardiovascular surgical suites, 3 interventional radiology rooms and a 16-bed chest-pain unit. Improvements include a dedicated cardiac ICU, expanded outpatient center, ED, cardiac rehab and imaging services.

Saint Agnes Medical Center, Cardiac 6th Wing Floor Build Out, Fresno, CA
Seals Construction provided construction services for Saint Agnes Medical Center's Sixth Floor Build Out which included approximately 26,604 square feet of 28 medical/surgical patient rooms, 8 ICU patient suites and various support functions including nurse stations, utility rooms, electrical and telecommunications closets, equipment storage and elevators. The project also entailed construction work on Operating Rooms 5 & 7 and a remodel to the Satellite Pharmacy. This was a three-phase portion of the project which consisted of the selective demolition of the existing space and equipment, implementation of newly designed space utilization, modern furnishings, finishes and equipment, and extensive upgrades to the existing HVAC and electrical systems.

Saint Agnes Medical Center, 3 North Cath Lab Hybrid, Fresno, CA
Located on the third floor of the north addition, the existing cath lab was converted into a cardiovascular cath hybrid OR. The remodel also consisted of related work surrounding support area to the cardio cath hybrid OR. The scope of work consisted of: (1) New walls, doors and view window with lead shielding, (2) New casework, ceiling, and interior finishes, (3) new structural support and anchorage for the relocated and new equipment, (4) new mechanical and plumbing work to consist of connection to existing and supplying new service to area of work, (5) new electrical work to consist of power, data, nurse call and fire alarm to support relocated and new equipment, and (6) new fire sprinkler work to consist of modifying existing to support new area of work.

Porterville Developmental Center, New Main Kitchen, Porterville, CA
Seals Construction provided services to the State of California for the construction of a new main kitchen at the Porterville Development Center. The major components of this OSHPD project included the construction of a single story 29,000 square foot main kitchen building, the installation of food production equipment, and construction of a remote 1,000 square foot storage structure. The project required extensive work and cohesion with the State of California, strict adherence to OSHPD standards, and through our commitment to green building practices, the project surpassed the requirements of LEED Silver and received a LEED Gold certification.

Kaweah Delta Surgery Patient Pre-Op Holding & Prep, Visalia, CA
Seals Construction provided services to Kaweah Delta Health Care District to carry out their Ambulatory Surgery Center renovation project. The 9,677 square foot remodel and addition included 18 surgery patient pre-operative beds, nurse station, staff lounge, medication rooms, ancillary support offices and restrooms. The remodel to the existing basement included a new service elevator, additions to the mechanical and storage rooms, a new fire alarm system and a new rooftop air handler.

Saint Agnes Medical Center, 3 West Core Remodel, Fresno, CA
Located on the third floor of the north addition, the existing cath lab was converted into a General contracting services were provided for the remodel of the existing 3rd floor west wing nursing unit core. The project consisted of the demolition of the core, except for the electrical and telemetry rooms, mechanical shafts and structural columns and walls. Installation of new walls, doors, ceilings, casework, toilets and sinks were included in the project scope.

Duration with the company: 24 yrs
Years of HCAI experience: 24 yrs
Duration in the industry: 24 yrs

Education
BS, California Polytechnic State University, San Luis Obispo

Professional Memberships, Accreditations, Certifications, etc.
LEED AP BD+C
CM-BIM

NICK SEALS, LEED AP BD+C

Sr. Project Manager

Professional Experience

Nick is a LEED® accredited professional and certified CM-BIM. As Vice President of Estimating he performs project cost control, manages the project's adherence to schedule, and utilizes BIM (Building Information Modeling) to provide clients with 3D modeling, early visualization, and virtual walk-through. His strong knowledge of construction means and methods, materials, and project delivery systems ensures a smooth transition from preconstruction to project execution.

Relevant Project Experience

Saint Agnes Medical Center, North Patient Tower Expansion, Fresno, CA
The Design-Build team of RBB and Seals Construction completed 230,000 SF North Patient Tower Expansion. Scope included 100 private patient rooms, 5 cardiac catheterization labs, 6 cardiovascular surgical suites, 3 interventional radiology rooms and a 16-bed chest-pain unit. Improvements include a dedicated cardiac ICU, expanded outpatient center, ED, cardiac rehab and imaging services.

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Seals Construction provided construction services for Saint Agnes Medical Center's Sixth Floor Build Out which included approximately 26,604 square feet of 28 medical/surgical patient rooms, 8 ICU patient suites and various support functions including nurse stations, utility rooms, electrical and telecommunications closets, equipment storage and elevators. This three-phased portion of the project consisted of the selective demolition of the existing space and equipment, implementation of newly designed space utilization, modern furnishings, finishes and equipment, and extensive upgrades to the existing HVAC and electrical systems.

Kaweah Health, Surgery Patient Pre-Op Holding & Prep, Visalia, CA
Seals Construction provided services to Kaweah Delta Health Care District to carry out their Ambulatory Surgery Center renovation project. The 9,677 square foot remodel and addition included 18 surgery patient pre-operative beds, nurse station, staff lounge, medication rooms, ancillary support offices and restrooms. The remodel to the existing basement included a new service elevator, additions to the mechanical and storage rooms, a new fire alarm system and a new rooftop air handler.

Duration with the company: 2 yrs
Years of HCAI experience: 2 yrs
Duration in the industry: 2 yrs

Education
BA California Polytechnic State University, San Luis Obispo

EVAN ROYER

Preconstruction Manager

Professional Experience

As our in-house Estimator & BIM Specialist, Evan supports the estimating and bidding process by assisting with quantity takeoffs, scope review, bid documentation, subcontractor coordination, and cost-related analysis. He assists with value engineering efforts by providing model-based information, quantity comparisons, and constructability input. Evan is detail oriented, technically skilled, and able to bridge design information, constructability review, and estimating support in a collaborative preconstruction environment. He will serve as Preconstruction Manager for this project.

Relevant Project Experience

West Hills Community College, Instructional Center, Lemoore, CA
The new two-story 42,718 square feet classroom building at the West Hills College Lemoore campus. The instructional center building is comprised of lecture halls, hands-on lab space, offices, open study areas and meeting rooms. This building will house the information technology and arts programs on the bottom floor, and allied health sciences on the top, including nursing, EMT, and paramedic programs.

City of Visalia Civic Center, Phase 2, Visalia, CA
The Visalia Civic Center Campus is a central administrative and operational hub for the City of Visalia, designed to facilitate municipal government activities, public safety operations, and community engagement initiatives. Phase Two of the project includes the construction of three buildings: Council Chambers Building (10,350 sf), Public Safety Administration Building (48,119 sf), Evidence & Crime Lab Building (16,689 sf), a pavilion, and associated facilities.

McClarty Center for Fine & Performing Arts, Reedley, CA
The McClarty Center for Fine and Performing Arts on Reedley College's will be used for educational programs, live productions, and campus and community events, serving local artists and the greater Reedley area. The 28,300 square foot includes an art gallery, lobby, concession booth, green room, meeting spaces, and a box office. The cornerstone of the project is the 525-seat theater with custom reinforced wall panels offering superior sound throughout the auditorium.

Duration with the company: 16 yrs
Years of HCAI experience: 16 yrs
Duration in the industry: 16 yrs

CALEB GUNNING

Estimator

Professional Experience

As Senior Estimator, Caleb plays a key role in the preconstruction process. He prepares accurate and detailed cost estimates to support project planning, bidding, budgeting, and execution. Throughout the preconstruction process, Caleb prepares detailed estimate updates as the design evolves through schematic design, design development and construction document phases. Caleb's experience has fostered a collaborative, organized, and professional preconstruction process that promotes accuracy, accountability, and client confidence.

Relevant Project Experience

Saint Agnes Medical Center, 3 West Core Remodel, Fresno, CA
General contracting services were provided for the remodel of the existing 3rd floor west wing nursing unit core. The project consisted of the demolition of the core, except for the electrical and telemetry rooms, mechanical shafts and structural columns and walls. Installation of new walls, doors, ceilings, casework, toilets and sinks were included in the project scope.

Kaweah Health, Surgery Patient Pre-Op Holding & Prep, Visalia, CA
Seals Construction provided services to Kaweah Delta Health Care District to carry out their Ambulatory Surgery Center renovation project in Visalia, CA. The 9,677 square foot remodel and addition included 18 surgery patient pre-operative beds, nurse station, staff lounge, medication rooms, ancillary support offices and restrooms. The remodel to the existing basement included a new service elevator, additions to the mechanical and storage rooms, a new fire alarm system and a new rooftop air handler.

US Veterans' Affairs, Community Living Center, Fresno, CA
The expansion of the Community Living Center within the VA Central California Health Care System campus provided two new wings which provide private rooms with adjoining bathrooms. Veterans can receive nursing home level care, including help with daily activities, skilled nursing and medical care within the confines of a private room. An outdoor covered walkway connects the new residence to the existing CLC.

Duration with the company: 17 yrs
Years of HCAI experience: 17 yrs
Duration in the industry: 19 yrs

Education
BS in Construction Management
California State University, Fresno

MIKE KOTTAGE

MEP Coordinator / Fire/Life-Safety Specialist

Professional Experience

With nearly two decades of experience in the construction industry as a Project Manager, Mike brings a solid depth of insight and knowledge to each project. He is a certified construction manager, obtaining his BS in Construction Management from CSU, Fresno. As a seasoned Project Manager, Mike has successfully managed several multi-phased DSA and OSHPD compliant projects. His attention to detail, strong work ethic, and level of commitment allows Mike to deliver clients the highest quality projects.

Relevant Project Experience

Porterville Developmental Center, New Main Kitchen, Porterville, CA
Seals Construction provided services to the State of California for the construction of a new main kitchen at the Porterville Development Center. The major components of this OSHPD project included the construction of a single story 29,000 square foot main kitchen building, the installation of food production equipment, and construction of a remote 1,000 square foot storage structure. The project required extensive work and cohesion with the State of California, strict adherence to OSHPD standards, and through our commitment to green building practices, the project surpassed the requirements of LEED Silver and received a LEED Gold certification.

Kaweah Delta Surgery Patient Pre-Op Holding & Prep, Visalia, CA
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Duration with the company: 17 yrs
Years of HCAI experience: 20 yrs
Duration in the industry: 20 yrs

Professional Memberships, Accreditations, Certifications, etc.

ICRA Best Practices in Healthcare Construction

JUAN RUELAS

Superintendent

Professional Experience

With two decades of experience in the commercial construction industry primarily in the healthcare sector, Juan's extensive experience has fostered excellent coordination and management skills. Working as the Superintendent on several complex OSHPD projects, Juan has gained trust and responsibility for coordinating subcontractors, managing scopes of work, completing the inspection request process, and coordinating punch-list completion. Juan's comprehensive knowledge and understanding of California compliance and his ability to strictly adhere to it, has lent itself to an in-depth knowledge of the process and procedures needed to interface with regulatory agencies and local and national standards. Juan assists the project manager in developing a detailed CPM Schedule and developing and maintaining the construction schedule from a project's inception to completion. He works closely and collaborates with the project team to carry out each project efficiently.

Relevant Project Experience

Saint Agnes Medical Center, 3 West Core Remodel, Fresno, CA
General contracting services were provided for the remodel of the existing 3rd floor west wing nursing unit core. The project consisted of the demolition of the core, except for the electrical and telemetry rooms, mechanical shafts and structural columns and walls. Installation of new walls, doors, ceilings, casework, toilets and sinks were included in the project scope.

Saint Agnes Medical Center, 3 West Core Remodel, Fresno, CA
General contracting services were provided for the remodel of the existing 3rd floor west wing nursing unit core. The project consisted of the demolition of the core, except for the electrical and telemetry rooms, mechanical shafts and structural columns and walls. Installation of new walls, doors, ceilings, casework, toilets and sinks were included in the project scope.

Saint Agnes Medical Center, Cath Labs 1 & 3, Fresno, CA
Cath Labs 1 & 3 on the 3rd floor of the North Wing were each remodeled. Cath Lab 1 received modifications to the existing radiology equipment and existing casework. Modifications to Cath Lab 3 included work to the existing walls of the control room and equipment room. New casework and radiology equipment were installed.

Duration with the company: 38 yrs
Years of HCAI experience: 38 yrs
Duration in the industry: 44 yrs

Education

BA Architecture, Iowa State University

Professional Memberships, Accreditations, Certifications, etc.

Architect, California (C-30500)
Architect, Wisconsin
AIA
LEED AP
Green Globes Professional

KEVIN BOOTS, AIA, LEED AP BD+C, GGP

Technical Principal / Principal-in-Charge

Professional Experience

Mr. Boots brings 38 years of experience in healthcare architecture, having served as Technical Principal for a wide range of hospital projects and is the firm's Director of Production. He has developed production systems and policies and BIM protocols utilized on large healthcare projects. As Principal-in-Charge, Kevin will provide supervision and quality assurance for the deliverables from the A/E sub-consultants, including review of documentation and participation in client meetings.

Relevant Project Experience

Saint Agnes Medical Center, North Patient Tower Expansion, Fresno, CA
The Design-Build team of RBB and Seals Construction completed 230,000 SF North Patient Tower Expansion. Scope included 100 private patient rooms, 5 cardiac catheterization labs, 6 cardiovascular surgical suites, 3 interventional radiology rooms and a 16-bed chest-pain unit. Improvements include a dedicated cardiac ICU, expanded outpatient center, ED, cardiac rehab and imaging services.

Sierra Sands Unified School District, Burroughs High School Modernization, Ridgecrest, CA
RBB Architects was brought in to SSUSD to supplant an architect that was unable to procure DSA approval for a comprehensive modernization project at multiple campuses. The Burroughs HS modernization scope included a new Administration building, new concession and toilet building at the football stadium, an addition to a multi-use building, renovation of classroom buildings, HVAC upgrades throughout the entire campus, the gymnasium, boy locker rooms and toilets, library building, and selective electrical and fire alarm upgrades throughout the campus; new boiler and HVAC systems upgrades throughout the Burroughs High School Performing Arts Building.

Northern Inyo Hospital, Hospital Expansion Phase II, Bishop, CA
RBB was contracted by Northern Inyo Hospital to serve as the Architect of Record for Phase 2 of the district hospital expansion, supplanting the previous design team after completing a peer review of the planning and programming documents. The Phase 2 expansion increased patient capacity with 25 additional medical surgical beds. The project also included a new 1,400 SF new central plant.

Mercy Medical Center Merced, Merced, CA
As the Technical Architect for this 267,000 SF facility, Kevin developed tools and systems that prevent project creep. The delivery system used in this project was designed / assisted with early contractor involvement; the result is an exceptionally efficient facility that incurred less than 1% in change orders; this is a testament to Kevin's quality assurance program, implemented early in the process. Project scope included CT Scan, General Xray, R/F, Nuc Med, Ultrasound, Cardiac Treadmill, EEG, and EKG.

Antelope Valley Medical Center, Replacement Hospital, Lancaster, CA
As the technical principal for the hospital replacement project, Kevin is responsible for the successful delivery of our documents. His passion for sustainability, exceptional organizational skills, and collaborative nature resulted in the design of a center of excellence.

Harbor-UCLA Medical Center, Master Plan, Torrance, CA
Kevin's dedication to the pre-design and master plan phases paved the way for the successful delivery of scoping documents for 9 major design/build projects and full A/E services for 20 make-ready projects. The development of the 72-acre campus includes an inpatient and outpatient tower, a central plant, parking structures, and site development.

Mercy San Juan Medical Center, Carmichael, CA
As the Project Manager for Mercy San Juan, Kevin developed tools and systems to manage project creep. He kept the project efficient and streamlined the Construction Administration process to reduce change orders and successfully complete the 210,000 SF tower.

Martin Luther King, Jr. Community Hospital, Inpatient Tower Renovation, Los Angeles, CA
The Design-Build team of RBB and Hensel Phelps completed the Inpatient Tower Renovation, Ancillary Building, and new central plant for the Martin Luther King Jr. Community Hospital, which was closed in 2007. Kevin acted as Principal-in-Charge for a 6-story tower that features a steel and glass exterior. The hospital provides 120 beds, imaging, emergency, labor and delivery, acute care, and health education and outreach programs. A new 40,000 SF central plant provides high efficiency mechanical systems.

Duration with the company: 32 yrs
Years of HCAI experience: 32 yrs
Duration in the industry: 32 yrs

Education
AA Computer Aided Drafting, ITT Technical Institute, Van Nuys, CA

JAMES WIECK
Project Manager

Professional Experience

James has over 32 years of experience working on healthcare projects, patient towers, and renovation projects. He has an in-depth understanding of HCAI requirements and best practices, having contributed to all project phases, including schematic design, design development, construction document preparation, and construction administration. As a member of the RBB PC Solutions Team, he is responsible for developing procedures that maximize efficiency for the production staff.

Relevant Project Experience

Northridge Medical Center, Seismic Upgrade, Northridge, CA
As project manager, Tom organized several T.I. projects including NICU, Med/Surg and Acute Rehab while extensive structural retrofitting of these buildings was being performed. He assisted with the design and management of new 5-story plus basement elevator connecting building.

Sierra Sands Unified School District, Burroughs High School Modernization, Ridgecrest, CA
RBB Architects was brought in to SSUSD to supplant an architect that was unable to procure DSA approval for a comprehensive modernization project at multiple campuses. The Burroughs HS modernization scope included a new Administration building, new concession and toilet building at the football stadium, an addition to a multi-use building, renovation of classroom buildings, HVAC upgrades throughout the entire campus, the gymnasium, boy locker rooms and toilets, library building, and selective electrical and fire alarm upgrades throughout the campus; new boiler and HVAC systems upgrades throughout the Burroughs High School Performing Arts Building.

Antelope Valley Medical Center, Hospital Replacement, Lancaster, CA
RBB Architects Inc was commissioned to provide a new hospital building at Antelope Valley Medical Center. As project architect, Tom worked on 5-story + basement, the Tenant Improvement part of the project while also helping out with the shell and core and the new Central Plan Building.

Duration with the company: 28 yrs
Years of HCAI experience: 28 yrs
Duration in the industry: 41 yrs

Education
BS, Architecture,
Catholic University of America
MA, Architecture,
Catholic University of America

Professional Memberships, Accreditations, Certifications, etc.
Architect, California (C-13810)
AIA
LEED AP

SHAHRAM ETAAT, AIA, LEED AP
Project Manager

Professional Experience

Shahram has over 28 years of experience working in the healthcare industry. He has been instrumental in managing the technical aspects of various healthcare projects. He is currently involved in multiple projects for Harbor-UCLA Medical Center.

Relevant Project Experience

Martin Luther King Jr. Community Hospital, Los Angeles, CA
The Design-Build team of RBB and Hensel Phelps completed the Inpatient Tower Renovation, Ancillary Building and new central plant for the Martin Luther King Jr. Community Hospital. The hospital provides 120 beds, imaging, emergency, labor and delivery, acute care, and health education and outreach programs.

Antelope Valley Medical Center, Hospital Replacement, Lancaster, CA
RBB Architects Inc was commissioned to provide services associated with SPC and NPC-2 surveys and upgrades in multiple buildings; SB 499 reports; SPC & NPC evaluations; retrofits and HAZUS 2010 evaluations throughout the campus; MEP Upgrades in areas of Structural work; Seismic restraint for emergency generators for NPC-2 compliance; building 1 column tie repair details. The scope of work impacted approximately 73,805 SF.

Harbor-UCLA Medical Center, Master Plan, Torrance, CA
RBB Architects Inc was commissioned by the County of Los Angeles to design, plan, replace and consolidate major outdated components of the 72-acre Harbor-UCLA Medical Center; including, Pre-design and master plan of the property, developing scoping documents for 9 major design/build projects, and full A/E services for 20 make-ready projects. Additional programs include, Psych Emergency Services, Psych Nursing Unit, and Centralized Dialysis Service.

Hoag Memorial Hospital Presbyterian, Ancillary Services Renovation and Expansion, Newport Beach, CA
The renovation and expansion in place of the existing Emergency and Imaging Departments was delivered in multiple phases to allow business as usual, in fully occupied clinical areas. The 55,000 SF renovation improved identity and patient access, patient processing, efficiency of patient flow and throughput and triage processing in a secure and private area.

Duration with the company: <1 yr
Years of HCAI experience: 2 yrs
Duration in the industry: 5 yrs

Education
BS Architecture, Tulane University
BS Neuroscience, Tulane University
Master of Architecture, University of Southern California
MBA, Emory University

Professional Memberships, Accreditations, Certifications, etc.
Associate AIA
WELL AP
EDAC
LEED Green Associate

BRADLEY FRIEDMAN

Project Coordinator

Professional Experience

Bradley is a healthcare architectural designer with experience delivering complex healthcare projects through planning, design, documentation, and construction administration. His work includes acute care hospitals, inpatient rehabilitation facilities, ambulatory surgery centers, imaging departments, radiation oncology, and specialty outpatient environments. Bradley has supported multidisciplinary project teams through all phases of design while coordinating consultants, preparing construction documents, and performing quality control reviews for a spread of nationwide healthcare facilities.

Relevant Project Experience

St. Bernardine Medical Center, San Bernardino, CA
Supported the preparation of construction documents for a phased imaging department replacement and renovation within an active acute care hospital under HCAI jurisdiction. Contributed across multiple disciplines of the project documentation, including architectural coordination, drawing production, sheet organization, detailing, and quality control.

Exalt Health Delray Beach Inpatient Rehabilitation Hospital, Delray Beach, FL*
Served as Project Associate for a new 40-bed inpatient rehabilitation hospital from design development through construction documentation. Coordinated multidisciplinary consultant teams, performed drawing production and quality control, managed RFIs and project documentation, and contributed to planning of therapy spaces, patient units, diagnostic imaging, pharmacy, laboratory, and support departments.

Optum Heart & Vascular Ambulatory Surgery Center, Las Vegas, NV*
Supported design and construction administration for a cardiovascular ambulatory surgery center, including operating and procedure room planning, code analysis, consultant coordination, field observations, and document revisions. Assisted the project team in resolving construction issues while maintaining compliance with healthcare facility requirements.

** indicates previous experience*

6.1.8: Proposed Subconsultants or Subcontractors - Scheduler and Trade Contractors

Company Name: Regency Construction Services, Inc.
Scope of Services: Construction Scheduling

TERRY POLING
Scheduling Manager

Duration with the company: 22 yrs
Duration in the industry: 32 yrs
Years healthcare experience: 32 yrs

Education: Engineering Graphics Design, Lorain County Community College

Professional Experience

Terry provides the tools and systems necessary to effectively and proactively manage, control, and report on the scheduling component of concurrent projects throughout this organization and others across the industry. She oversees the production and maintenance of accurate project schedules and has expert understanding of schedule analysis. Terry is often engaged as an owner's consultant to critically review other scheduling teams' submissions. Terry identifies performance trends, prepares analyses of schedule impact, and monthly project performance reports.

Relevant Project Experience

- The Cleveland Clinic Foundation, Amherst Cooper Foster Reactivation, Outpatient Behavior Health Unit Renovation, Amherst, OH
- The Cleveland Clinic Foundation, Fairview Hospital, Catheterization Laboratory #4 Renovation,

Professional Certifications

- Registered Professional Engineer, CA

Company Name: New England Sheet Metal & Mechanical Co.
Scope of Services: Trade Contractor - Mechanical and Plumbing Design-Build Services

JOE GONZALEZ
Senior Project Manager

Duration with the company: 27 yrs
Duration in the industry: 37 yrs
Years HCAI experience: 30 yrs

Education: Plumbers and Pipe Fitters Apprenticeship Program Plumbers and Pipe Fitters Local Union 246

Professional Experience

Joe has over 39 years of experience in the construction industry, working his way to a General Foreman status within the UA Local 246 before retiring and moving into the office to start managing projects. With his work experience from the field and office setting, he adds important value to any type of project.

Relevant Project Experience

- Valley Children's Hospital, Utility Relocation, Madera, CA
- Valley Children's Hospital, RTAC-2, 4, 5, 6, 13 Replacement Program, Madera, CA
- Madera Community Hospital, Campus Remodels, Madera, CA
- Clovis Community Medical Center, Phase C Expansion, Clovis, CA

Company Name: Industrial Electrical Company
Scope of Services: Trade Contractor - Electrical Design-Build Services

KRIS LAREY
Project Manager

Duration with the company: 6 yrs
Duration in the industry: 23 yrs
Years HCAI experience: 8 yrs

Education: IBEW Local 100 Apprenticeship, Motor controls, Programmable Logic Controllers, Fresno City College

Professional Experience

Over the course of my 23 years in the electrical trade, I've been blessed with a wide variety of experience. The first 17 years was spent in the field running a variety of projects as a foreman then general foreman. Some of the projects include traffic signals, food processing, automation, robotics, large scale educational and institutional facilities, co-generation power plants, healthcare facilities and what seems to be everything in between. The last 6 years have been spent leading our plan-spec division where we focus on government and healthcare projects. I oversee projects from bid prospect through close out.

Relevant Project Experience

- Adventist Health Birthing Center, Hanford, CA
- Fresno Heart Hospital, Fresno, CA
- Community Regional Medical Center, Fresno, CA
- Adventist Health New Central Pant, Hanford, CA

Professional Certifications

California State Certified Journeyman Electrician, OSHA 30- IBEW, EVITP Certification- IBEW, Medium Voltage Splicing Certification - IBEW, Motor Controls – IBEW, Competent Trench Safety Professional, NFPA 70E certification- IBEW

6.1.8: Proposed Subconsultants or Subcontractors - Major Subconsultants - Structural

Company Name: KPFF Engineers Inc.

Scope of Services:

- Document Review & Project Assessment – Conduct a site visit, review and organize all existing project documentation, establish a consolidated set of governing construction documents, and identify any outstanding documentation issues requiring resolution.
- Structural Peer Review & SEOR Transition – Perform a structural peer review of unbuilt or partially built portions of the project, assume the role of Structural Engineer of Record (SEOR), identify and coordinate required document updates, and work with the project team to define the remaining scope, schedule, and construction administration requirements.

Company Qualifications:

Founded in 1960, KPFF consists of over 1,300 professionals, including 492 structural engineers and 257 civil engineers, capable of handling projects of any size and the most challenging schedules. Our collaborative offices leverage our extensive resources and innovative spirit to meet diverse project demands. The Los Angeles Structural Office of KPFF has completed over 7,000 OSHPD 1 and over 200 OSHPD 3 projects across California. Our engineers are experts in HCAI (OSHPD) compliance and approvals for various projects.

KPFF has experience working with RBB to supplant previous design professionals of record (DPORs) on projects such as Harbor-UCLA Medical Center Bone Density Unit and Reverse Osmosis Water Tenant Improvement. The projects included a comprehensive peer review and the assumption of DPOR responsibilities to take the projects through package approvals and construction administration services. Our Los Angeles office has collaborated with RBB on 242 projects - each of our proposed team members, Ramzi Hodali and Devlin Thomas, has collaborated on 109 and 73 projects with RBB, respectively.

RAMZI HODALI, SE

Structural Principal

Duration with the company: 36 yrs
Duration in the industry: 40 yrs
Years HCAI experience: 36 yrs

Education: MS, Civil Eng and Mechanics, Southern Illinois University, Carbondale, Illinois
BS, Civil Eng and Mechanics, Southern Illinois University, Carbondale, Illinois

Professional Experience

Ramzi Hodali is a Principal with the Los Angeles office of KPFF with 40 years of experience working on complex and unique medical projects including hospitals, MOBs, labs, and infrastructure. He has extensive HCAI experience and has a thorough knowledge of their standards and requirements. Ramzi thrives on collaborating with architects and building owners in developing elegant and cost-effective design solutions that meet the unique objectives and constraints of each construction project.

Relevant Project Experience

Harbor-UCLA Medical Center, Bone Density Unit, Torrance, CA
Peer review and supplanting the previous SEOR. Anchorage of the Bone Density Unit and completion of Construction Administration within the existing Harbor-UCLA Medical Center.

Harbor-UCLA Medical Center, Reverse Osmosis Water TI, Torrance, CA
Peer review and supplanting the previous SEOR. Anchorage of the RO system and completion of Construction Administration within the existing Harbor-UCLA Medical Center.

Antelope Valley Medical Center, Replacement Tower, Lancaster, CA
Structural engineer as part of the RBB team for a five-story, 411,500 SF replacement hospital tower with a partial basement, single-story podium with concrete shear walls, and a three-story steel moment frame patient tower with braced frame penthouses.

Professional Certifications

Structural Engineer: CA (S3552), Professional Engineer: CA (C43755), WA (52312)

DEVLIN THOMAS, SE

Structural Sr. Project Manager

Duration with the company: 20 yrs
Duration in the industry: 20 yrs
Years HCAI experience: 20 yrs

Education: BS, Civil Engineering, University of California, Los Angeles

Professional Experience

Devlin Thomas is an Associate with the Los Angeles office of KPFF with 20 years of diverse project experience. He has considerable experience in healthcare projects, including tenant improvements, peer reviews, and supplanting DPORs. Devlin has relied on his talents in interpersonal communication and adaptability throughout the design and construction process. He believes positive, synergetic teams provide the most innovative and effective solutions within the construction industry.

Relevant Project Experience

Harbor-UCLA Medical Center, Bone Density Unit, Torrance, CA
Peer review and supplanting the previous SEOR. Anchorage of the Bone Density Unit and completion of Construction Administration within the existing Harbor-UCLA Medical Center.

Harbor-UCLA Medical Center, Reverse Osmosis Water TI, Torrance, CA
Peer review and supplanting the previous SEOR. Anchorage of the RO system and completion of Construction Administration within the existing Harbor-UCLA Medical Center.

Kaweah Health Medical Center, Master Plan, Visalia, CA
A master plan to define facility priorities, including HCAI (OSHPD) compliance, feasibility analysis, and logistics for refurbishment, a new acute care building, and a central plant, while evaluating repurposing the Mineral King Building and long-term campus development through 2050.

Professional Certifications

Structural Engineer: CA (S6226), Professional Engineer: CA (C75830)

6.1.8: Proposed Subconsultants or Subcontractors - Major Subconsultants - Mechanical and Plumbing

Company Name: ME Engineers Inc.

Scope of Services:

ME Engineers' scope of services will be to provide preconstruction engineering services for the mechanical and plumbing systems to support the inspection, approval, operational readiness, and occupancy of Levels 1 and 2 of the Hospital Tower. This effort will include a comprehensive review of the mechanical and plumbing system design, along with revisions to the construction documents as necessary to prepare the project for construction phase.

Company Qualifications:

ME Engineers has delivered some of the world's most recognized buildings including over 200 healthcare facilities. Our clients include end users, developers, project managers, architects, facility managers, and government agencies. Our projects range from new construction, additions, and renovations, to energy retrofits and facilities assessments.

New healthcare facilities must balance the demands of technology, patient safety and comfort, flexibility for future advances, and responsible use of our precious natural resources. New stringent standards for energy use are being implemented and will require innovative solutions.

As engineers, we are shifting our approach when designing systems for the healthcare sector. We are developing creative solutions that can meet all the programming and regulatory requirements of complex hospitals, clinics, and research facilities. Our teams work in close collaboration with the Owner and architectural design groups to help frame the project's vision and construct within budget.

ME Engineers is proactively changing the way we work to meet the demands of the future healthcare market. We have outstanding experience when dealing with large scale facilities and complex remodels. We have already designed and built systems for hospitals that have cut energy usage significantly and know our continuing efforts will lead to more advances in design and energy saving solutions.

DAVID LANDAU

Mech/Plumb Principal

Duration with the company: 6 yrs
Duration in the industry: 16 yrs
Years HCAI experience: 16 yrs

Education: BS, Engineering Management, University of Arizona, Tucson, AZ

Professional Experience

David Landau has nearly 16 years in the industry designing plumbing systems for a variety of large-scale projects, including research and healthcare facilities, sports facilities, higher education buildings, and commercial developments. David is known for his effective communication skills that encourage collaboration within the entire project team and result in solutions that meet the owner's budget and intent.

Relevant Project Experience

2505 Samaritan Court MOB, Samaritan Medical Center, San Jose, CA
MEP Engineer as part of the RBB Team for the new 6-story, 120,000 SF, core and shell medical office building for Samaritan Medical Center. The MOB will be B-occupancy and designed as OSHPD-3.

2512 Samaritan Court MOB, Samaritan Medical Center, San Jose, CA
MEP Engineer as part of the RBB Team for the new 3-story, 46,000 SF, core and shell medical office building for Samaritan Medical Center. The MOB will be B-occupancy and designed as OSHPD-3.

Children's Hospital Los Angeles, ED Expansion, Los Angeles, CA
4,500 SF renovation of the existing emergency department includes expansion of the waiting room, 11 new patient bays, installation of high-tech cardiopulmonary monitors and electronic medical record monitors, and remodeled nursing stations to enhance team-based care.

Professional Certifications

Registered Professional Engineer in California, 37581

SEAN MCMAHON

Mech/Plumb Project Manager

Duration with the company: 5 yrs
Duration in the industry: 8 yrs
Years HCAI experience: 4 yrs

Education: Master of Science, Architectural Eng, University of Nebraska, Omaha, NE
Bachelor of Science, Architectural Engineering, University of Nebraska, Omaha, NE

Professional Experience

David Landau has nearly 16 years in the industry designing plumbing systems for a variety of large-scale projects, including research and healthcare facilities, sports facilities, higher education buildings, and commercial developments. David is known for his effective communication skills that encourage collaboration within the entire project team and result in solutions that meet the owner's budget and intent.

Relevant Project Experience

2505 Samaritan Court MOB, Samaritan Medical Center, San Jose, CA
MEP Engineer as part of the RBB Team for the new 6-story, 120,000 SF, core and shell medical office building for Samaritan Medical Center. The MOB will be B-occupancy and designed as OSHPD-3.

2512 Samaritan Court MOB, Samaritan Medical Center, San Jose, CA
MEP Engineer as part of the RBB Team for the new 3-story, 46,000 SF, core and shell medical office building for Samaritan Medical Center. The MOB will be B-occupancy and designed as OSHPD-3.

Henry Mayo Newhall Hospital Surgery Expansion 1st Floor Patient Tower, Valencia, CA
Build out of 19,000 SF Patient Tower Level 1 consisting of 4 Operating rooms, Pre-Op-holding, PACU, and OR support areas.

Henry Mayo Newhall Hospital, AHU-8 Replacement, Valencia, CA
Switchover existing surgical department to new air handling unit and bring spaces up to current code standards.

Henry Mayo Newhall Hospital, Cath Lab #2, Valencia, CA
Provide MEP utilities to a new Cath Lab and PACU space as extensions of existing hospital surgical area.

6.1.8: Proposed Subconsultants or Subcontractors - Major Subconsultants - Electrical

Company Name: Coffman Engineers, Inc.

Scope of Services:

- Review and assess available construction documents and existing field conditions to identify, reconcile, and document gaps, conflicts, deficiencies, and incomplete work.
- Participate in site visits to and review actual progress of electrical, Low Voltage and Nurse call completed work and compare it with the model created by laser scanning company for the basement, first floor, second floor, and roof to capture existing as-built conditions.
- Provide a navigable point cloud and viewer for documentation, analysis, and stakeholder review.
- Conduct a discipline-by-discipline digital comparison of current contract documents against actual construction progress and as-built conditions.
- Develop a comprehensive scope matrix identifying remaining work, responsible party, and priority level.

Company Qualifications:

Healthcare facilities are a special engineering niche due to the unique technological, administrative, and regulatory needs. Coffman offers a dedicated team of engineers who specialize in healthcare and who have proven their expertise in medical projects throughout California. Our experience in this market spans more than 20 years and totals over $3B in construction value. Over 80% of our healthcare portfolio consists of repeat clients.

For years Coffman has been growing into more and more Healthcare Access and Information (HCAI, formerly OSHPD) facilities with a responsive and well-coordinated team of multi-discipline engineers. Our relationships with current District Structural Engineers (DSEs) and plan checkers, our familiarity with HCAI Preapproval of Manufacturer's Certification (OPMs), and "A" Chapter amendments will bring efficiency, quality, and cost savings to your HCAI projects.

HCAI regulations are constantly changing. A thorough understanding and knowledge of these standards and their applications is of paramount importance in the design and construction processes. A list of the facilities which Coffman has been involved can be found below.

YOUSSEF MATTA, PE, RCDD, CTS
Principal, Electrical Engineering

Duration with the company: 21 yrs
Duration in the industry: 35 yrs
Years HCAI experience: 21 yrs

Education: BS, Electrical Engineering, University of Helwan, Cairo, Egypt

Professional Experience

Youssef brings 35 years of experience in electrical engineering, specializing in primary and secondary power distribution, lighting, lighting control, low voltage systems, and communications including voice and data, access control, CCTV, and audiovisual systems. He has a comprehensive portfolio of experience in designing, managing, and overseeing projects in acute care hospitals and healthcare facilities. Youssef has an in-depth understanding of HCAI requirements and best practices, and has long-standing relationships with many staff at HCAI, having managed multiple healthcare projects and working to agree on solutions to fast-track approvals in plan check and in the field.

Relevant Project Experience

Harbor-UCLA Medical Center, Pharmacy Storage, Los Angeles, CA
Electrical engineering principal overseeing the redesign of the pharmacy storage area at Harbor UCLA in Torrance, CA. Coffman was brought on to resolve airflow issues and provide MEP construction administration services for the HCAI-approved project, replacing the previous engineer and successfully completing the work. Youssef's team collaborated with the mechanical engineer and architect to resolve mechanical system issues.

Centinela Hospital Medical Center, Los Angeles, CA
Seismic upgrades to Buildings 5 and 9, a new 2-megawatt power plant, lab relocation, and renovations to the Emergency Department, lobby, and Doctor's Lounge. The project also included reconfiguring Building 6, upgrading parking lot lighting to meet California Title 24 requirements, remodeling the 5th Floor Med-Surg Department in Building 5, and upgrading the medical gas compression system, including replacement of medical air compressors and vacuum systems in Buildings 4 and 5.

Professional Certifications

PE, CA, Electrical - #E17031, Registered Communication Distribution Designer (RCDD), Certified Communication Specialist (CTS)

GELLAN LUCENO
Sr. Project Manager, Electrical

Duration with the company: 24 yrs
Duration in the industry: 24 yrs
Years HCAI experience: 24 yrs

Education: BS, Civil Engineering, Mapua Institute of Technology, Philippines

Professional Experience

Gellan has over 24 years of experience in electrical engineering, having designed and drafted electrical power systems, emergency power systems, illumination, energy conservation CAC Title 24, and fire and life safety systems. He has a comprehensive understanding of all aspects of communications systems, and has been involved in all project phases including schematic design, design development, and construction document preparation, energy compliance documentation, electrical specifications, and existing systems analyses.

Relevant Project Experience

Harbor-UCLA Medical Center, Pharmacy Storage, Los Angeles, CA
Electrical project manager for the redesign of the pharmacy storage area at Harbor UCLA in Torrance, CA. Coffman was brought on board to resolve air flow issues and to oversee MEP construction administration services for the already-approved HCAI project, supplanting the prior engineer and successfully completing the project.

Henry Mayo Newhall Hospital MS-5 Med Surge to SNF, Valencia, CA
Electrical project manager for the conversion of the current med-surge wing of the Pavilion known as MS-5 into a sub-acute skilled nursing facility (SNF). The areas to be upgraded include existing medical records, nurses stations, and doctors' sleep rooms. The scope also includes the installation of a new IDF room and demolition of the old one.

Dignity Health St. Bernardine Medical Center, San Bernardino, CA
Electrical project manager for design-build delivery for seismic compliance upgrades at Dignity Health St. Bernardine Medical Center, including SPC-4D structural retrofits, MTCAP assessments, and associated ADA improvements.

Professional Certifications

Certificate in Revit MEP, Certificate in SKM System Analysis, Electrical Engineering Software Communication Specialist (CTS)

6.1.8: Proposed Subconsultants or Subcontractors - Specialty Consultants

Company Name: RDH Building Science, Inc.
Scope of Services: Building Enclosure

JOE PIÑON

PIC, Building Enclosure

Duration with the company: 12 yrs
Duration in the industry: 22 yrs
Years HCAI experience: 22 yrs

Education: MS, Architectural Engineering, Pennsylvania State University
BA, Physics, University of Pennsylvania

Professional Experience

Joe Pinon brings over 20 years of experience in the design, investigation, rehabilitation, and commissioning of building enclosure systems and combines practical research, hygrothermal modeling, and forensic testing to optimize the durability, thermal performance, and cost-effectiveness of building enclosures. A key area of specialization is Performance-Based Design, which exceeds code requirements for seismic performance and building enclosures. His work contributes to the development of resilient buildings that meet the demands of everyday use and extreme events.

Relevant Project Experience

- University of California, Davis Replacement Hospital, Davis, CA
- Lucile Packard Children's Hospital at Stanford University, Palo Alto, CA
- Gregory Bateson Building Rehabilitation, Sacramento, CA
- Marin General Hospital, Expansion Joint Water Intrusion Investigation & Repair Design, Greenbrae, CA

Professional Certifications

- Registered Professional Engineer, CA

Company Name: IBKS
Scope of Services: Laser Scanning

SPIVEY LIPSEY

Reality Capture Practice Lead

Duration with the company: 6 yrs
Duration in the industry: 18 yrs
Years HCAI experience: 14 yrs

Education: Bachelor of Fine Arts, Savannah College of Art and Design

Professional Experience

Spivey has 18 years of experience applying advanced technologies—including BIM, 3D laser scanning, reality capture, animation, virtual reality, and augmented reality—to support design and construction. He has collaborated with leading architecture and MEP firms, leading multidisciplinary teams across engineering, architecture, and product design using various 3D modeling platforms. At IBKS, he developed the firm's Reality Capture and Scan-to-BIM practice, optimizing LiDAR scanning and BIM workflows. His experience includes above- and below-ceiling laser scanning surveys for major California healthcare campuses.

Relevant Project Experience

- Cedars-Sinai Marina Del Rey Hospital, Marina Del Rey, CA
- CommonSpirit/Dignity Health, San Bernardine Medical Center, San Bernardino, CA
- Cedars-Sinai Medical Center, Main Hospital OR Expansion, Los Angeles, CA
- Cedars-Sinai Medical Center, Campus Masterplan-Podium Retrofit Site and Existing Investigations, Los Angeles, CA

Company Name: RF10 Inspection, Inc.
Scope of Services: Inspection Evaluation

ROBERT CRANDALL, IOR, CASp

Senior Project Inspector

Duration with the company: 19 yrs
Duration in the industry: 25 yrs
Years HCAI experience: 25 yrs

Education: AA, Specialty in Inspection, College of Oceaneering, Wilmington, CA

Professional Experience

Mr. Crandall has more than 20 years of experience in Healthcare projects as a Certified Access Specialist and Senior Project Inspector of Record. Strong interpersonal skills with owners, structural engineers, general contractors, architects, and subcontractors, driven by integrity and a solid work ethic. Multiple certifications, a rapid knowledge base, adaptive demeanor, and a calm approach, have proven a great asset to any project.

Relevant Project Experience

- City of Hope Cancer Center, New Comprehensive Cancer Campus, Irvine CA
- Rancho Los Amigos National Rehabilitation Center, Downey, CA
- Martin Luther King, Jr. Medical Center, Inpatient Renovation Compton, CA
- Harbor-UCLA Medical Center, Torrance, CA
- Children's Hospital of Orange County, Orange, CA
- Centinela Hospital Medical Center, Inglewood, CA
- Long Beach Veteran Administration Medical Center, Long Beach, CA

Professional Certifications

- HCAI Certified Hospital Inspector, Class A-20650
- Certified Access Specialist – CASp 0795

6.1.9: Exceptions and Clarifications

Assumptions

- HCAI will allow 2004 & 2007 codes to be applied to all work required to complete the project, and all new Amended Construction Documents (ACDs) and Non-Material Alterations (NMAs) that are required
- CDPH will not require new codes to be implemented for operational and licensing purposes
- Structural Building Calculations were not available and will not be provided
- NPC 4D and NPC-5 requirements for the other campus buildings are being provided by others. There is no evidence of NPC-5 obligations for this tower within these documents.
- A Kluger Copyright release for the HCAI approved drawings will be provided
- Kluger and DCS will cooperate in the HCAI supplantation process
- All missing RFI's are assumed to be represented through other change documentation provided
- Other than potential design revisions discussed in the 2nd Floor Evaluation Report, there are no known current Owner design changes required
- No further Contracts Document or Change Content are expected beyond what was provided in the RFP file transfer
- All change documents provided in the RFP file transfer has been approved by the AHJ. Any items that require HCAI review and approval would be identified to be completed in the next RFP for Supplantation and Construction Completion.
- All HCAI documents normally available to the DPOR, will be provided prior during Stage 1 by the Owner downloading the documents directly from HCAI (with our assistance)
- No CAD/Revit files are available. Our Pre-Construction Services includes Revit File creation from Laser Scans of existing construction (Phase 0), and conversion of pdf's to Revit for the remaining work (Phase 1).

Exclusions

If any of the following exclusions are required to be included in the contract, the services can be provided and will be considered Add Services:

- No Prior Change Order evaluation is included
- No Supplantation or Digital modifications to RFP documents will occur under this Pre-Construction Service Contract
- Redrafting of SK sheets into Contract Documents will be required in the next RFP for Supplantation and Construction Completion. In some cases, attaching PDFs representing changes to a cover sheet will have to continue. RBB and our Engineers will make recommendations in Stage 3 on a case-by-case basis if new changes should be incorporated digitally into the 'Stick Set'.
- BIM modeling of Phase 1. Conversion of PDF's to a Revit Model Phase 1 will not be accurate 3D representation of coordination the Contractor must do.in the next RFP
- Life Cycle cost analysis
- Panel Load readings
- A power coordination study (required by current code by HCAI).
- Design (re-design) / Engineering of any elements in Pre-Construction Services Stage 1, 2, or 3
- AHJ requested changes or justification beyond those changes already approved will be identified but not acted on in Stage 1, 2, or 3.
- Civil Engineering discipline not included at this time
- Equipment Consultant not included at this time
- Furniture Consultant not included at this time
- Signage Consultant not included at this time
- Abatement Consultant not included at this time

Closing Statement

The Tulare Regional Medical Center Hospital Tower represents more than an unfinished construction project—it is a significant public investment and a future healthcare asset for the communities served by the Tulare Local Healthcare District. Successfully completing this project requires a team with the experience, technical expertise, and disciplined methodology to transform years of uncertainty into a clear, coordinated path toward occupancy.

Seals Construction and RBB Architects are committed to delivering a pre-construction process grounded in comprehensive field verification, rigorous document reconciliation, disciplined cost and schedule development, thoughtful risk management, and proactive coordination with HCAI and the District. Our recommendations will be practical, technically defensible, and focused on providing the District with the confidence to move forward with procurement and construction.

Our team has successfully guided complex HCAI-regulated healthcare projects through similar challenges, including assuming responsibility for partially completed work, integrating existing systems, and delivering successful project outcomes. We will bring those lessons learned, that same disciplined approach, and the full resources of our integrated Design-Build Team to the Tulare Regional Medical Center Hospital Tower Completion project.

We appreciate the opportunity to partner with the Tulare Local Healthcare District on this important initiative and look forward to helping restore this critical healthcare facility to service and benefit the community.