LEO A DALY

The Center for Advanced Surgical Services

Request for proposal for Architectural and Engineering design services

Grady Health System
April 3, 2018

GHS RFP# F2017032_AE

Collaborative Solutions. Inspired Design.

Exceptional healthcare design optimizes clinical operations, healthcare delivery, and capital resource management. As experienced healthcare designers, our professionals listen to the needs and goals of owners and stakeholders, leading the way to consensus-driven solutions. We apply evidence-based design and research to create patient-focused environments that meet strategic goals, maximize budget, streamline operations, and adapt to tomorrow's needs. Our full-service approach stresses a final product that is affordable, sustainable, and efficient.

LEO A DALY

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LEO A DALY - Atlanta
10 Tenth Street NW, Suite 200
Atlanta, GA 30309
P 404.874.8333
F 404.874.8330

Avery M. Sarden
AMSarden@leoadaly.com
D 404.874.8333

Leslie M. Saunders
LMSaunders@leoadaly.com
D 404.874.8333

Transmittal Letter

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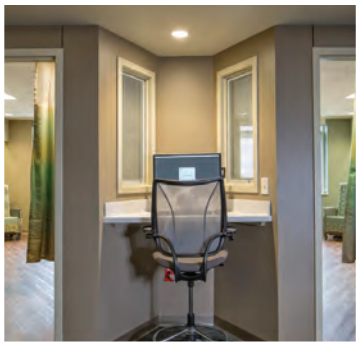

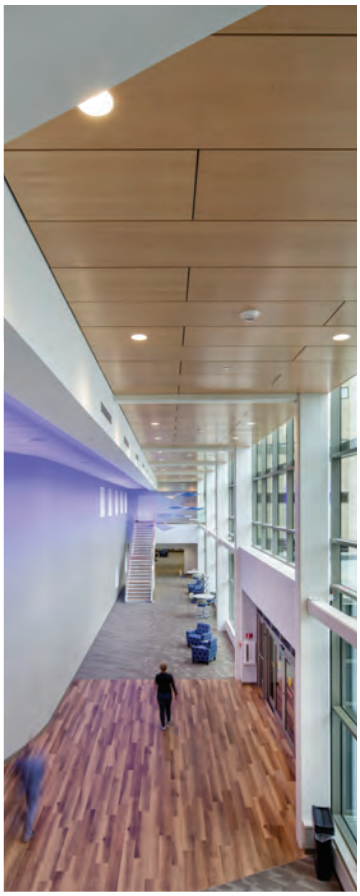

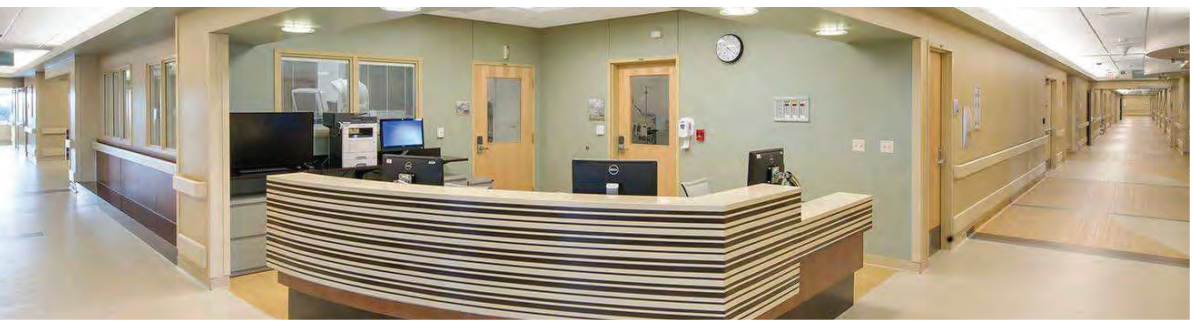

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LEO A DALY - Atlanta
10 Tenth Street NE, Suite 200
Atlanta, GA 30309
404.874.8333

leoadaly.com

April 3, 2018

George C. Smith
Senior Architectural Program Manager
Grady Health System, Facilities Development
22 Piedmont Avenue, Suite 200
Atlanta, Georgia 30303

RE: ARCHITECTURAL AND ENGINEERING DESIGN SERVICES FOR THE CENTER FOR ADVANCED SURGICAL SERVICES (CASS)

GHS-RFP#: F2017032_AE

Dear Mr. Smith,

As residents of Atlanta, the future of Grady Heath System means a great deal to the healthcare team at LEO A DALY. We are design professionals with a strong social mission, and believe, like Grady, in doing our work "with humanity, compassion, and kindness – with arms open wide to everyone in our community."

Strengthening Grady's role as an Essential Hospital means growing its patient base to include more compensated care, while maintaining the level of financial stewardship that will allow Grady to continue its important community role. Designing an outpatient center that does both will require a team capable of delivering a state-of-the-art patient and staff experience, within financial constraints, and with the flexibility to stay relevant and efficient long into the future.

We routinely over-deliver.

LEO A DALY specializes in designing transformative healthcare environments for clients, like Grady, who demand cutting-edge solutions within a tight budget. Our experience designing for 25% of America's Essential Hospitals, as well as government clients like the DoD and VA, has made us experts in routine over-delivery. We understand your budgetary and business needs, and design with a final eye on creating the best facility per dollar spent.

We design for people.

As practitioners of human-centered design, we understand that the Grady Center for Advanced Surgical Services needs to be, first and foremost, a place for people. Surgical patients have different needs from cancer patients. Families need to be valued, and invited into the care process. And everyone – whether patient or provider – is under an extreme amount of stress. Our design approach centers around understanding the needs and experiences of a broad range of users, and creating environments that cater directly to their health and wellbeing.

We are a community team.

LEO A DALY has formed a partnership with a global perspective, a local touch, and extensive experience working together to create world-class healthcare environments. Our team brings a collective fresh set of eyes to this project that will respect and build on the programming work of NBBJ and others. Our experience working together will ensure a smooth public process, and a design that engages with and appeals to the Atlanta community.

We are healthcare designers because we care, and it shows in our work. With LEO A DALY, we believe you will find what many repeat clients have found: that we not only have the vision and expertise to create a healthcare environment that Atlanta will love, but that the process of working with us is inspiring, empowering, meaningful, and even a little fun.

Sincerely,

LEO A DALY

Avery M. Sarden, AIA, NCARB, LEED® AP
Vice President, Director of Operations

LEO A DALY

Leslie M. Saunders Sr., AIA, ACHA, LEED® AP
Vice President, Healthcare Planner

For us, this is personal

The Grady Health System looks to create a Center for Advanced Surgical Services exemplifying the "best practices in ambulatory care and facilities development. Emphasis shall be given to vision, improved organization and operations performance, enhanced care environment, flexibility and adaptability for a more efficient and innovative organization encompassing the mission for Grady Health System."

The Grady Center for Advanced Surgical Services will be, first-and-foremost, a place for people. People who are patients, family members, physicians, caregivers, housekeepers, all with a focus on surgical treatments of clinical disorders. Planning for and design of an environment for these people requires intentional thinking: the spaces designed must reflect the requirements of and support for each of the very different people involved. Our approach to this project will meet the stated design objectives, while recognizing that the CASS will be a special place with special staff providing care to special guests and their families.

LEO A DALY has formed a partnership that is proven and that shares this vision to create flexible, responsive, and cost-effective solutions that support and enrich the patient experience, support family involvement, and enhance staff performance. We've put together a team specifically for this project, bringing together professionals with a global perspective and a working local touch, and team members with extensive experience working together. We've put together a team that will bring a collective fresh set of eyes to this engagement while maintaining respect for the programming work of NBBJ and the other consultants involved in the programming process.

Our design team includes the MEP/LV/IT engineering services of Mazzetti/PerryCrabb, which brings regional as well as national healthcare facility experience. LEO A DALY has been working with Mazzetti for over a decade on many healthcare projects. The Atlanta office of Mazzetti, opened in 1959, is known for designing safe, healthy, sustainable indoor environments for healthcare. As part of the design team they will produce a building that supports the business model of GHS by reducing operating costs, maximizing comfort, and minimizing environmental impact.

The Atlanta office of Walter P. Moore Associates will provide structural design. Known as an innovative design firm, Walter P. Moore looks to maximize value for their clients, minimize impact on the environment, and provide the flexibility necessary to accommodate inevitable change. Walter P Moore will help define the solution that best meets the goals of user convenience, accessibility, and adaptability for future use.

Experience

LEO A DALY has been in continual practice since 1915. We are perennially recognized as one of the top healthcare design firms in the US. Our core team is located in Atlanta and brings current knowledge of working with Grady. Additionally, our team can draw from our national resources – over 200 planning and design professionals focused on healthcare and another 600+ professionals dedicated to every aspect of project delivery.

Since 2006, LEO A DALY has been a team member on over 400 DB/DAS/CM@R projects, ranging in size from smaller modernization-and-repair renovations to free standing outpatient clinics to a $350 million total replacement hospital.

The LEO A DALY team is highly experienced with the resources and knowledge necessary to provide the Grady Health System with an exceptional Advanced Surgical Services Clinic planning and design services. The management and resource team has been hand-picked to best serve you. Our enthusiasm, energy, and hands-on experience to provide high quality service for this project is not surpassed by any other professional team.

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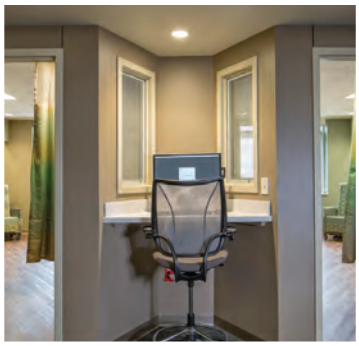

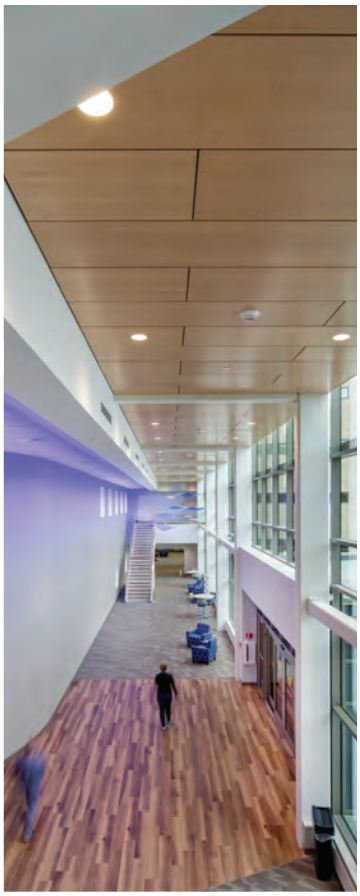

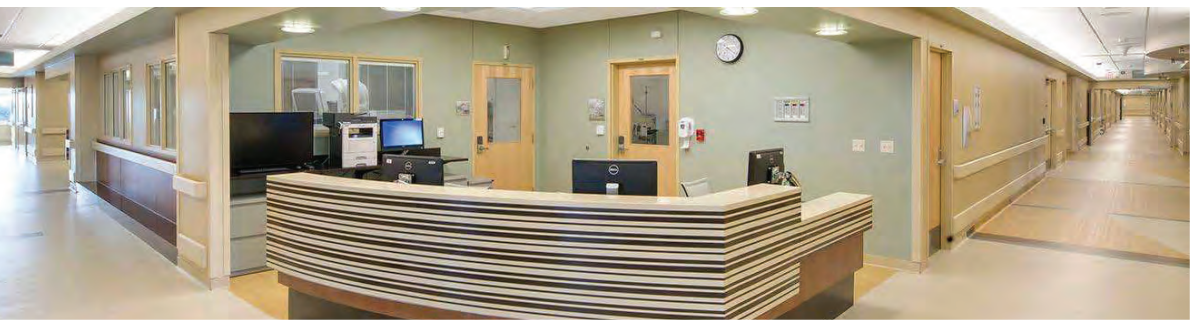

Organizational Background

Excellence Beyond Expectations

For over 100 years, LEO A DALY's dedication to design excellence has produced exceptional spaces that enhance and enrich the human experience.

Inspired Design

Since 1915, we have worked with an unyielding focus on design excellence as a means to shape a better world. Outstanding design does more than solve practical challenges; it should provoke, inspire, and change how we interact with the world. Our team-focused approach is based on a commitment to asking and answering difficult questions. It is a humanistic practice powered by creativity, inquiry, and innovation.

Holistic Approach

One of our founding principles, going back 100 years, is holistic design. Our founder, Leo A. Daly, Sr., pioneered the use of interdisciplinary project teams using what he termed a "whole project approach," and combining planning, architecture, engineering and interiors. Today we embrace a design philosophy that seeks to harmonize the ecological, economical, personal, and interpersonal impacts of the built environment, creating spaces that serve the individual and the collective.

Rich History

LEO A DALY is a privately held, family-owned corporation, founded on July 4, 1915 and incorporated on February 14, 1948 in Omaha, Nebraska. It has been in business under the name stated for 100 years. LEO A DALY's Atlanta office was opened in March 1985.

Local Team

Our local office that will provide both management and design services to Grady Health System (GHS):

LEO A DALY
10 Tenth Street, N.E., Suite 200
Atlanta, GA 30309
P 404.874.8333
F 404.874.8330

Our corporate headquarters is located at:
LEO A DALY
8600 Indian Hills Drive
Omaha, NE 68114-4039

Authorized Points of Contact

Avery Sarden - Principal-in-Charge
AMSarden@leoadaly.com
D 404.874.8333

Leslie Saunders - Project Manager
LMSaunders@leoadaly.com
D 404.874.8333

Sustaining a Legacy

A century of design excellence is a milestone that few firms have achieved. It is a testament to the loyalty of our clients; the dedication of our talented professionals and associates; our firm's resilience; and our commitment to design excellence, creativity, innovation, and client service. As we enter our second century, we continue the regular, iterative process of revisiting, refining and reasserting those core values with a view toward the future. Our mission is to change the world through design, to advance the skills of our professionals and associates, to deliver outstanding service to our clients and to sustain our legacy of professional leadership.

Our team brings a passion for design that enriches the human experience.

LEO A DALY serves health systems like Grady as a trusted partner in creating unparalleled healing environments. Drawing on a depth of experience, we apply the art of design to solve your toughest challenges, and transform how patients, families and communities receive care.

Creative Collaboration

Healthcare spaces are complex systems that must operate in harmony under challenging circumstances. Because they serve many users – staff, owner, patient and community – we engage all stakeholders in a creative, organized search for the best solution for each project.

Pairing this approach with proven scheduling, design management and delivery methods creates tailored yet flexible, high-quality results to enhance patient outcomes, operational efficiency and staff effectiveness.

Designing for Tomorrow

As care evolves, so must healthcare environments. Our teams employ a rigorous approach to evidence-based design, capitalizing on what we know works, while remaining adaptable to ever-changing needs.

Creating Healing Environments

- Encompassing the entire facility—patient rooms, treatment spaces, staff areas, public spaces, entries, and outdoor gardens
- Creating a positive experience—simple way-finding, ample natural light, controlled acoustics, careful material and color selections, attention to operational functionality
- Understanding and incorporating rapidly evolving industry and market trends—Plaintree®, patient-safety, acuity adaptability, etc.

Financial Stability

Annual revenue totals for the past ten (10) years:
2017: $163,600,000
2016: $162,300,000
2015: $139,400,000
2014: $145,400,000
2013: $162,700,000
2012: $132,000,000
2011: $154,800,000
2010: $170,600,000
2009: $198,400,000
2008: $191,100,000

Ownership / Relationship Disclosure

LEO A DALY employees have no ownership and/or relationships with Grady Health System and /or the Grady Memorial Hospital Corporation d/b/a Grady Health System and /or The Fulton-DeKalb Hospital Authority board members, officers, administration, employees and /or contracted employees.

Pending Litigation

LEO A DALY, nor our proposed team, is pending litigation, or has received notice of any threatened litigation or claim directly or indirectly bearing on Grady Health System or the Fulton-DeKalb Hospital Authority.

Grady Health System / Fulton DeKalb Hospital Authority Affiliations

There are no Grady Health System/Fulton DeKalb Hospital Authority board members, officers , administration, employees, contracted employees or independent contractors who are employed by or affiliated with LEO A DALY.

"LEO A DALY Is a very capable, well-managed firm with exceptional design and project management skills."

William Dinsmoor
Senior Vice President and Chief Financial Officer
The Nebraska Medical Center

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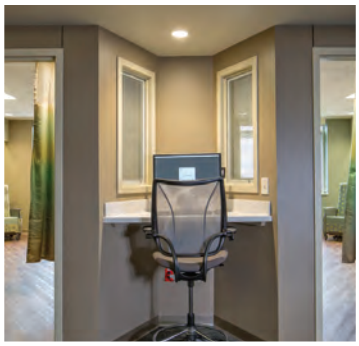
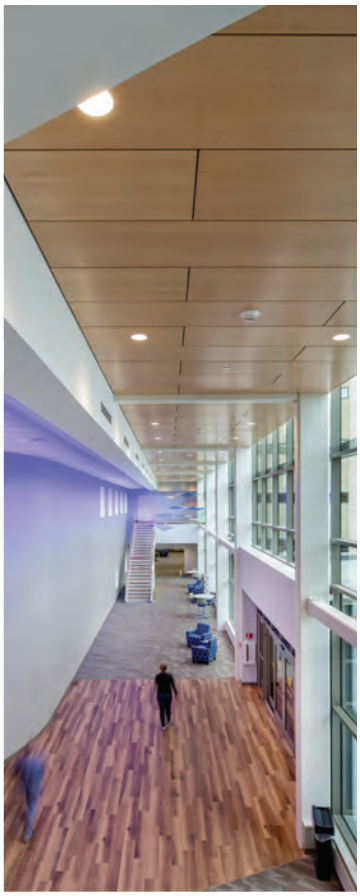
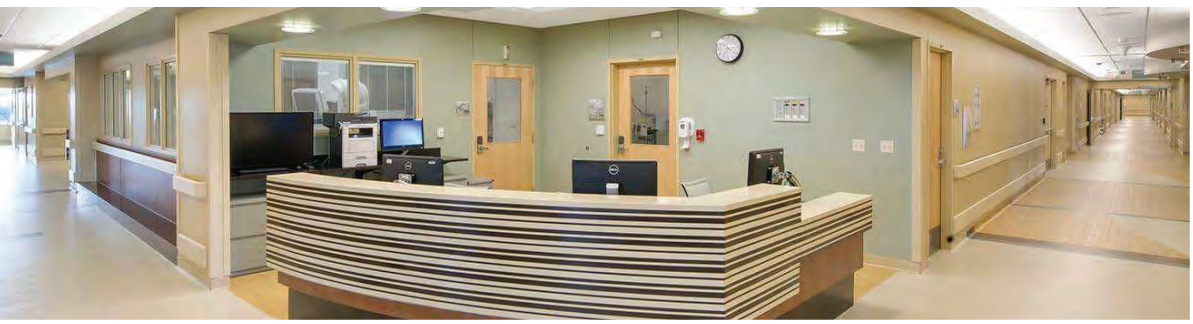






Approach and Work Plan

Our Approach to this Project
Our Understanding of the Purpose

The Grady Center for Advanced Surgical Services will be, first-and-foremost, a place for people. People who are patients, family members, physicians, caregivers, housekeepers, all with a focus on surgical treatments of clinical disorders. Planning for and design of an environment for these people requires intentional thinking: the spaces designed must reflect the requirements of and support for each of the very different people involved.

Surgical patients are in the system for a relatively short time – initial clinic visit(s), pre-procedure testing, day of procedure, follow-up clinic visit(s). While these brief encounters occur over only a few weeks, they are, for the patient, significant and intense. Some procedures may be considered "routine", but the patient, no procedure is "minor." Each encounter may create angst and fears. While much of the assurances and support received by patients is from caregivers, physicians, and other staff, the physical environment should be an affirming place where the patients feel cared for, supported, safe and comfortable.

Cancer patients have special and individual needs. Their ages vary widely. At stages during the treatment they may not feel sick at all. At other times during the treatment they feel terrible. They feel that they have lost control. They are concerned about the future and about being a burden to their families. They are scared because of the stigma associated with "the Big C".

These patients visit the treatment center frequently. Consequently, the cancer care and treatment environment must be supportive. It must ***embody the notion*** that cancer patients present the range of emotions and the range of personality types. There must be opportunities for patients to be in active and social settings so they don't feel like they are being isolated (cancer is not contagious, after all) and there must be opportunities for patients to be alone and contemplative when they so choose.

Families are essential to the care of patients. Depending on the age and social situation of the patient, families will have varied involvement, sometimes participating directly in the care of the patient. While they may not know anatomy and physiology, families know when something isn't right with their loved one, and they want to be heard. Families can influence how the patient reacts to certain situations. In some instances, families can transfer their own anxiety onto their loved one and make a challenging situation worse. There are other cases where a family member's presence is invaluable and helps calm the situation. Family members may be fearful and not fully understand what is going on -- adults, too, can become overwhelmed with all of the medical equipment, procedures and terminology. Some family members may be with their loved one every minute of the treatment visit. Others can only drop off and pick up their loved one. Often, when the family members are present, they are tired and anxious. They may speak a language other than what is familiar to the staff and are frustrated by the inability to communicate. The treatment and care environment must also provide for the family members. Places of refuge and quiet. Opportunities to make telephone calls in private – or at least out of earshot. Places to consult with the providers. Places to be supported by other family members and friends.

Dealing with anxious patients and families, especially those facing life-threatening situations, is physically and emotionally challenging for ***the workers – nurses, PCAs, physicians, clerks, housekeepers.*** They, too, need occasional downtime. They need to know and feel collegial support. They need ready access, the various technologies and equipment needed to treat and care for patients. They need ready access to ***pharmacists, specialists, social workers, and translators*** who augment the care team. They need adequate storage places that are easily accessible. The staff need nearby places to decompress that are close by. They need to see daylight, feel fresh air and know what the weather is like. They need to know that their working environment is safe, supportive and secure.

The special needs of the staff are recognized by the Grady Health System and concisely expressed in the words of its **VALUES:**

At Grady, we have a higher calling and a deep sense of pride. We deliver essential care with humanity, compassion and kindness – with arms open wide to everyone in our community. Regardless of role or level in the organization, humanity starts with how we treat our coworkers and colleagues.

- ***Be Patient Centered***
- ***Be Safe***
- ***Serve Others with Excellence***
- ***Do Right***
- ***Do Good***

The Response of the Design Team

The RFP states the Design Objectives:

PROJECT DRIVERS

1. Provide state-of-the-art ambulatory Center for Advanced Surgical Services (CASS) to sustain Grady, serving the community well into the 21st century.

2. Design a high performance ambulatory services facility that delivers superior energy, material, maintenance, and economic efficiencies; and creates adjacencies and processes that are innovative and patient centered.

3. Design flexible space to accommodate changes in medical science, medical practices and delivery, technology, market requirements, reimbursement, regulation, and teaching methodologies.

4. Create an innovative environment supporting collaboration of care, integration of support circles into care processes, and a team approach to the care pathway.

5. Develop spaces which promote wholeness of caregivers, spiritual renewal, and family support to alleviate the stress and anxiety of illness.

6. Create a world class destination for patient centered care which integrates the physical, emotional, and spiritual healing of patients and their families; and reflects the Grady mission.

GUIDING PRINCIPLES

1. **Patient Experience**

   a. Create a consistent service delivery that exceeds expectations

   b. Offer a one-stop shop experience, bringing services to the patient

   c. Simplify touch-points along the patient and family journey

   d. Deliver a high-tech and high-touch communication, anticipating individual needs

2. **One Grady**

   a. Present ourselves as a “One Grady” team

   b. Welcome patients and providers to innovative care

   c. Create a gateway and new specialty ambulatory “front door”

   d. Collaborate on, align and develop best ambulatory practices

3. **Center of Excellence**

   a. Create Center of Excellence models in strategic outpatient service lines

   b. Foster collaboration to work as a multi-disciplinary team

   c. Become nationally recognized for quality as an attending led outpatient care provider

   d. Establish reliable processes and protocols for care

4. **Access to Ambulatory Care**

   a. Enhance care coordination to deliver value for patients

   b. Retain and increase patient and payer categories

   c. Develop easy to understand and simple wayfinding

   d. Co-locate services to minimize travel distances

5. **Sustainability and Flexibility**

   a. Ensure flexibility and adaptability for daily use.

   b. Standardize spaces and processes to ensure flexibility.

   c. Design infrastructure that supports future growth

   d. Establish an environment that promotes wellness–mind, body, soul

"Working with LEO A DALY was great. When we started this process, they kept us on target, and told us every step of the way what they expected from us next, and how we would go from big picture down to small details. They met not only with our senior leadership team, but with every patient care director and some of our line staff to get their input. They didn't just develop [the design] based on what they wanted, but incorporated what our needs were. They were very interactive, and very detail oriented. They took our needs into consideration every single time they asked us a question. We will be able to meet the needs of every age group in Sidney. It's really a dream facility. You couldn't ask for a more beautiful facility when it's finished."

Julie Slagle, VP of Patient Care Services, Sidney Regional Medical Center

LEO A DALY has formed a partnership that is proven and that shares Grady's vision to create flexible, responsive, and cost-effective solutions that support and enrich the patient experience, support family involvement, and enhance staff performance. We've put together a team specifically for this project, bringing together professionals with a global perspective and a working local touch, and team members with extensive experience working together. We've put together a team that will bring a collective, fresh set of eyes to this engagement, while maintaining respect for the programming work of NBBJ and the other consultants involved in the programming process.

Our approach to this project will meet those stated design objectives while recognizing that the Center for Advanced Surgical Services will be a special place with special staff providing care to special guests and their families. We know that the process of planning and designing the CASS should begin with the end in mind:

- What environment do we want to create for our guests? What are the special requirements? How do we balance aesthetics with functionality and budget?
- How can and should the facilities support and enhance the clinical work and comfort of the providers and caregivers?
- Who are the key stakeholders? How do we best gather, understand, and incorporate their input?
- What is the budget? How can we ensure adherence to that budget?
- What is the schedule? How can we ensure that the facility is operational on the target date?

Consequently, the most important steps of a project are the first ones. These first days set the tone for the remainder of the process. It is during these first days that the owner's goals are articulated; that the owner's team members become engaged and buy in to the process; that the design team establishes the design direction in response to the owner's goals; and that the design team with the construction manager or program manager (if brought on board earlier) gain a full understanding of the goals of the owner and users and is able to offer early advice into constructibility considerations.

A successful design process will be investigative, iterative, and interactive. Investigative through the careful documentation of the problems to be solved and research of best practices – within the Grady Health System and at other institutions – to find the solutions and applications most appropriate to the defined problems. The process will be iterative in that each decision and direction will be carefully tested and thoroughly vetted to validate its applicability and potential clinical effectiveness.

Of highest importance is that the process will be interactive. The identified key constituents and stakeholders will be involved early, regularly, and consistently. Early and regular involvement of the clinical staff allows for the testing of design and operational concepts and facilitates user involvement and buy-in. The integration of the GHS Construction Services and Design Services groups into this design team will better inform implementable design solutions. Early involvement of the CM tests constructibility, provides real-time construction cost control, and minimizes or eliminates RFIs during construction.

Essential to the design and construction process is open communications and mutual respect among the team members. The overarching task of the design process will be "Engagement Oversight". This task will be the responsibility of the project manager but will be a joint effort of the knowledge leaders from the consultants and GHS -- the key individuals from Grady who best understand Grady's strategic directives and directions. These GHS personnel know the existing conditions – political, clinical, financial, and facility. They will identify the landmines to avoid. They will help guide the thinking of the consultant teams. These GHS individuals will become the Change Leadership group owning the design of the Center for Advanced Surgical Services and representing its concepts to the larger GHS family. Consequently, their continuous participation in the process and buy-in of decisions is key to the success of the outcome.

Healthcare facility design that is clinically effective, operationally efficient, and affordable is achieved by being intentional throughout the design process.

- Intentional in understanding the goals of patients, families, and clinicians.
- Intentional in realizing the operational goals of facilities services.
- Intentional in recognizing the realities of budget and schedule.

The single-most important question to ask when beginning the design process of a health care facility is, "What do you want to do?" not, "What do you want?" We find that all too often our clients may not know what they want (or need), but they do know what they don't want: typically they don't want what they have now. Knowing the functional goals of the various constituencies allows us to be intentional in achieving those goals.

There are two process "tools" that we have used for many years, either formally or subliminally, in the design process. In recent years each tool has been given a name: Lean/Six Sigma and Evidence Based Design.

Through the use of these tools, these methods of thinking, the collective design team – Owner, users, patients/families, architect/engineer, and construction manager – can formalize their understandings of the desired outcomes and rationalize solutions that will be effective.

Lean/Six Sigma codifies an approach to reducing or removing non-value-added actions in an operational process. Facility design creates the place for the ideal process to occur. The thought process for guiding the implementation of lean techniques is straight forward:

- ***Specify*** what adds value to each end user (patient, family, caregiver, provider, housekeeper, pharmacist, etc.).
- ***Identify*** all the steps in the value stream for each end user; determine if there are typical or standard actions that do not create or add value. Re-imagine the process to include only value-added actions.
- As appropriate, ***reorganize*** the actions into a fully value-added process. Test the assumptions; measure the results (preferably in a pilot state, like a mock-up).
- ***Implement*** the changes, but in an adaptable way that allows for future changes.

Evidence-Based Design (EBD) is a process of forming design decisions on investigations of the successes (and non-successes) seen by others who have undertaken similar projects. The Center for Health Design defines the steps of evidence based design as:

- Define evidence-based goals and objectives.
- Find sources for relevant evidence.
- Critically interpret relevant evidence.
- Create and innovate evidence-based design concepts.
- Develop a hypothesis.
- Collect baseline performance measures.
- Monitor implementation of design and construction.
- Measure post-occupancy performance results.

Approach to the Integration and Input from Users and Other Concerned Groups

The project will begin with a series of kick-off meetings that have three primary objectives:

1. An opportunity for the owner's clinical stakeholders – providers, caregivers, educators, support personnel, administrators – to articulate their environmental, functional, and operational visions and goals for the project. Since the Program for Design has been recently completed and many of the operational and functional design concepts are already vetted, these kick-off meetings will allow the clinical stakeholders to articulate their work to-date. This is also an opportunity to explain to these stakeholders the process of design, upcoming meetings that will require their participation, and the information required from them.

2. An opportunity for the owner's engineering, design, and construction personnel to describe their goals and the current building systems parameters within which the final design must fit.

3. An opportunity for the consultants – architects, engineers, and construction manager/project manager – to describe and discuss among themselves and with the owner their expectations of themselves and of each other.

It is at this earliest stage that expectation management begins and consensus is realized.

There are several different approaches to obtaining relevant planning and design input from key project stakeholders and for communicating project progress and eventual recommendations. The approaches may vary from a fairly centralized and controlled planning process involving relatively few individuals in leadership positions, to a relatively open, broadly based process involving active participation of grass-roots level facility users representative of all aspects of its "life". This includes end-users such as patients and their families. Which approach is better depends, primarily, on the institution's history, culture, project requirements and timing.

Given GHS's role as the leader in community and academic healthcare, a participatory planning / decision-making process should be utilized, in which the development of objectives, priorities, assumptions and recommendations involves a great deal of interaction between the project team and various levels of facility users. The process involves more iterations in thinking and more interactions with the client, and while the process tends to be labor intensive, it is often easier to implement its recommendations because of a deeper general understanding and acceptance of the project and its goals.

Often the agreed upon planning process represents a blend of the two approaches where we will use the introductory interviews with top management, board members, community leaders (if appropriate) and medical staff to gather information that will allow us to help GHS anticipate the reactions of concerned groups. Thus, any sensitive issues that are identified will be addressed in the course of the project. In addition, the same relatively small group will define project parameters and specific planning objectives. While most of the general issues to be resolved will be conveyed to the planning and design team through this central group, some concerns, especially those related to a particular physical or functional area, will be addressed through a more participatory planning process involving departmental user groups. Once planning options are defined and a preferred direction has been discussed with the hospital's leadership, a series of review meetings will be held with middle management and key medical staff explaining the rationale behind the options and seeking comments from their specific perspectives.

Given the mission and location of Grady it will likely be necessary (or, at least, prudent) to garner support from the neighborhood. We will participate with GHS in presentations to Georgia State, NPU M, Council districts 2 and 5 and Ms. Archibong and Mr. Farokhi, as well as the business groups in the area. Early buy-in from and support of these groups and individuals can help during zoning and permitting conversations.

Approach to Effective Use of the Resources of the Grady Health System

One of the most difficult challenges this project presents will be planning and designing the facility while respecting the fact that the affected people at GHS -- faculty and staff, administrators, support personnel, and facilities personnel – all have day jobs. It will be the responsibility of the design team, particularly the project manager, to achieve the highest-and-best use of GHS time and provide guidance and leadership, clear communication, and enough data and information to instill confidence in the decision-making process. We understand that appropriate decisions can be made only if the correct data are gathered, prepared and presented in a well-organized, concise, and meaningful fashion and that suitable options are understood, studied and evaluated.

Understanding the Lean approach used by Grady in developing the program-of-requirements and regularly by LEO A DALY during our design process, we will ask for time from Grady staff (meetings, etc.) only if it is agreed that these time requests add value to the process and enhance the outcome. We will build on the work already accomplished by Grady during the programming process and will re-visit decisions and directions only if new or conflicting information arises.

Approach to the Phases of Design

The RFP states that the ***Conceptual and Schematic Design*** phase will be 16, or so, weeks. We concur. During the days and weeks following the kick-off meetings, the consultant team will conduct working sessions with the various user groups to verify the owner-provided space program and block plans and to discuss the operational models that are to be supported in the renovated facility.

It is essential that the schematic design process follows a methodology familiar to the clinical stakeholders. Physicians and nurses are trained in the ***art of diagnosis.*** A patient shares his or her set of symptoms with providers – including some symptoms that may or may not be related to each other or to the issue at hand. Providers then create a list of potential diagnoses and eliminate options until they arrive at the final diagnosis. At that point, they develop a treatment plan that best aids in the improvement of the patient's health. Architects are trained in the ***art of design***. As healthcare architects, our job is to understand how physicians and nurses think and work, and to design facilities around those concepts.

We ***listen*** to providers, take their concerns back to the studio and create ***design options***. Much like the process of determining a diagnosis, together with providers, we eliminate design options and sometimes come up with new designs to create the best "diagnosis" for the space we are creating. We then move forward with delivering the healthcare facility that best ***solves their challenges and meets their needs***.

The RFP clearly defines the deliverables (and reviews) to be included with the schematic design package: floor plans reflective of the initial block diagrams; suggested exterior massing and materials; vignettes of interior areas showing how and where patient-friendly places can be created; and narrative descriptions and graphics describing proposed building systems. Bringing on the construction manager during or at the end of schematic design will allow for early and reliable verification of the construction cost estimates developed by the design team. Review of this package by the Grady Health System will confirm compliance with functional intent and design standards. The documents and cost estimates prepared during Schematic Design will be delivered to the Department of Community Health as part of the application for Certificate-of-Need.

The compilation of the deliverables outlined in the RFP will be the "basis-of-design" – a document that contains information describing the reasons for the design direction of the CASS.
The following will be included:

- The program and block diagrams that were the point-of-departure;.
- Narrative description of the specific patient and family support elements integrated into the design;.
- Narratives describing the functional objectives and intent;
- Descriptions of the clinical operational models to be incorporated;
- Minutes of all meetings as a means of conveying the thought processes and input leading to the final design;
- Narrative descriptions of building systems – HVAC, electrical, plumbing, IT/data, fire protection;.

- Narrative descriptions of proposed building materials and finishes and interior materials and finishes;.
- The schematic design drawings and renderings, including preliminary equipment and furniture placements;
- Site plans, preliminary landscape design, traffic patterns, and parking configuration;
- With the early involvement of the CM, this document will include construction cost verification, including indications of allotments of the budget to the various elements of construction.

This basis-of-design document serves many purposes. It provides the construction manager with information for verifying budget conformity. It is a complete representation of the decisions leading to the final design. And, very importantly, it is the ***"Owner's Manual"*** for the building. Since it will be many months from the end of design development until occupancy, the basis-of-design remains as a reminder to those who were engaged in the process why decisions were made. It provides opportunity for individuals brought onto the GHS staff after the design process to understand why the facility is as it is and how it is to be operated.

In response to the requirements set forth in the RFP, ***design development*** will refine the functional requirements of each room. The design development process will establish the operational and distribution requirements for each of the building systems. Specific major equipment items will be placed on the plans and their impact on building systems understood. The early involvement of the construction manager will allow for investigation and inclusion of various ***construction techniques that can save time*** during construction – modular structural systems, prefabricated interior components, prefabricated exterior skin systems, and other approaches – and consideration of design solutions that ***can significantly reduce operating costs and life-cycle costs***. With the CM we will identify the construction packages that will define the construction documents phase and plan decision-making accordingly.

The design development process and documents allow the CM to establish a ***GMP***.

The ***Construction Documents*** phase is an intense and on-going conversation among the various disciplines of the design team, refining and coordinating the elements of the design. With the early and continuous involvement of the construction manager, it is also a time of continuous coordination and communications to ensure that the design intent is fully understood at the beginning of construction. The construction manager is an integral part of this documentation process through his offering constructibility insights, alternative detailing, and suggestions on materials and products. Early involvement of the CM allows for unforeseen conditions and situations to be anticipated and potential solutions identified before the fact.

Approach to the Construction Phase

Open and regular communications among all construction process stakeholders, based on mutual respect and trust, is essential to the successful delivery of a complicated construction project. Since every project will uncover unknown and unforeseen conditions, questions from the constructors to the design team will and should occur. The drawings and specifications produced by the architect and engineer are to show design intent. The constructors – construction manager and subcontractors of the various trades – dictate the construction means and methods through their shop drawings and suggested alternative materials. A Request-for-Information (RFI) is one method of communications between the constructor and the design team. However, an RFI can be proactive and positive – seeking a solution to an issue amicably and early, or an RFI can be reactive and negative – seeking to assign blame and build barriers to good communications. It is mutual respect and trust that keeps communications positive. This collaborative attitude – this team spirit – is established during the earliest days of the design process at the kick-off meeting and during subsequent team meetings. Grady has indicated its intent to engage a construction manager early in the design process. The design team concurs that early engagement of the CM will foster the open and regular communications and will avoid the lack of communications that leads to unnecessary RFIs.

To effectively manage the RFI process we will offer opportunity to engage the CM and the owner's design and construction staff throughout the design and documents portion of the project as well as during construction. The CM can significantly influence the process of design

documentation by assisting the design team in understanding constructibility, means, and methods that affect phasing, schedule, quality, and cost. Since the contract cocuments are for the constructors' use, leveraging their construction expertise during the preparation of the drawings is invaluable and contributes to reducing the number of adverse RFIs. Since the CM has access to the construction subcontractors and understands their capabilities his input and can streamline the submittal process. Similarly, early and continuous involvement of Grady's facilities team will help ensure that what is designed is appropriate for Grady. These individuals are the best experts to consult in understanding which details and systems will work in the facilities they are charged to maintain. By ensuring their input into the design, conflicts and changes can be avoided. The totalteam approach to creation of construction drawings and specifications also contributes to the reduction of traditional submittals from the subcontractors. If those responsible for the means and methods are involved early, they already understand the design intent and can ask their questions before the drawings are completed.

The project schedule suggested in the RFP includes periods of document review by Grady at the end of each design phase. We suggest that these QA/QC reviews be by the total team - owner, construction manager, and architect/ engineer -- and collaborative. In addition to the team members who have been with the project from the outset, the QA/QC team should include fresh sets of eyes – individuals who are new to the project. The QA reviewers will scrutinize the drawings from the viewpoints of the various subcontractors who will be reading them and, in doing so, visualize constructing the building from the information provided. This effort also involves becoming familiar with the architectural, mechanical, electrical, and structural designs and understanding how all elements and systems interface.

During the ***construction phase,*** our team will be represented at the owner-architect contractor meetings to continue the communications started at the kick-off meeting. While those communications will have been anticipated and pre-answered, there will be questions from some of the subcontractors. The open communications established among the team members will facilitate on immediate and congenial exchange of information. The local presence of key design team members ensures that our responses can be timely.

Of special note: our collective healthcare experience confirms that, typically, a construction process represents several generations of medical equipment, at least a few changes in key clinical staff, and opportunity for others to re-think some earlier decisions. In addition, there may be owner-directed changes resulting from value analyses, scope modifications, and strategic initiatives. The project budget should anticipate these potential changes. The collective design and construction team will have been involved with Grady from the beginning. They will have embraced the mission and vision of the Center for Advanced Surgical Services as their own. They will recognize that owner-directed changes are a natural progression of this type of project. They will have anticipated and will have discussed with the owner's team potential changes and will have developed processes for considering and incorporating changes in ways that minimally impact schedule and budget.

The RFP states a project design schedule. Our team's healthcare design experts believe that the proposed schedule is achievable. Based on our experience, we acknowledge that the timely scheduling of review meetings with the facility's users may present challenges; however, our seasoned team of healthcare design professionals is adept at responding to variations in schedules; our local presence allows us to make the time to meet with the users. It is the consensus gained during those user meetings that will shape the facility. We also acknowledge and accept that Grady may change the timeline; our team is prepared to adapt our processes accordingly.

Approach to Non-Contractual Integrated Project Delivery / Design Assist CMaR

The LEO A DALY team recognizes that great architecture does not result from a process in which the architect first develops vision of the project in isolation and only afterwards engages the rest of the team in the execution of that vision.

Rather, truly great buildings are the result of extensive collaboration involving the owner, the architect, the consultants, and the contractor—each contributing their unique expertise and understanding. We believe the owner-architect-contractor relationship is most successful when there is a level of trust and commitment among the parties.

Likewise, LEO A DALY believes that collaborative design also includes working transparently with owners and CMs on items such as scope and cost. We manage scope and cost by building relationships with contractors that are built on trust and respect and rooted in consistent communication and shared experiences.

LEO A DALY understands Grady's intent to alter the more traditional approach to design and construction to a Design-Assist CMaR model. Recognizing the benefit of collaboration, we have been integrating engineering and design for decades. Over the last decade, we have been involved with dozens of projects that utilize a delivery process similar to Non-Contractual Integrated Project Delivery or Design-Assist CMaR. We are familiar with and are comfortable with collaborating and constantly communicating with all team members from predesign to construction. Our goal is to implement a process that meets or exceeds your program, cost, schedule, and quality goals.

"Our programs and designs have been creative and innovative as well as being cost effective. I am very comfortable in our working relationship on a day-to-day basis and look forward to our future relationship with Leo A Daly."

Daniel N. Dunn,
Vice President of Operations,
Wentworth-Douglass Hospital

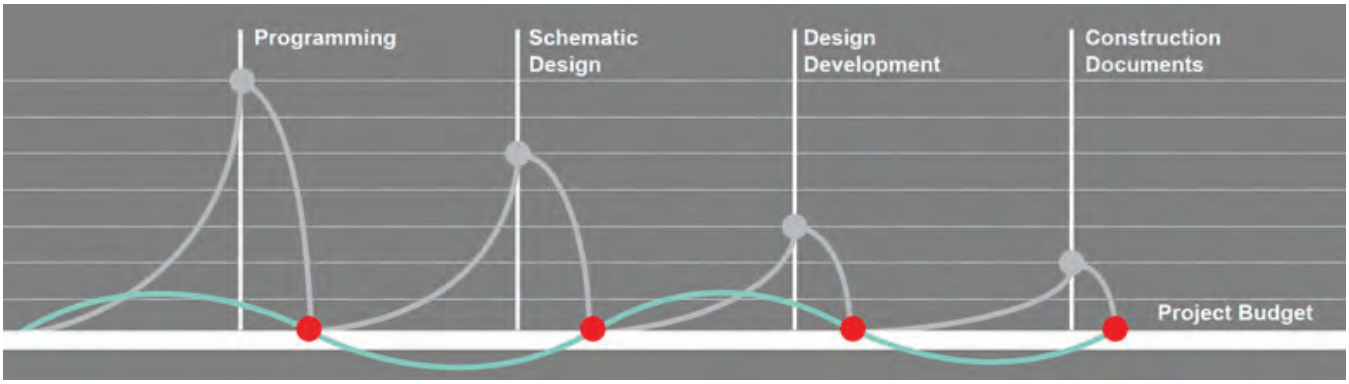
Cost Estimating Approach

All design decisions are ultimately subject to considerations of cost and schedule. The inclusion of these considerations into the design process is fundamental to the LEO A DALY team's design method. The means for effective cost control on this project will be established at the earliest stages of programming design with the development of a project cost model. This conceptual estimate will establish an overall project size and scope, including select design parameters regarding materials and phasing. The model will be created through the combined efforts of the design team, the cost consultant, and GHS.

Our experience with high-performance buildings has taught us that the old models for delivering a building are inadequate. To reach the net-zero energy aspirations of clients, we have learned that it is necessary to implement an integrated design approach. That means we engage the engineering team at the beginning of the design process. The architecture must grow out of the specific demands of the local environment, as well as the specific functional demands of the building. Second, the approach to cost estimating is very different; cost of interrelated systems must be analyzed for both capital and lifecycle value. A more efficient envelope may be more expensive, but, when considered in the context of cost savings of the mechanical system and reduced maintenance costs, may exceed the increases in additional energy savings over the life of the building.

Our team includes Costing Services Group, a cost estimating firm with extensive health care experience with Grady and regionally. Working with the LEO A DALY team, CSG will develop a base cost estimate at the beginning of design that will be updated and expanded in detail throughout schematic design and the design development process. As alternative building systems are defined, their costs will be compared to this base estimate with the goal of accommodating functional and design requirements and delivering the best value, while remaining within the established budget. All project systems will be tested in each alternative scheme for function, durability, finish, cost, etc. in order to realize the highest cost/benefit ratio for GHS.

We will work in partnership with GHS's team in the preparation, review, and monitoring of construction cost data on a continuous basis throughout the project. Specific cost estimates will be submitted to GHS for review at the completion of the schematic design phase, design development phase, and at the 50%, 75%, and 100% stages of the construction documents phase. Estimates will be shared with the CM to compare against the CM estimate, followed by reconciliation of the two estimates, not to make them come out the same, but to assure that quality and quantity assumptions are the same. During the construction phase, our design team analyzes CM change proposals using the same detailed quantitative and qualitative approach.



> *"Once again I have found the professionalism and expertise your firm brings to the tasks at hand to be well tempered by a welcomed sense of humor and realistic grasp of the existing constraints and potential opportunities required to meet the needs of patient care, staff comfort and efficiencies, and limited resources. It has been a pleasure working with you, and I look forward to engaging in future efforts on behalf of the Health System."*
>
> George Smith
> Grady Health Systems

LEO A DALY is committed to the delivery of the Center for Advanced Surgical Services to the Grady Health System in an expedient manner. Our key resources have time available to accept the workload anticipated for this project. Through our quality operational planning procedures, we will create an overall project schedule at the initial visioning session and work with your team to deliver all aspects of this planning engagement. We pride ourselves on our ability to produce quality documentation in a fast and efficient manner. We also understand that some projects may take longer to come to fruition due to various causes: funding, financing, availability of stakeholders, review cycles of regulatory agencies, etc., all come into play when projecting a schedule and making staff commitments. The breadth and depth of our team allows for ultimate flexibility in meeting your needs. In addition to the resources immediately available and committed from the LEO A DALY Atlanta office, Mazzetti, the other team members, LEO A DALY will make available the 200 design professionals nationwide and the larger group of over 800 design professionals on staff. LEO A DALY can assign and shift resources when events beyond our control impact a project.

Approach to Building Design and Functionality

The LEO A DALY design team will certainly work to see that the Center for Advanced Surgical Services exceeds the stated goals of affordability, operational efficiency, maintainability, economy, and flexibility. While meeting these programmatic needs as set forth by Grady, the CASS will also be an integral part of the urban neighborhood in which it is placed. Consequently, the conceptual design offered for your consideration presents early thinking about relationship to the city; relationship to Grady Hospital; relationship to pedestrians and the street context; and outdoor greenspace opportunities for patients and staff.

Blending the two stacking development options presented in the program, this design concept entails a parking plinth with some program space adjacent and some program space above. The section of the CASS fronting Jesse Hill, Jr., Street will have clinical program and public amenities adjacent to parking and reaching up from street level so there are "eyes-on-the-street" and a respectful gesture (other than blank parking) to the Grady Hospital. Of significance is the creation of a public plaza at the corner of Jessie Hill and Gilmer. This plaza will offer outdoor, shaded space and will be day-lighted from above via a conical light shaft extending from the roof. This light shaft also brings additional daylight into each of the clinic waiting areas on each floor. These waiting areas will have views to the south toward the State Capitol as a way to help orient patients and families to their surroundings. The programmed retail areas will be located on the 4th Floor; a bridge to the hospital will tie in at this level. The parking deck levels adjacent to these clinics will be designed at a floor-to-floor height that allows each clinic area to expand into the deck. Parking deck circulation will be configured so that any future clinic expansions

will not disrupt traffic flow in the deck (of course, such expansions would eliminate some parking spaces). All clinic areas will be planned around a standard module in order to maximize flexibility in assignment and use.

Between the parking plinth and the upper clinic floors will be an interstitial mechanical level that serves the building and the parking (anticipating future expansions) and reducing overall sizes of shafts through the clinical areas. The top floors of the building will be a contiguous floor with the ASC and supporting elements. The cancer treatment components will be on the upper floor. Roof gardens with shaded areas (and amazing views of downtown!) will be created with access for patients and families. A discreet outdoor roof terrace will be created for staff, caregivers, and providers.

This concept suggests using daylight-collecting systems that transfer natural light through carefully placed reflective tubes into the center areas of the building. These tubes are able to be bent so they can be located with other vertical elements (ex: columns). Since quality of natural light is so critical to helping maintaining circadian rhythms, such a system of providing daylight, rather than artificial light, will significantly reduce the sensory-deprivation issues so often faced by healthcare workers.

MEP Systems -Lean Design Supports the Owner's Project Goals

The RFP states that building systems should deliver:

- Superior efficiency in energy, material, maintenance, and economics.
- Best practices in both care and facilities development.
- Flexibility (accommodate changes) and adaptability (to different occupancy or growth).

Design concepts and alternatives for building systems will be identified and developed during design workshops (team charrettes) among the owner, CM, design-assist partners, and design team as part of the design process. Initial screening will identify those concepts most appropriate and affordable. These alternatives will then be grouped and explored through each design phase as an understanding of both the requirements and the alternatives improves. This approach assumes variability in the process and preserves options as long as possible, providing maximum flexibility and producing better outcomes.

Design that supports the goals does not isolate MEP systems. Integrated systems design considers the effects of; building organization; envelope; usable space; construction cost; maintenance needs; energy; reliability; useful life and replacement capability, flexibility of space usage and adaptability to future growth and reuse, and other factors.

MEP Systems-Lean Design Supports the Owner's Project Goals

The programming and conceptual designs already completed have identified many concepts and parameters for the building systems. Lean design teaches, though, that these assumptions should not be considered firm at this stage of the design. The Mazzetti team will approach the proposed design as an alternative to be considered in the set-based design process. Additional alternatives will be conceived and developed within the project team, informed by early and refined energy modeling and analysis, and tested against the project criteria.

Examples of alternatives that may be considered:

- Chilled beams with DOAS in lieu of traditional VAV air systems.
- **Dessicant** dehumidification for surgery suite air handling systems, in lieu of glycol sub-cooling.
- Floor-by-floor air handling units in lieu of a mechanical floor with large shafts.
- Heat pumps for building heat in lieu of or supplemented by condensing boilers.

- Hybrid ground-source heat pump system integrating deep foundation borings into the ground heat exchanger.
- Double skin on the south face of the building, using solar PV to both screen the building and produce power.
- Water-cooled variable refrigerant flow systems for portions of the building.
- Natural-gas-fired emergency generator in lieu of diesel fuel storage.
- Fuel cell and/or battery systems in lieu of engine-generator.
- Rainwater capture for cooling tower makeup and/or flushing fixtures.

Each option will be weighed against its contribution to energy management and life-cycle costs, initial affordability and constructibility, and long-term flexibility.

Structural Systems Impact Energy Efficiency, Sustainability, and Flexibility

If it is determined that a hybrid ground-source heat pump system is a viable and cost-effective approach for the CASS, the Walter P Moore team will coordinate with LEO A DALY and Mazzetti to integrate the piping for that system into the deep foundations to maximize the effective use of drilling rigs. When considered early and included in the design, the required thousands of feet of underground piping are easily incorporated into the construction. Recent installations have seen ROI in just a few years.

Because they have service groups that specialize in new parking design, as well as restoration and repair of older parking structures, Walter P Moore has developed best practices to provide various levels of service for the life of a new parking deck. Their approach to proactive communication of the current and future costs of building and maintaining garages will allow Grady to make value-based, evidence-based decisions.

Walter P Moore's Healthcare Community of Practice gathers best practices from hundreds of healthcare projects around the country to inform the designs on projects like the Grady CASS. During the phases of design, the design team will proactively review options for flexibility, such as loading, vibration, future equipment needs, and types of structural systems to evaluate cost and benefits for Grady.

Creating a sustainable built environment is one of the foremost challenges of our generation. This design team welcomes the challenge to develop integrated solutions for high-performance buildings that use our resources responsibly. Incorporating sustainability into structural design involves the efficient and thoughtful use materials. Whole Building Life Cycle Assessment (WBLCA is a quantitative tool for measuring environmental impacts throughout the entire lifespan of a project — from building design and construction through operations and maintenance, occupancy, and end-of life. WBLCA may be used as a design and decision tool to compare and contrast environmental impacts of different structural systems. WBLCA helps instruct the design team in how system choices contribute to initial costs and life-cycle costs. This team has led the industry in applying WBLCA to the design of building structures and enclosures.

Future expansions can be more easily achieved when the expansion concepts are understood during the earliest phases of design. As described above, the planning concept presented with this proposal suggests providing for clinic expansion horizontally into the parking deck. For a small premium in initial construction cost the expansion can be prepared. Many recent experiences have shown that, when both horizontal and vertical expansions are planned, the owner is more likely to undertake those expansions when required and for much less cost than other expansion options.

Designing for adaptability and change is inherent to our approach: planning for today while preparing for tomorrow.

Understanding the Architectural Services Agreement (ASA)

The ASA is generally acceptable to LEO A DALY with the exception of minor items noted on the copy attached to this proposal. The proposal does not represent an offer or acceptance of any contract and is conditioned upon subsequent negotiation and agreement to any terms or conditions governing the services proposed.

Concept for Deploying the Required Resources to the Project

LEO A DALY is committed to the delivery of the Center for Advanced Surgical Services to the Grady Health System in an expedient manner. Our key resources have the available time to accept the workload anticipated for this project. Through our quality operational planning procedures, we will create an overall project schedule at the initial visioning session and work with your team to deliver all aspects of this planning engagement. We pride ourselves on our ability to produce quality documentation in a fast and efficient manner. We also understand that some projects may take longer to come to fruition due to various causes; funding, financing, availability of stakeholders, review cycles of regulatory agencies, etc., all come into play when projecting a schedule and making staff commitments. The breadth and depth of our team allows for ultimate flexibility in meeting your needs. In addition to the resources immediately available and committed from the LEO A DALY Atlanta office, Mazzetti, and the other team members, LEO A DALY will make available the 200 design professionals nationwide and the larger group of over 800 design professionals on staff. LEO A DALY can assign and shift resources when events beyond our control impact a given project.

Grady has indicated that the former FCHD Building (4th Floor) will be available for meetings, charrettes, and mock-up construction during the design phases. Having a home-base during design will be very helpful and beneficial to Grady. That building may become unavailable at some point during the construction documents phase, if the CM and Grady decide to begin early demolition. Other space may be necessary for additional mock-up construction; that need can be discussed when appropriate.

The most valuable asset from Grady will be, of course, its people. One of the most difficult challenges this project presents will be planning and designing the facility while respecting the fact that the affected people at GHS -- faculty and staff, administrators, support personnel, and

facilities personnel – all have day jobs. It will be the responsibility of the design team, particularly the project manager, to achieve the highest-and-best use of GHS time and provide guidance and leadership, clear communication, and enough data and information to instill confidence in the decision-making process. We understand that appropriate decisions can be made only if the correct data are gathered, prepared and presented in a well-organized, concise, and meaningful fashion and that suitable options are understood, studied and evaluated.

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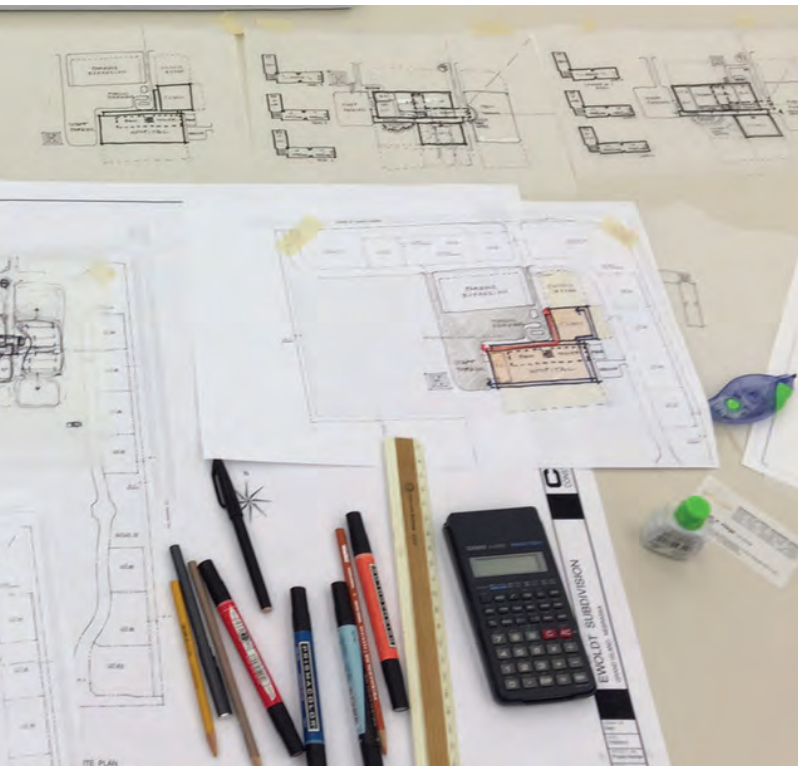


Best Practices and Key Factors to Project Success

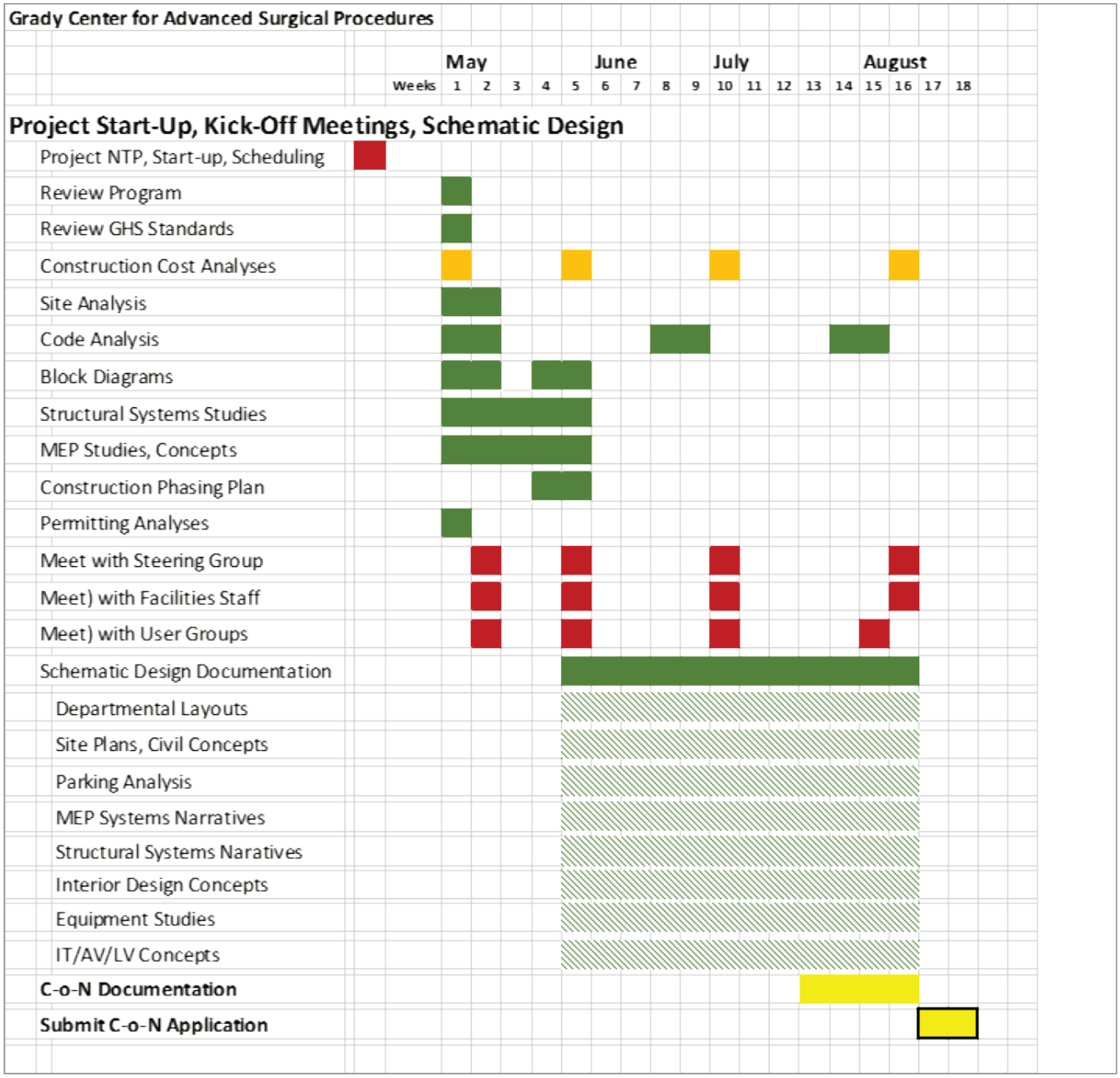
Open and regular ***communications*** among all construction-process stakeholders, based on mutual ***respect and trust***, is essential to the successful delivery of a complicated construction project. Since every project will uncover unknown and unforeseen conditions, questions from the constructors to the design team will and should occur. It is mutual respect and trust that keeps communications positive. This collaborative attitude – this team spirit – is established during the earliest days of the design process at the kick-off meetings and during the subsequent team meetings. Grady has indicated its intent to engage a construction manager early in the design process. The design team concurs that early engagement of the CM and design-assist subcontractors will foster the open and regular communications and will avoid the lack of communications that leads to unnecessary and adversarial RFIs.

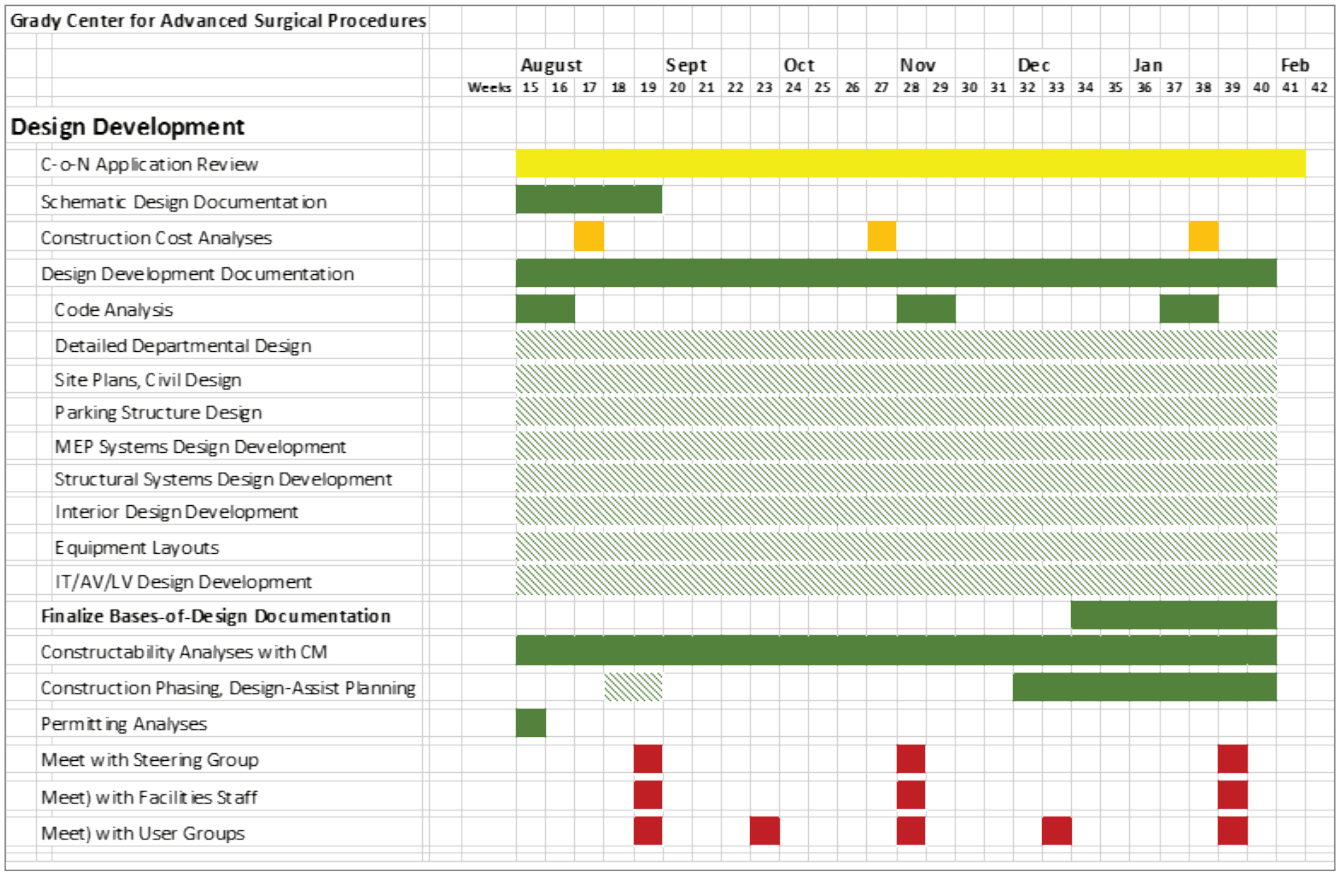
The CM and design-assist subcontractors can significantly influence the process of design documentation by assisting the design team in understanding constructibility, means, and methods that affect phasing, schedule, quality, and cost. Since the Contract Documents are for the constructors' use, leveraging their construction expertise during the preparation of the drawings is invaluable and contributes to reducing the number of adverse RFIs. Because the CM has access to construction subcontractors and understands their capabilities, his input can streamline the submittal process. Similarly, early and continuous involvement of Grady's facilities team, will help ensure that what is designed is appropriate for Grady. These individuals are the best experts to consult in understanding which details and systems will work in the facilities they are charged to maintain. By ensuring their input into the design, conflicts and changes can be avoided. The total-team approach to creation of construction drawings and specifications also contributes to the reduction of traditional submittals from the subcontractors. If those responsible for the means and methods are involved early, they already understand the design intent and can ask their questions and inform decisions before the drawings are completed.

Project Timeline

The following charts describe conceptual timelines for each phase of the project, consistent with the preliminary design schedule provided by Grady.

Since Grady has decided to include construction professionals throughout the design process it will be possible to establish clear and open channels of communications among all parties early in the process and, therefore, to identify approaches to documentation and construction phasing that may reduce the time required to execute the various design stages. Since 2006, LEO A DALY has been a team member on over 400 DB/DAS/CM@R projects, ranging in size from smaller modernization-and-repair renovations to freestanding outpatient clinics to a $350 million total replacement hospital. Each engagement included unique approaches to communicating design intent and construction that ultimately reduced the overall project schedule.

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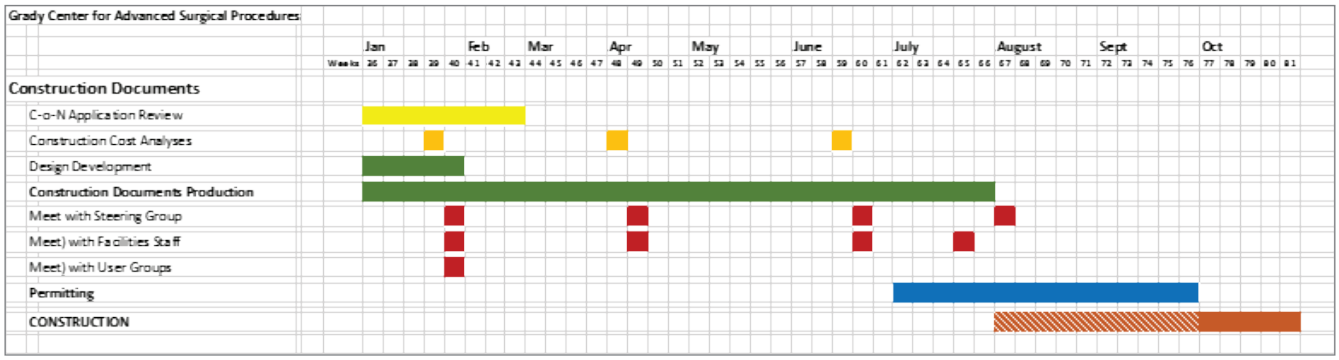
Code Analysis
Detailed Departmental Design
Site Plans, Civil Design
Parking Structure Design
MEP Systems Design Development
Structural Systems Design Development
Interior Design Development
Equipment Layouts
IT/AV/LV Design Development
Finalize Bases-of-Design Documentation
Constructability Analyses with CM
Construction Phasing, Design-Assist Planning
Permitting Analyses
Meet with Steering Group
Meet) with Facilities Staff
Meet) with User Groups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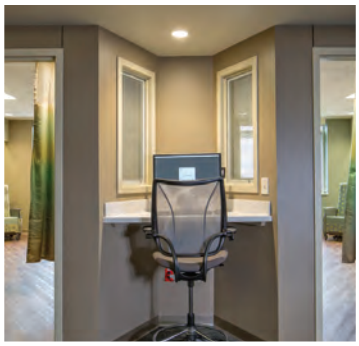
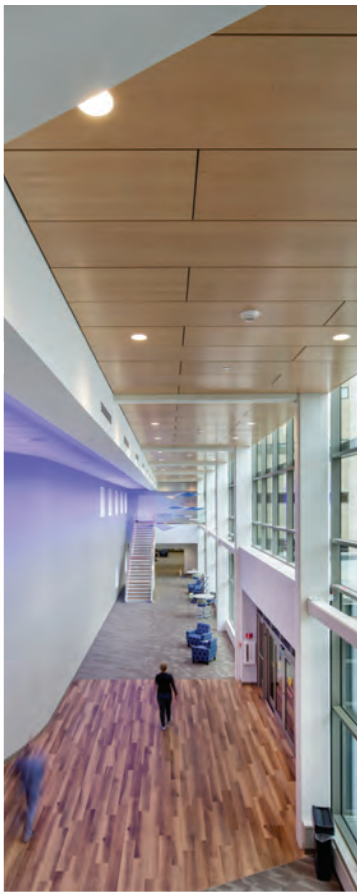
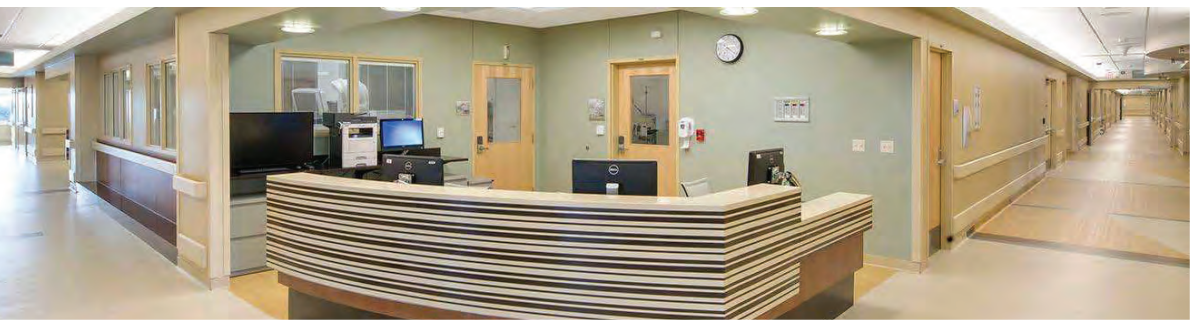
Oct
Construction Documents
C-o-N Application Review
Construction Cost Analyses
Design Development
Construction Documents Production
Meet with Steering Group
Meet) with Facilities Staff
Meet) with User Groups
Permitting
CONSTRUCTION

LEO A DALY







Staffing Plan and
Staff Credentials

A Results-Oriented Team with a History of Working Together, and with the Grady Health System

Complementing our LEO A DALY team are firms comprised of seasoned planning, architectural and engineering veterans specializing in healthcare design and construction. Together, we will work side-by-side with Grady Health System staff and other stakeholders as integrated members of the project. Our team's enthusiasm, personal investment, and local knowledge of the Atlanta area make us an ideal fit for your project.

LEO A DALY, Prime

Strong client relationships have helped LEO A DALY become a leader in the design of the built environment, and one of the largest planning, architecture, engineering, interior design, and program management firms in the world. Since 1915, we have had an unyielding focus on design excellence to create exceptional spaces that enhance and enrich the human experience.

Our privately held practice has more than 800 design and engineering professionals in 29 offices worldwide.

A Team Dedicated to Healthcare

Since 1953, LEO A DALY has been instrumental in the design of healthcare facilities. Working with integrated, multidisciplinary planning and design teams, we continue to demonstrate knowledge, leadership, and creative vision in the current trends and modalities of healthcare delivery. With a team of 200 professionals dedicated to healthcare, LEO A DALY offers the technical expertise to create environments that foster outstanding patient and family-centered medical care, while satisfying all the complex requirements of the JCAHO, ADA, and varied local, state, national, and international healthcare planning and licensing agencies.

LEO A DALY has been at the forefront of facility development that is founded in the patient family-centered care, and cooperative care philosophy.

"The LEO A DALY team was exceptional to work with throughout the entire process...their staff are knowledgeable, but also collaborative, working well with all project team members. We were so impressed with their work and professionalism that when it came time to contract an architect for our new cancer center project, LEO A DALY was the only architect we contacted. Without reservation, I recommend consideration of LEO A DALY as your architect."

Susan K. Thompson,
President and CEO,
Trinity Regional Medical Center

Over the years, patient quality care has improved to involve human sensitivity. This is apparent in our design of hospitals and clinical facilities through the many technical design services we offer.

Mazzetti/PerryCrabb, MEP/IT

Mazzetti is a global provider of MEP engineering design and technology/IT consulting, with expertise in planning, design, energy optimization and construction management. We are change leaders, collaborative entrepreneurs, strategic planners and seasoned engineers.

In January 2018, we merged with PerryCrabb, uniting the market leaders in healthcare engineering and technology consulting with one of the nation's most progressive healthcare engineering consulting firms in the southeast.

We have extensive experience designing highly complex and critical systems, such as healthcare facilities, data centers, cleanrooms and laboratories. Our success is attributed to our commitment to build relationships on a foundation of technical strength, cooperation and client commitment.

Founded in San Francisco in 1962, Mazzetti has grown to 11 offices and over 200 full-time employees. We are an employee-owned benefit corporation built by people who enjoy working with you to deliver innovative projects that make a difference in lives and communities.

Change is constant, and our built environments must be able to respond and adapt. We are relentlessly focused on making the world a better place by creating better environments. We plan healthful, technologically advanced buildings that serve people, companies, the economy and the future.

Long Engineering, Civil Engineering

LONG's medical experience includes a plethora of civil engineering and land surveying services at the Northside Hospital Campuses in Sandy Springs, Forsyth and City of Canton, Piedmont Hospital in Atlanta, and various clinics in the Metro area. Our expertise includes of evaluating infrastructure requirements necessary to support a hospital, including quantifying initial and future domestic water, fire protection and sanitary sewer needs. LONG prides in designing improvements to support future campus expansions, including emergency departments, surgery centers, women's centers, MOBs, cancer centers and satellite clinics. Our site design and permitting of facilities is sensitive to the impact on the operations and access to existing facilities. We strive to implement designs that allow construction improvements to continue without disruption to the patients and staff's needs.

A Good Corporate Citizen

Throughout our history, we have consistently employed and assisted consultants who are disadvantaged and/or small business. A major goal of our firm is to be a good corporate citizen, as well as provide equitable utilization of Diverse Business Enterprises firms in the communities in which we work. It is LEO A DALY'S policy to involve meaningful small business participation at every level of project design, while keeping the interests of the project at the forefront.

Jones Worley, Signage/Wayfinding

Since 1990, Jones Worley's team of seasoned communications and design professionals has helped organizations in a variety of industries effectively brand and market their products, services, and environments.

Jones Worley has established a reputation as one of the premier communications, wayfinding and signage design agencies in the southeast ,having completed more than a dozen healthcare projects. The firm's impressive portfolio of healthcare experience includes:

- Aflac Cancer Center at Children's Healthcare of Atlanta (GA)
- Greenville Memorial Medical Center (SC)
- John Hopkins Cancer Center (MD)
- Phoebe Putney Memorial Medical Center (GA)
- The Centers for Disease Control and Prevention (GA)
- University of Georgia Health Center (GA)

The Atlanta-based, woman-owned firm has also worked on major projects for the Metropolitan Atlanta Rapid Transit Authority (MARTA), Hartsfield-Jackson Atlanta International Airport, Gateway Village, Turner Entertainment Headquarters, Delta Airlines, The Coca-Cola Company, AT&T, and many others.

Strategic Hospital Resources (SHR), Medical Planning

Strategic Hospital Resources (SHR) is a global medical equipment planning, procurement and move management firm, incorporated in the United States in 2003, with its corporate head office located in Atlanta, GA. SHR has expanded with offices in Toronto, South Carolina, and North Carolina.

SHR is a privately-owned women's business (WBE) with Debbie Heitzman as the Chief Executive Officer. Supported by a strong management team, we believe in incorporating the requirements of the project owner with best practice solutions to outfit the facility whilst remaining fiscally prudent throughout the progression of the project. At SHR, we pride ourselves on our ability to assist hospitals, architects, and developers with the clinical knowledge and integrity required to design and construct healthcare facilities. We assist this by utilizing our proprietary software system - Equipment Solution Planning (ESP).

SHR's service offering provides detailed and fiscally prudent medical equipment planning, procurement and move management services. We believe that the best results come from combining our broad experience with our clients' deep knowledge of their own realities. This is how we bring an open, collaborative approach to every project. We are known for integrating seamlessly into our clients' teams, sharing tools and expertise, while respecting our clients' knowledge and ideas. We pride ourselves on the fact that many of our medical equipment consultants derive from a clinical background, ensuring that discussions between the hospital stakeholders and our planners are handled in a professionally knowledgeable manner covering sub-specialties that encompass all aspects of the clinical planning phases. Early and timely stakeholder engagement is a hallmark of our process. This approach not only helps expose concerns and achieve buy-in, it also unlocks valuable insights and perspectives from our clients and their partners.

Dix.Hite + Partners, Landscape Architect

For more than 20 years, the firm has provided leadership in design and landscape architecture, with special expertise in sustainable mixed-use projects, transportation corridors, streetscapes, parks, open space, public-realm design and multi-family development.

As a firm we've worked on medical buildings, assisted living/continuing care communities, and campuses. We have team members who worked on hospitals prior to joining Dix.Hite. That experience includes Lake Beauty Park and Winnie Palmer Park for Orlando Health (park design, amenities, and stormwater/sustainable design); master planning for the Orlando Health Campus; design for the Orlando Regional Medical Center (park and plaza design; fountains, courtyards); environmental graphics and landscape design for Orlando Health's Health Central Hospital in Winter Garden, FL; and the healing gardens and indoor/outdoor spaces at Nemours Children's Hospital at Lake Nona in Orlando, FL.

Costing Services Group, Cost Estimating

Costing Services Group, Inc. (CSG) is headquartered in Atlanta, and has been in the estimating and construction business since 1979. CSG has successfully participated in over 6,000 projects for more than 550 clients throughout the 50 states, the Caribbean, Europe, Africa and Asia. CSG fosters an environment of learning and achievement in the firm through membership in the American Society of Professional Estimators (ASPE.) CSG's project team have significant recent experience providing construction costs and system analysis in cost control, budget monitoring, design estimating, construction estimating, building evaluations, budgeting, project scheduling, cost management, value analysis, value engineering, cost-to-complete, change order evaluation and expert witness. Utilizing our knowledge and experience, we work collaboratively with architects, owners, engineers and construction managers to provide accurate cost analysis to ensure project success.

CHI Health Bergan Mercy Medical Center campus. It involved the design of a new 138,500-SF ambulatory clinic. The new ambulatory clinic features 136 exam and procedure rooms, two general x-ray rooms, 10 specialty procedure rooms, and seven ultrasound rooms.

Walter P Moore/CSF Consulting, Structural Engineering

Walter P Moore is an international company of engineers, architects, innovators, and creative people who solve some of the world's most complex structural and infrastructure challenges. Providing structural, diagnostics, civil, traffic, parking, transportation, enclosure, and construction engineering services, we design solutions that are cost and resource-efficient, forward-thinking, and help support and shape communities worldwide. Founded in 1931 and headquartered in Houston, Texas, our 600+ professionals work across 18 U.S. offices and five international locations.

Walter P Moore established an office in Atlanta in 1989 to serve clients and projects in Atlanta and throughout Georgia and the Carolinas. This vibrant office provides full-service structural engineering and parking services to public and private-sector clients. The office has completed numerous projects up to $500 million in construction value.

Walter P Moore proposes to include CSF Consulting as part of our team. CSF Consulting, as a local MBE firm, will provide 10% of the structural engineering services for the project. CSF's Principal in Atlanta, Ben Wooten, has extensive experience in the design of healthcare facilities. CSF will be a fully integrated team member and participate in the project from start to finish.

Healthcare Facility Expertise

- Academic medical centers
- Acute care hospitals
- Ambulatory care centers
- Assisted living facilities
- Behavioral treatment facilities
- Correctional medical facilities
- Critical access hospitals
- Medical office buildings
- Outpatient surgical centers
- Pediatric hospitals
- Physician group buildings
- Radiology centers
- Wellness centers

Staffing Plan

PRINCIPAL IN CHARGE
Avery Sarden
LEO A DALY

PROJECT MANAGER
Leslie Saunders
LEO A DALY

PROJECT EXECUTIVE
Josh Theodore
LEO A DALY

DESIGN TEAM

LEAN/Six Sigma Advisior
Shane Williams
LEO A DALY

LEAD DESIGNER
Tony Pascocello
LEO A DALY

LEAD INTERIOR DESIGNER
Pamela Goff
LEO A DALY

PROJECT CONTROLS

COST ESTIMATING
Withers, Greiner, Jenkins
Costing Services Group, Inc.

PROJECT ARCHITECT
Daniel Carrera
LEO A DALY

MEDICAL PLANNER
Anindita Mukherjee
LEO A DALY

PROJECT ARCHITECT
Ron Strohm
LEO A DALY

DESIGN ASSIST TEAM

LANDSCAPE
Ryan Collins
DixHite + Partners*

LANDSCAPE
Jennie Lynn Rudder
DixHite + Partners*

LANDSCAPE
Byron Hubbard
DixHite + Partners*

LANDSCAPE
Vivian Lee
DixHite + Partners*

MEDICAL EQUIPMENT PLANNER
Debbie Heitzman
SHR*

MEDICAL EQUIPMENT PLANNER
Angela Nichols
SHR*

SIGNAGE/WAYFINDING
Cynthia Jones Parks
Jones Worley*

SIGNAGE WAYFINDING
Alejandra Thomas
Jones Worley*

SIGNAGE/WAYFINDING
Lynee Bernhardt
Jones Worley*

ENGINEERING TEAM

STRUCTURAL PIC
Douglas Robinson
Walter P Moore

STRUCTURAL PM
Brent Bandy
Walter P Moore

STRUCTURAL
Benjamin Wooten
CSF Consulting*

MEP
James Ramage
Mazzetti, Perry + Crabb

MEP
Jon Inman
Mazzetti, Perry + Crabb

MEP
Robert Hume
Mazzetti, Perry + Crabb

CIVIL
Ellen Long
Long Engineering*

CIVIL
Melissa Johnson
Long Engineering*

STRUCTURAL
Carlos Gutierrez
CSF Consulting*

MEP
Arash Guity
Mazzetti, Perry + Crabb

MEP
Josh Kelly
Mazzetti, Perry + Crabb

MEP PIC
Jim Crabb
Mazzetti, Perry + Crabb

MEP
Jeff Atwater
Mazzetti, Perry + Crabb

MEP
Jim Zebrowski
Mazzetti, Perry + Crabb

MEP
Karl Farmer
Mazzetti, Perry + Crabb

MEP
Bill Miles
Mazzetti, Perry + Crabb

*Certified DBE firm

SHANE W. WILLIAMS, AIA, ACHA, NCARB, LEAN SIX SIGMA

Role: LEAN/Six Sigma Advisor

Mr. Williams is an experienced healthcare practice and design leader with 20 plus years experience establishing the design of complex healthcare projects nationally. He is a dedicated and passionate leader focused on the advancement of healthcare facility design. Mr. Williams contributes to the healthcare design and operations discourse through participation in conferences and panel discussions related to healthcare sector initiatives, best practices and design trends. He has demonstrated commitment to elevating the profile of architecture, planning and design within the context of healthcare delivery, operational efficiency and the patient experience.

LEO A DALY

EDUCATION
Master of Architecture, University of Texas

Bachelor of Architecture, Oklahoma State University

EXPERIENCE
26 years work experience

REGISTRATION
Registered Architect: TX, NJ

NCARB Certified

Lean Six Sigma - Healthcare

AFFILIATIONS
American Institute of Architects (AIA)

Texas Society of Architects (TSA)

American College of Healthcare Architects (ACHA)

SELECT EXPERIENCE

Baptist Health South Florida – Bed Tower Expansion on Main Campus,*
Miami, FL

Baptist Health South Florida – Replacement Hospital,*
Homestead, FL

Capital Health – Replacement Hospital,*
Hopewell, NJ

Capital Health – Medical Office Building,*
Hopewell, NJ

Children's Health – Sleep Center,*
Dallas, TX

Children's Health – Central Service Center,*
Irving, TX

Children's Health – Ambulatory Care Pavilion,*
Dallas, TX

Cottonwood Orthopedic Specialty Hospital – Master Plan,*
Murray, UT

Good Shepherd Rehabilitation Hospital – Master Plan,*
Allentown, PA

Indian River Medical Center – Health and Wellness,*
Vero Beach, FL

Indian River Medical Center – Ambulatory Surgery Center,*
Vero Beach, FL

Inspira – Replacement Hospital,*
Woodbury, NJ

Jackson Madison County General Hospital – Expansion and Renovation,*
Jackson, TN

St. Elizabeth Healthcare – Heart & Vascular Expansion,*
Edgewood, KY

Parkland Health & Hospital System – Bluitt Flowers Community Center Expansion,*
Dallas, TX

Mount Carmel Medical Center – Hospital Expansion,*
West Grove, OH

*Experience prior to joining LEO A DALY

JOSHUA A. THEODORE, ASHE, EDAC

Role: Project Executive

Mr. Theodore develops and guides the firm's health practice, building teams to strategically pursue partnerships with clients committed to improving community health and wellness. He provides bespoke solutions to the toughest challenges health clients face, whether finding funding sources, strategic master planning campuses or designing customer-focused facilities. With an emphasis on speedy delivery, collaboration and inspired design, Joshua has honed his craft not only on health projects, but across a portfolio of complex projects, including programs with government agencies, the military, ecclesiastical, and university systems.

LEO A DALY

EDUCATION
Bachelor of Science in Architecture Design, Clemson University

EXPERIENCE
28 years work experience

REGISTRATION
American College of Healthcare Executives

- Evidence-Based Design Accreditation & Certification for Health Design
- Dallas AIA Committee on Architecture for Health – Past Chairman
- AIA Associate Member
- Texas Society of Architects Associate
- Advisory Board Company – Health Care-Industry Committee Advisor

SELECT EXPERIENCE

Biomedical Research Building,* Dallas, TX

Arnold & Winnie Palmer Women's & Children's Hospitals,* Orlando, FL

Baylor Scott & White Medical Center at Plano,* Plano, TX

Baylor Scott & White Medical Center at Carrollton,* Carrollton, TX

Baylor Surgical Hospital at Las Colinas,* Irving, TX

Baylor Surgical Hospital at Fort Worth,* Fort Worth, TX

Baylor Scott & White Medical Center at Irving,* Irving, TX

Center Tower Expansion & Renovation,* Tulsa, OK

Children's Health Plano Specialty Center II,* Plano, TX

Department of Veterans Affairs, Long Term Care Spinal Cord Injury,* Dallas, TX

Department of Veterans Affairs, Sierra Nevada Healthcare System,* Reno, NV

Department of Veterans Affairs, Clinical Expansion for Mental Health,* Dallas, TX

Greenville Health System,* Greenville, SC

Hamad Medical Corporation,* Doha, Qatar

Phoebe Putney Health System,* Albany, GA

Senior Health Abilene Specialty Hospital,* Abilene, TX

Texas Children's Hospital West Campus,* Houston, TX

The University of Texas at Dallas Brain Performance Institute,* Richardson, TX

UT Southwestern Medical Center,* Dallas, TX

*Experience prior to joining LEO A DALY

LESLIE SAUNDERS, AIA, ACHA, LEED AP

Role: Project Manager and Lead Planner

Mr. Saunders has more than 35 years of professional experience focused on planning and directing facility solutions for over 350 healthcare institutions in 32 states and on four continents including two dozen urban academic and teaching institutions similar to GMH. Additionally, he spent several years as Director of Capital Planning for a major academic research institution. This breadth and depth of experience allow him to see problem solutions from the viewpoints of both planner and owner.

LEO A DALY

EDUCATION
Master of Architecture/Health Facility Planning, Highest Honors, Clemson University

EXPERIENCE
39 years work experience

REGISTRATION
Architect - Georgia, OH
AIA, LEED AP, ACHA

AFFILIATIONS
American Institute of Architects

NCARB Certified

American College of Healthcare Architects (ACHA)

American Society of Hospital Engineers (ASHE)

*Experience prior to joining LEO A DALY

SELECT EXPERIENCE

Grady Health System, Atlanta, GA
- Ambulatory Services Building CON Documentation*,
- Neurosciences Intensive Care Unit*
- Correll Cardiac Center

Ohio State University Health System, Columbus, OH
- Arthur James Cancer Center*,
- ICU renovations*
- Bed tower renovations - six floors*
- Administration Building

University of Cincinnati Medical Center, Cancer Center, Cincinnati, OH

UCLA Medical Center, RR Hospital, Los Angeles, CA

University of Kentucky, Lexington, KY
- Medical Center Master Plan
- Markey Cancer Center

Roswell Park Cancer Center, Master Plan, Buffalo, NY

University of Taipei, Cancer Center*, Taipei, Taiwan

Ohio University, Mental Health System Master Plan,* Athens, OH

Duke University, Cancer Center, Durham, NC

Sun Yat-Sen Cancer Center,* Taipei, Taiwan

Perry Hospital, Master Plan,* Atlanta, GA

Northeast Georgia Health System, Gainesville, GA
- Oncology Center
- Medical Center Master Plan

Athens Regional Medical Center, Athens, GA
- South Patient Tower Expansion*
- Site Concept Study*

Princeton Hoover Baptist Medical Center, Master Plan,* Hoover, AL

Thomas-Strickland Cardiac Critical Care Unit, Memorial Health University Medical Center, Savannah, GA

Medical University of South Carolina, Master Plan,* Charleston, SC

AVERY A. SARDEN, AIA, LEED AP BD+C, NCARB

Role: Principal-in-Charge

Mr. Sarden has over 31 years of professional experience successfully managing design and implementation of the Quality Assurance plan. He reviews all designs, plans, specifications, and reports prior to issuance at all phases of the project. Mr. Sarden is experienced in public and private institutions, master planning and design of government/commercial/corporate facilities, research, administrative and development facilities, and recreational/performing/cultural arts facilities.

LEO A DALY

EDUCATION
Master of Architecture, School of Applied Sciences, Tuskegee Institute, Bachelors Architecture, School of Applied Sciences, Tuskegee Institute

EXPERIENCE
37 years work experience

REGISTRATION
Registered Architect - GA, AL, KY, SC, FL, MS

LEED® Accredited Professional

Building Design + Construction

NCARB Certified

AFFILIATIONS
American Institute of Architects

SELECT EXPERIENCE

Grady Health System, Cardiology Master Plan, Atlanta, GA

Mercer University - Willett Science Center, Macon, GA

Ft. Stewart Winn Army Hospital, Ft. Stewart, GA

Medical College of Georgia R&E Building, Third Floor, Suite 3700 Renovation, Augusta, GA

Non-Human Primate Lab Addition Program, Gracewood, GA

Hamilton Wing, Third Floor Renovation For Neuroscience Research for Rodents & Non-Human Primates, Augusta, GA

University of Science and Arts of Oklahoma, Nash Library, Renovation and Expansion Study, Chickasha, OK

Brown Dental Clinic, Building 4405, Fort Rucker, AL

Charity Hospital, Medical Center of Louisiana, Disaster Recovery, New Orleans, LA

Department of Veterans Affairs, Biloxi VAMC, Blind Rehabilitation Center, Biloxi, MS

Emory University, Woodruff Physical Education Center, Sports Medicine Feasibility Study, Atlanta, GA

Kaiser Permanente, Atlanta, GA
- Glenlake Medical Center, Master Plan
- Glenlake Medical Center, Preparation and Recovery Medical Center
- Glenlake Medical Center, Radiology Center
- Southwood Specialty Center, Gastrointestinal (GI) Building Regulation Analysis

Aero Clinic Prototype Development at Philadelphia Airport, Philadelphia, PA

DANIEL CARRERA, NCARB, LEED AP BD+C

Role: Project Architect

Mr. Carrera has 18 years' experience in developing construction documents from schematic design to working drawings. He has been responsible for design, detailing, discipline coordination, and development of construction documents on numerous project types, including clinics, hospitals and laboratories.

LEO A DALY

EDUCATION

Master of Architecture, Georgia Institute of Technology

Bachelor of Arts, Yale University

EXPERIENCE

19 years work experience

REGISTRATION

Architect - GA

LEED® Accredited Professional

Building Design + Construction

NCARB Certified

AFFILIATIONS

American Institute of Architects

American College of Healthcare Architects (ACHA)

American Society of Hospital Engineers (ASHE)

SELECT EXPERIENCE

Grady Health System, Atlanta, GA
Correll Cardiac Center

Ft. Stewart Winn Army Hospital, Addition/Alteration
Ft. Stewart, GA

Mercer University - Willett Science Center, Macon, GA

Health Clinic at Fort Jackson U.S. Army | Columbia, SC

U.S. Army Health Clinic,
Ft. Jackson Columbia, SC

Madigan Army Center, Hybrid Operating Room, Ft. Lewis, WA

University of Texas Medical Branch - MEP Mitigation,
Galveston, TX

Department of Veterans Affairs, Biloxi VAMC, Blind Rehabilitation Center, Biloxi, MS

Heart and Vascular Center Memorial University Hospital,
Savannah, GA

U.S. Army Corps of Engineers

- Family Medicine Clinic, Sheppard Air Force Base, TX
- Ft. Leonard Wood Army Hospital, MO
- Huntsville District, Task Order, Brown Dental Clinic, Building, Fort Rucker, AL
- Facility Infrastructure and Building Modernization, Building E2100, Aberdeen Proving Ground, MD
- Little RockAE3 Services, David Grant Medical Center, Medical Center Repairs / Realignment Phase III, Travis AFB Fairfield, CA
- Little Rock AE3 Services, Renovate Medical / Dental Clinic Columbus AFB | Columbus, MS
- Building 815, Mental Health Clinic, Ft. Belvoir, VA
- Preventive Medicine Department Bldg., Ft. Stewart, GA

RON STROHM, AIA, NCARB, LEED AP BD+C

Role: Project Architect

Mr. Strohm brings 40 years of experience and an extensive background in healthcare design and construction. He works directly with LEO A DALY's design team, the general contractor, and **Grady Health System**. During construction, as an advocate for the owner, he monitors the construction process for contract document conformance and is an essential resource in adherence to project scheduling.

LEO A DALY

EDUCATION
Bachelor of Architecture
The Ohio State University

EXPERIENCE
48 years work experience

REGISTRATION
Architect - GA, OH
LEED® Accredited Professional Building Design + Construction

NCARB Certified

AFFILIATIONS
American Institute of Architects

SELECT EXPERIENCE

Grady Health System, Atlanta, GA
- G.I./Oral Surgery/ Mammography film storage/G.U. Remodels & Relocations
- Correll Cardiac Center
- Cath Lab #3
- Central Monitoring Renovation
- Patient Video Monitoring Room
- GU/GI Relocation

Kaiser Permanente, Atlanta, GA
- Glenlake Medical Center, Cardiology Center
- Medical Center at Gwinnett, Cardiology Center
- Glenlake Medical Center, Preparation and Recovery
- Glenlake Medical Center, Radiology Center
- Southwood Pain Management Clinic
- Interchange relocation Piedmont Center

Ft. Stewart Winn Army Hospital, Addition and Alteration, Ft. Stewart, GA

Micro Clinic, Kaiser Permanente, Athens, GA

Fort Stewart Winn Army Hospital, Medical Clinic Addition, Ft. Stewart, GA

Department of Veterans Affairs, Biloxi VAMC, Blind Rehabilitation Center, Biloxi, MS

Louisiana State University Charity Hospital, New Orleans, LA

Barksdale Air Force Base Dental Clinic Repairs, Bossier City, LA

McGuire Air Force Base, Dental Clinic Repairs, Lakehurst, NJ

Aero Clinic Prototype Development at Philadelphia Airport, Philadelphia, PA

ANINDITA MUKHERJEE, AIA, NCARB, LEED AP

Role: Planner, Architect

Ms. Mukherjee has 10 years of architectural and planning experience, specializing in design and planning of healthcare facilities. Her projects have ranged from large hospital campus designs to small clinical renovations. Her focus on planning, programming and designing of complex healthcare facilities that positively affect the healing experience and improve clinical outcomes. With attention to detail she has effectively led project planning teams, managed clients and user groups through all phases of design and construction.

LEO A DALY

EDUCATION
Institute of Technology | 2011

Arch+Healthcare, Clemson University, 2006

LEAN for Healthcare, Georgia

EXPERIENCE
11 years work experience

REGISTRATION

Registered Architect - GA

LEED® Accredited Professional

NCARB Certified

AFFILIATIONS
American Institute of Architects

SELECT EXPERIENCE

Grady Health System, Atlanta, GA
- Correll Cardiac Center
- Cath Lab #3

Emory Healthcare, Atlanta, GA
Crawford Long campus Master plan for new clinic

Mercer University - Willett Science Center, Macon, GA

Northeast Georgia Health System, Gainesville, GA

U.S. Army, AFRRI, Bethesda, MD
- Master Plan
- Veterinary Science Center
- Planning Report Building 47

Wake Forest University Clinic, Winston Salem, NC

H. Lee Moffit Cancer Center & Research Institute, Tampa, FL

Oconee Regional Medical Center, Milledgeville, GA

U.S. Army Madigan Army Center Hybrid Operating Room, Fort Lewis, WA

U.S. Department of Veterans Affairs
- Community-Based Outpatient Center, Lubbock, TX
- Outpatient Centers: Community Based Outpatient Clinic (CBOC), Chattanooga, TN
- Campus Master Plan, Saginaw, MI
- Campus Master Plan, Minneapolis, MN
- W.J.B. Dorn Veteran Affairs Medical Center, Columbia, SC
- Campus Master Plan, Saginaw, MI

U.S. Army Corps of Engineers
- Sheppard Medical Center, Sheppard Air Force Base, TX
- Hybrid Operating Room study Madigan Medical Center, Lakewood, WA
- Lyster Army Hospital, Ft. Rucker, AL
- Ft. Leonard Wood Army, Hospital, MO

Athens Regional Medical Center, Athens, GA

PAMELA GOFF, ASSOCIATE AIA, CID, LEED AP BD+C

Role: Senior Interior Designer

Pam Goff has more than 20 years of professional design experience. She has participated in all aspects of the design process within healthcare, government, corporate/commercial, educational, and civic environments. In her various roles as project manager and interior designer, Ms. Goff has contributed to the successful collaboration of diverse clients and design teams and to the creation of innovative and sustainable design solutions that match client needs and expectations.

LEO A DALY

EDUCATION
Bachelor of Architecture, University of Hawaii at Manoa

EXPERIENCE
20 years work experience

REGISTRATION
CID California Council for Interior Design Certification (CCIDC)

LEED Accredited Professional
LEED BD+C Specialty

AFFILIATIONS
Associate, American Institute of Architects (AIA)

IDEX California

USGBC Los Angeles Chapter

SELECT EXPERIENCE

Cedars-Sinai Medical Center
Los Angeles, CA
- 6th North Medical Surgery Unit, Patient Floor Remodel
- 7th Southwest Medical Surgery Unit, Patient Floor Remodel

Kaiser Permanente
- Medical Office Building,* Bellflower, CA
- Pediatrics Relocation, Bellflower, CA
- Employee Health Remodel, Bellflower, CA
- Cudahy Medical Office, Building Renovation* Cudahy, CA
- Garden Grove Medical Office Building,* Garden Grove, CA
- Multiple Medical Office Buildings Security Upgrade Projects,* Camarillo, Oxnard, Ventura, CA
- Orchard Medical Office Building,* Downey, CA
- Medical Office Building,* Los Angeles, CA

University of Southern California, Hoover Street Residence Fire / Life Safety,
Los Angeles, CA

Department of Veterans Affairs
- Community-Based Outpatient Clinic, Chico, CA
- Linda Eye Clinic, Loma Linda, CA

UCLA, Hybrid OR Suite,
Los Angeles, CA

Children's Hospital Los Angeles,* Los Angeles, CA

Casa Pacifica, Camarillo, CA

*Experience prior to joining LEO A DALY

DEBBIE HEITZMAN

Role: Medical Equipment Planner

Ms. Heitzman has over 25 years of domestic and international experience as a consultant in clinical design, medical equipment planning, clinical consulting and nursing. She has exceptional knowledge in medical technology and is considered an expert in operating room, sterilization and critical care environments. Her knowledge comes from working on over 100 new construction and renovation projects globally. Debbie developed and manages the equipment planning services for SHR and her experience as a project manager provides insight in the actual cost of equipment and how to negotiate to achieve exceptional pricing.

SHR
Strategic Hospital Resources

EDUCATION

Preston and Northcote Community Hospital,Victoria Australia, Registered Nurse

Preston and Northcote Community Hospital, Victoria Australia, Midwifery Diploma

Royal Melbourne Institute of Technology, Victoria, Australia, Marketing Diploma

EXPERIENCE

25 years work experience

AFFILIATIONS

American College of Healthcare Executives (ACHE)

Georgia Association of Healthcare Executives

Women's Health Care Executives

SELECT EXPERIENCE

Grady Health System

Medical University of South Carolina

All Children's Replacement Hospital

Rochester Regional Health System

Duke Health System

Niagara Health Replacement Hospital

Piedmont Health System

St. Joseph's Healthcare Ontario

BC Women's and BC Children's Hospital

Humber River Regional Hospital

Royal Adelaide Hospital

WellStar Health System

Mission Health System

Georgia Regents University

Health Central Hospital

Credit Valley Hospital

William Osler Health System

ANGELA NICHOLS

Role: Medical Equipment Planner

Ms. Nichols is a seasoned medical equipment planner who has an operational understanding of all hospital departments. Her specialties include creating medical equipment programs, developing and maintaining budgets, leading drawing reviews, creating reports and producing project phase deliverables. Angela is also well versed in database management and medical equipment product research and procurement. She is frequently on-site for delivery and placement of equipment to provide a seamless transition from planning to procurement.

SHR
Strategic Hospital Resources

EDUCATION

Healthcare Planning Training Instructor, ESP

Equipment Solution Planning

EXPERIENCE

25 years work experience

AFFILIATIONS

American College of Healthcare Executives (ACHE)

SELECT EXPERIENCE

Grady Health System

Piedmont Health System

WellStar Health System

Augusta Medical Center

Duke Health System

Medical University of South Carolina

All Children's Replacement Hospital

University Hospitals

Mission Health System
Health Central Hospital

Health Central Hospital

Rochester Regional Health System

Augusta Medical Center – Lab
Mountain Lakes Medical Center

R. BRETT WITHERS, CPE

Role: Senior Cost Analyst

Mr. Withers provides post management services and is responsible for coordinating project take-off and pricing as a Senior Cost Analyst at CSG. His particular expertise, experience and training as an architect enables him to have a solid understanding of all of the elements needed to supplement the design team's information. In communicating with the design team, Mr. Withers is able to understand the goals of the design and can offer suggestions that may save money without harming the overall design.

CSG
COSTING SERVICES GROUP, INC.

EDUCATION
Bachelor of Arts Architecture, University of North Carolina

EXPERIENCE
26 years work experience

REGISTRATION
Certified Professional Estimator (CPE)

SELECT EXPERIENCE

Grady Trauma Tactical Campus Master Plan, Atlanta, GA
Role: Senior Cost Analyst
CSG provided cost estimates for this seven-building site and parking master plan. The scope of work included the renovation of the main hospital, expansion of multidisciplinary clinics, new butler deck, camp gateways, central utility plant and new ambulatory care building. The estimated square footage for this project was 997,297.

Grady Trauma Renovations, Atlanta, GA
Role: Senior Cost Analyst
CSG prepared cost estimates for this 11,000-SF renovation, including technological upgrades and space modifications for this critical care facility. CSG provided cost estimating for several different design options.

Mountain Lakes Medical Center, Clayton, GA
Role: Senior Cost Analyst
CSG led the cost estimating for this 30-acre, 56,613 SF medical facility. The project included a 25-bed acute care hospital, with 24-hour emergency care, primary care, general surgery, gynecology, pediatrics, orthopedics, community health classrooms, an advanced cardiovascular imaging center, full-service laboratory, administration offices, outpatient infusion center and pain management clinic. The estimated construction cost was $22 million.

Grady Anatomic Pathology Offices and Histology Laboratory Renovations, Atlanta, GA
Role: Senior Cost Analyst
CSG prepared separate schematic design estimates for eight individual spaces for this 4,000+ SF total project. The renovation work included minor layout changes, finish upgrades, and MEP systems modifications.

BURT JENKINS, CPE

Role: Senior Cost Analyst

Mr. Jenkins provides architectural, civil and structural construction cost and system analysis in cost control, budget monitoring, design estimating, value analysis and construction estimating. In addition to providing cost management services, including preparation of estimates, cost models, trade-off cost studies and budgeting, Mr. Jenkins is responsible for coordinating project take-off and pricing as a senior cost analyst at CSG.

CSG
COSTING SERVICES GROUP, INC.

EDUCATION

Bachelor of Science
Construction Technology,
Appalachian State University

EXPERIENCE

28 years work experience

REGISTRATION

Certified Professional Estimator (CPE)

NC Wetlands Recovery
OSHA

ASU compliance for Alternative Energy and Materials
MSHA

Holds GC license in NC, SC & VA

SELECT EXPERIENCE

Monroe County Hospital,
Forsyth, GA
Role: Senior Cost Analyst
CSG led the estimating efforts on this 11,400-SF hospital addition and 36,000-SF renovation with a combined construction cost of $5 million. The addition was a one-story concrete structure with brick veneer on CMU. The renovation portion of the project included systems replacements throughout.

Decatur VA Hospital 7th, 8th and 10th Floor Renovations,
Decatur, GA
Role: Senior Cost Analyst
CSG performed cost studies to evaluate the connector bridge value and elevator replacement costs. The project scope included gutting and replacing healthcare space in three floors of the Clairmont Road VA Hospital facility. This 60,000-SF phased renovation project was estimated at $10.8 million.

Grady Anatomic Pathology Offices and Histology Laboratory Renovations,
Atlanta, GA
Role: Senior Cost Analyst
CSG prepared separate schematic design estimates for eight individual spaces for this 4,000+ SF total project. The renovation work included minor layout changes, finish upgrades, and MEP systems modifications.

New Clinic & Hospital Facilities at Emory University,
Atlanta, GA
Role: Senior Cost Analyst
CSG provides ongoing cost consulting on this Emory Healthcare project. CSG prepared a Master Plan Cost Study which included 420,000 GSF of new clinic space, a 150 bed specialty hospital, 100 medical/surgical beds co-located with the specialty hospital and 1,400 spaces of underground parking. CSG provided estimates for phase II.

JAMES GREINER, CPE

Role: Senior Cost Analyst

Mr. Greiner is a Senior Cost Analyst at CSG, and also serves as Operations Manager, providing architectural, civil and structural construction cost and system analysis in cost control, budget monitoring, design estimating, value analysis and construction estimating. In addition to providing cost management services, Mr. Greiner is responsible for assigning the appropriate personnel for cost models and trade-off-cost studies and budgeting efforts for each project.

CSG
COSTING SERVICES GROUP, INC.

EDUCATION

Masters of Science
Construction Management

Southern Polytechnic State University

Bachelor of Arts, University of North Carolina at Asheville

EXPERIENCE

16 years work experience

REGISTRATION

Certified Professional Estimator (CPE)

SELECT EXPERIENCE

Monroe County Hospital,
Forsyth, GA
Role: Senior Cost Analyst
CSG led the estimating efforts on this 11,400 SF hospital addition and 36,000-SF renovation with a combined construction cost of $5 million. The addition was a one story concrete structure with brick veneer on CMU. The renovation portion of the project included systems replacements throughout.

Decatur VA Hospital 7th, 8th and 10th Floor Renovations,
Decatur, GA
Role: Senior Cost Analyst
CSG performed cost studies to evaluate the connector bridge value and elevator replacement costs. The project scope included gutting and replacing healthcare space on three floors of the Clairmont Road VA Hospital. This 60,000-SF phased renovation project was estimated at $10.8 million.

Louisville Veterans Administration Medical Center Operating Room & Anesthesia,
Louisville, KY
Role: Senior Cost Analyst
CSG provided phased cost estimates for this 11,150-SF renovation project, which included: structural supports for anesthesia booms, as well as reworked HVAC and electrical systems. Also included were plaster ceilings with finish, gas and vacuum piping, and selective building demolition elements. Estimated construction cost was $1.9 million.

J. ELLEN LONG, PE, LEED AP

Role: Civil Engineering, Principal-in-Charge; QC/QA

Mrs. Long has 32 years of civil engineering experience, including site design and permitting for medical institutions and hospitals. Working on these active campus projects can be challenging because the expansions can create conflicts with the utilities servicing the hospital; however, solutions to these conflicts are cost-effective without creating an interruption in service. Ms. Long has been responsible for the QA/QC procedure for numerous high profile projects, including the Center for Civil and Human Rights, the Mercedes Benz Stadium and Georgia Tech Living Building Challenge.

LONG ENGINEERING, INC.

EDUCATION
Bachelor of Science, Civil Engineering, Vanderbilt University

EXPERIENCE
32 years work experience

REGISTRATION
Professional Engineer - GA, TN, NC, SC, VA, OH, KS

LEED® Accredited Professional

GA Soil and Water Conservation Commission Level II Certified Design Professional

AFFILIATIONS
American Council of Engineering Companies (ACEC)

US Green Building Council - GA Chapter

Women's Business Enterprise National Council

SELECT EXPERIENCE

Piedmont Hospital 95 Building and Collier Road Parking Deck, Atlanta, GA
Role: Project Manager
Responsible for providing civil/site design for major renovation projects to upgrade the hospital's facilities by adding the 10-story, 185,000-SF outpatient diagnostic center and 10-level parking deck.This required evaluation of off-site sanitary sewer capacity, making recommendations to the client to distribute flows to even out off-site sewer capabilities, design of underground detention facilities and extending water and fire protection lines to the new central plant. Ms. Long coordinated with the City of Atlanta Bureau of Water to upgrade the public water main at Collier Road from a 6" line to a 16" line to better serve the hospital additions.

Piedmont Hospital South Bed Tower Addition, Atlanta, GA
Role: Project Manager
Responsible for the civil engineering services associated with the completion of a six-story patient room renovation and three-story addition that included a cardiac care unit, rehabilitation unit and immediate care unit. Prepared construction documents, including grading, drainage and utility plans.

Piedmont Hospital 77 Building/ North Wing Connector, Atlanta, GA
Role: Project Manager
Provided critical design work for the Connector Building between the 77 Building and the North Wing that included ED, new rehabilitation space, dietary component including new cafeteria, loading dock, support spaces and a concrete bridge.

MELISSA D. JOHNSON, PE

Role: Civil Project Manager

Mrs. Johnson has 13 years of engineering experience, spanning a variety of civil development projects. She has provided services including site design for hotels, medical office buildings and hospital expansions, hydrological studies, stormwater management and water quality improvements and permitting assistance. Her civil engineering knowledge of master planning and growth plan implementation will be a great benefit to this team. In addition, she is knowledgeable on the City of Atlanta and surrounding metro areas existing infrastructure issues, design criteria, and permitting process.

LONG ENGINEERING, INC.

EDUCATION

Bachelor of Science, Civil Engineering, Drexel University

EXPERIENCE

13 years work experience

REGISTRATION

Professional Engineer - GA

GA Soil and Water Conservation Commission Level II Certified Design Professional

SELECT EXPERIENCE

Northside Hospital Forsyth MOB Master Plan Infrastructure,
Cumming, GA
Role: Project Manager

Responsible for the civil engineering design services associated with this 19-acre site featuring four medical office buildings,two parking decks, and one educational building. The design includes the main roadway, surface lots, ADA parking and sidewalks, and the instillation of major infrastructure such as water, sewer, gas, and storm water. The project also displays a landscaped greenway as a pedestrian and visual connection between the main building of the hospital and the new medical office buildings.

Northside Hospital Sandy Springs Interchange Parking Deck,
Sandy Springs, GA
Role: Project Manager

Responsible for civil engineering services for the preparation of complete construction plans for a new 12-story, 1,271 space parking deck within a cramped hospital campus. The parking deck is narrowly located between a MARTA tunnel to the south, an existing medical office building to the north, and two existing detention ponds to the east and west. The building nestles into an existing earthen bank to the south.

Northside Hospital Sandy Springs 53-Bed Tower Expansion,
Sandy Springs, GA
Role: Project Manager

Responsible for the civil engineering design services associated with a 53-bed expansion wing located over a vehicle round-about access. This new expansion will be connected to the existing main building along three lower floors and then vertically expanded from this new foundation. Scope of services includes full construction documents, client meetings, permitting with Sandy Springs and construction period services.

BENJAMIN M. WOOTEN, PE

Role: Principal Engineer

Mr. Wooten is a principal engineer at and is in charge of all structural design responsibilities for the Atlanta-area CSF office. As a principal, He tracks all major project milestones, provides project reports, and supervises/provides all design work. Ben also takes full management responsibility for all Atlanta office structural projects and coordinates with the CSF Houston office civil and structural departments for projects requiring multiple office delivery.

EDUCATION

Bachelor of Science in Civil Engineering, University of Tennessee

Master of Science, Structural Engineering, University of Tennessee

EXPERIENCE

12 years work experience

REGISTRATION

Registered Professional Engineer in GA

Registered Professional Engineer in TX

SELECT EXPERIENCE

Bearden-Josey Breast Health Center, Spartanburg, SC

Cabell Huntington Hospital Additions, Huntington, WV

Duke Medical Pavilion North Concourse, Durham, NC

Emory University Clinic, Atlanta, GA

Gwinnett Medical Center Surgery Addition, Lawrenceville, GA

Lexington Medical Center - West, Columbia, SC

Liberty Regional Medical Center Expansion, Hinesville, GA

Piedmont Newnan Replacement Hospital, Newnan, GA

Piedmont Medical Plaza, Newnan, GA

Pineville Hospital Central Energy Plant, Pineville, NC

Pineville Hospital Phase 1 OR Expansion and Maternity Addition, Pineville, NC

Pineville Hospital Phase 2 Bed Tower Expansion, Pineville, NC

Wellstar Paulding Replacement Hospital, Hiram, GA

Wellstar Paulding Medical Office Building, Hiram, GA

CARLOS A. GUTIERREZ, PE MLSE

Role: Principal Engineer, Civil/Structural

Mr. Gutierrez is the principal-in-charge of all civil and structural design functions for the company. As principal, he tracks major project milestones, provides project reports, and supervises all design work. As lead civil/structural engineer, he takes on full management responsibility for projects. Mr. Gutierrez provides designs for complex issues and supports the design group with technical design issues.He coordinates work and maintains all channels of communications between the civil/structural design group and clientele.

CSF

EDUCATION
Bachelor of Science, Civil Engineering, Texas A&M University

EXPERIENCE
31 years work experience

REGISTRATION
Registered professional engineer in the following states: AL, AZ, CO, CA, FL, GA, HI, IA, IL, KS, KY, LA, MN, MI, MA, MO, MA, NE, NJ, NM, NY, NC, SC, ND, OH, OK, OR, PA, TN, TX, WV, WY, WA, District of Columbia

Registered structural engineer: IL, NV

Appointed Qualified Windstorm Inspector Commissioner of Insurance TX

SELECT EXPERIENCE

Bellaire Medical Center,
Houston, TX
Principal Civil/Structural Engineer for the 30,000-SF, $2 million, single-story facility. Provided facility design and supervision for both the civil and structural engineering.

VA Hospital,
Houston, TX
Principal Civil/Structural Engineer for the 50,000-SF , $3 million, single-story facility, expansion of DeBakey VA Hospital.

Two Harbor Square Medical Center,
League City, Texas
Principal Civil/Structural Engineer for the 90,000-SF , $5 million, single-story facility multiple medical tenant.

DOUGLAS W. ROBINSON, PE

Role: Principal-in-Charge

Mr. Robinson is a principal at Walter P Moore, with over 36 years of diversified structural engineering design and management experience. He has a perspective and approach that combine the technical understanding of structural engineering with an in-depth appreciation for the overall architectural concepts of function, aesthetics, and coordination.

WALTER P MOORE

EDUCATION

Master of Science in Civil Engineering, Georgia Institute of Technology

Bachelor of Science in Civil Engineering, Georgia Institute of Technology

Bachelor of Science, Physics, State University of New York at Oneonta

EXPERIENCE

36 years work experience

REGISTRATION

Licensed Professional Engineer GA, FL, TN, NC

AFFILIATIONS

American Concrete Institute

ACEC Georgia/Executive Board Member

SMPS/Atlanta Executive Advisory Council Member

SELECT EXPERIENCE

Emory University Hospital – J Wing Expansion, Atlanta, GA
This Project is part of the Emory University Hospital System located on Clifton Road in Atlanta, Georgia. The J-wing Expansion is a 10-story hospital building on top of a four story below grade parking deck. The hospital includes 210 inpatient beds dispersed across several floors, several OR rooms, imaging and diagnostics, and various ancillary services.

Levine Children's Hospital,
Charlotte, NC
Walter P Moore provided structural engineering services for this addition to the Medical Center, located adjacent to three existing buildings. The twelve-story hospital is tucked between and connected to two existing buildings and serves 32 pediatric specialties, including a Post-Anesthesia Care Unit and a Rehabilitation Unit. At the entrance lobby of the building, a three-story high atrium was framed to allow in plenty of natural light.

Lexington Medical Center,
Columbia, SC
The hospital is building a 12-story, 546,300-SF patient care tower that will initially add 230 inpatient beds to the 414-bed hospital, with the ability to accommodate more patients in the future. Lexington Medical Center is one of the busiest surgical hospitals in South Carolina, performing more than 19,000 surgeries last year. The tower will include eight additional operating rooms for a total of 31 operating rooms, and an expanded surgical recovery area. Six floors of the new tower will accommodate medical, critical care, and surgical patients. A new parking garage will add more than 950 parking spaces to the hospital's campus and a central energy plant will support the service needs of the new tower.

BRENT J. BANDY, PE, LEED AP

Role: Senior Project Manager

Principal and Senior Project Manager at Walter P Moore. He has over 26 years of experience in various aspects of structural engineering design and management. An acknowledged healthcare expert within Walter P Moore, Brent is the current Director of the company's firm wide healthcare community practice.

WALTER P MOORE

EDUCATION

Master of Science in Civil Engineering, Georgia Institute of Technology,

Bachelor of Science in Civil Engineering, Georgia Institute of Technology,

EXPERIENCE

26 years work experience

REGISTRATION

Licensed Professional Engineer GA+ 15 other states
LEED® Accredited Professional

AFFILIATIONS

American Society of Civil Engineers
American Concrete Institute
American Concrete Institute Georgia Chapter 2010 President
Post-Tensioning Institute
WPM Sustainable Community of Practice (SCoP)
WPM Healthcare Community of Practice (HCoP)

SELECT EXPERIENCE

Children's Healthcare of Atlanta Druid Hills, Atlanta, GA
Role: Project Manager
This project will include approximately 440 licensed beds located in 1,280,000-SF, plus 4000 car parking deck (with plans for strategic growth). The occupancy for this building is anticipated for 1st quarter 2025. The hospital will include a Level I Trauma Center, all previous Egleston Inpatient Services, All Afflace Cancer Center all Technology Dependent Intensive Care Unit.

Mission Health Hospital for Advanced Medicine,
Asheville, NC
Role: Project Manager
The project is between 700,000 and 800,000-SF of new or renovated hospital space, consisting of high rise construction and will include major ties between existing campus buildings. The anticipated usage of the building will be for an emergency department, surgical operating rooms, sterile processing department and patient rooms.

Medical University of South Carolina Children's Hospital and Women's Pavilion,
Charleston, SC
Role: Project Manager
This new Medical University of South Carolina's 11-story, 625,000-SF Children's Hospital and women's pavilion in downtown Charleston, South Carolina. The new facility will provide several private rooms for infants and their parents in the neonatal intensive care unit and increase the square footage for all inpatient rooms by 80%. The project also includes additions and modifications to MUHA's central energy plant and connecting infrastructure.

RYAN COLLINS, PLA, ASLA

Role: Principal-in-Charge, Landscape Design

Mr. Collins is a registered landscape architect in eight states with more than 20 years of experience in design, planning, and construction observation for a multitude of projects within the public and private realm. He has successfully managed these projects through all phases of work, from initial design to construction observation, with an eye for detail without losing sight of the big picture.

DIX.HITE + PARTNERS

EDUCATION
BLA, Landscape Architecture, University of Georgia

EXPERIENCE
22 years work experience

REGISTRATION
Registered Landscape Architect - AL, MS, LA, KY, OH, PA, NC, SC

LEED® Accredited Professional Neighborhood Development

AFFILIATIONS
American Society of Landscape Architects, Alabama Chapter Trustee
Chair Pro Practice Committee
Chair Audit Committee
Auburn University Landscape Architecture Program Advisory Council, Vice Chair; Conservation Alabama Foundation, President; ACE of Alabama Board Member, Fundraising Chair, CLARB Committee Volunteer

SELECT EXPERIENCE

University of Alabama at Birmingham, Campus Green, Birmingham, AL
Mr. Collins served as the project manager responsible for leading this multi-million-dollar campus open space project (the first of its kind at UAB) out of conceptual design and into the built environment. He directed the internal design team, managed sub-consultants, and led the project communication strategy for the Client's administrative team, while being responsible for meeting the client's budget expectations throughout.

University of Alabama at Birmingham, Women and Infant's Center, Birmingham, AL
Mr. Collins served the UAB Health System in two roles during the course of this project: as the lead designer during the development of design-build bridging documents and as its representative during construction, observing the work of the contractor's design team and installation team. The scope of work included streetscapes for the city block as well as a memory walk and gardens for patients and caregivers.

University of Alabama at Birmingham, School of Nursing Roof Garden, Birmingham, AL
Mr. Collins served as the project manager for this small but highly used open space in the heart of the UAB campus. Within the context of an existing roof deck, he led a team of campus facilities personnel, medical leadership and campus administrators to consensus on the design of a green roof (the first of its kind on campus) and plaza retrofit for the open deck. He managed this project through a lengthy construction phase which accommodated multiple building renovation projects.

JENNIE LYNN RUDDER, PLA, ASLA

Role: Studio Leader

Ms. Rudder leads the Atlanta office of Dix.Hite + Partners. She has a strong passion for context sensitive design and takes pride in creating timeless places that fit within their environment, physically, culturally and historically. Ms. Rudder excels at complex, detail-oriented projects that require multi-disciplinary coordination. Her design and management skills lend focus to urban infill, mixed-use and multi-family developments, streetscapes, parks, on-structure amenity spaces, and multi-modal transportation/ pedestrian facilities.

DIX.HITE + PARTNERS

EDUCATION
BLA, Landscape Architecture, University of Georgia

EXPERIENCE
12 years work experience

REGISTRATION
Registered Landscape Architect - GA

AFFILIATIONS
American Society of Landscape Architects; Urban Land Institute; University of Georgia College of Environment + Design Alumni Association (President 2017-2018); Park Pride 'Pints for Parks' Host Committee; Atlanta Regional Commission 'New Voices' Committee

SELECT EXPERIENCE

Oviedo Center Lake Park, Community Park, Oviedo, FL
Role: Designer/PM
Ms. Rudder served as a designer and project manager for the central park in Oviedo, Florida. Working in conjunction with the City of Oviedo and Project for Public Spaces, Dix.Hite facilitated public workshops, presentations and place-making seminars and completed the conceptual design for Center Lake Park. The team used the idea of connectivity and context to create the park's identity and to build an awareness and appreciation for the natural systems.

Dublin Downtown Streetscape, Streetscape and Park Design, Dublin, GA
Role: Designer/PM
Ms. Rudder served as a designer and project manager for the revitalization of Dublin's downtown streetscape. By implementing a coherent streetscape design sensitive to the needs of existing and future stakeholders, the design team enhanced walkability and defined a sense of place for the historic downtown.

NOVEL O4W, Mixed-Use Mid-Rise, Atlanta, GA
Role: PM
Ms. Rudder serves as Dix. Hite's project manager for the mid-rise community in Atlanta. She led the team from concepts through construction documents, working closely with the multi-disciplinary design team to coordinate a well-integrated design on a steeply-sloped site within the BeltLine Overlay. The project includes three on-structure amenity decks, as well as engaging street-level public/private plazas, public streetscapes and ground-level amenity spaces.

BYRON HUBBARD

Role: Jr. Project Manager

Mr. Hubbard is a young design professional with seven years of experience. He has worked on a variety of project types, numerous project teams and on all facets of the design process from programing to concept to construction. The project types range from smaller scale community park spaces, mid and high-rise podium-level amenity design, and healing/sensory gardens. Over the last three years, Byron has focused on assisted living facility garden space design occurring in Independent, assisted and memory care resident living communities.

DIX.HITE + PARTNERS

EDUCATION

BS, Landscape Architecture, University of Florida

EXPERIENCE

7 years work experience

SELECT EXPERIENCE

The Sheridan at Eastside, Assisted Living Community,
Snellville, Georgia
Mr. Hubbard serves as project manager. He was responsible in providing project leadership for drawing development from schematic design to construction documents and facilitating the construction observation of the project. Currently, he is attending project team meetings on site and helping to ensure the design vision is carried from the drawings to the final installed work.

Reiter Park, Community Park,
Longwood, Florida
Mr. Hubbard serves as junior level project management and production. He has been responsible for developing drawings from schematic design to construction documents, and currently is participating in the construction observation of the park. He has attended multiple project team meetings on site and helped with design implementation from drawings to installed work.

Sevens, Mid-Rise Residential,
Orlando, Florida
Mr. Hubbard served as junior-level project management and production. He was responsible for developing drawings from design development to construction documents and facilitated the construction observation of the streetscape, three ground-level amenity spaces and an on-structure pool area amenity design. He attended multiple project team meetings on site and helped with design implementation from drawings to installed work.

VIVIAN LEE

Role: Designer

Ms. Lee is a landscape designer with roots in fine arts. She returns to Dix.Hite + Partners after having gathered a wide range of experiences in the field of landscape architecture including high-end residential, construction management, municipal parks projects, and restaurant patio design.

DIX.HITE + PARTNERS

EDUCATION

BFA, Sculpture, Parsons School of Design

BS-LA, Landscape Architecture, University of Connecticut

EXPERIENCE

6 years work experience

SELECT EXPERIENCE

Little Harbor, Mixed-Use Planning, Ruskin, FL
Role: Designer
Ms. Lee served as a designer, working on the project from planning to signage design to construction observation. She was responsible for developing drawings from schematic design to construction documents.

Garden Design,
Atlanta, GA
New York, NY
Greenwich, CT
Role: Designer
Ms. Lee has had years of experience designing various types of gardens for residential clients. From sensory gardens to rain gardens to tropical zen gardens, Ms. Lee has designed and overseen construction for a great range of spaces for public and private clients to meet a variety of needs.

Fort Totten North Park, Waterfront Park Construction,
Queens, NY
Role: PM
Ms. Lee served as a project manager for the construction of this passive park in Fort Totten, a defunct military base in Long Island Sound, NY. Her role in the project included working closely with the NYC Parks and Recreation Department, as well as landscape architect Nancy Owens. Ms. Lee was responsible for providing leadership to the construction crew, ensuring quality control, and managing the budget and materials schedule.

JIM CRABB, PE, LEED AP

Role: Principal-in-Charge

Mr. Crabb has three decades of engineering experience and expertise and served as President of PerryCrabb for 20 years before merging the company with Mazzetti. He joined the company in 1986 now leads the company's initiatives in high performance building design. Jim has been instrumental in creating a collaborative, innovative team of engineers that are working to change the way hospitals and other healthcare facilities are heated and cooled. Groundbreaking projects include the first two hospitals in Georgia to be heated without burning fossil fuels, using a heat recovery system with a ground-coupled heat exchanger.

MAZZETTI + GBA

EDUCATION
B.S. in Mechanical Engineering, Georgia Institute of Technology

EXPERIENCE
30+ years of experience

REGISTRATIONS
Licensed Professional Engineer in GA, AL, SC and FL

LEED Accredited Professional (LEED AP)

AFFILIATIONS
Georgia Society of Healthcare Facility Managers

American Society of Hospital Engineering (ASHE)

Georgia Society of Hospital Engineers (GSHE)

American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE)

SELECT EXPERIENCE

Dekalb Medical Center, New Patient Tower, Decatur, GA
Mazzetti provided MEP engineering services for the 166,000-SF new building serving as outpatient admitting, inpatient women and infant unit and lobby and dining facilities. The project included central energy plant equipment additions to support new building loads for the hospital facilities, as well as three levels of below-grade parking. Jim served as the Principal-in-Charge on this project.

AnMed Health Cancer Center, Anderson, SC
Mazzetti provided MEP engineering services for the 115,000-SF outpatient Cancer Center, located on the campus of an existing outpatient center and Women and Children's Hospital. This project included three vaults, imaging rooms, infusion suites and shell space for specialty medical practices. Jim served as the Principal-in-Charge on this project.

Grady Memorial Hospital Infectious Isolation Suite, Atlanta, GA
Mazzetti provided mechanical and electrical engineering design services to convert the current HEPA-filter exhaust systems to permanent exhaust systems. Jim served as the Principal-in-Charge on this project.

Cancer Treatment Centers of America, Southeastern Medical Center, Newnan, GA
Mazzetti provided MEP engineering services for the 220,000-SF addition and renovations of the Southeastern Medical Center; essentially doubling the campus from the original construction. Projects included:

- 120,000-SF, four story expansion
- Imaging expansion
- USP 797/800 Pharmacy code compliance
- MRI, angiography and ERCP
- Patient room expansion
- Stem cell unit
- Radiation therapy expansion
- Surgery expansion

JEFF ATWATER, PE, LEED AP

Role: Senior Mechanical Engineer

Mr. Atwater joined the team as a Mechanical Engineer and Project Manager in 1988, where he eventually transitioned to the Director of Mechanical Engineering. He now serves as a Principal with Mazzetti. He has gained extensive knowledge over 30 years in the engineering field and specializes in healthcare mechanical design. He strives always to lead his team in providing the most innovative and sustainable solutions to a client's situation and environment. He utilizes cutting-edge technology paired with tried-and-true methods to create user-friendly, patient and staff focused environments.

MAZZETTI + GBA

EDUCATION

B.E. in Mechanical and Materials Engineering, Vanderbilt University

EXPERIENCE

30+ years of experience

REGISTRATION

Licensed Professional Engineer in GA

LEED Accredited Professional (LEED AP)

AFFILIATIONS

American Society for Healthcare Engineering (ASHE)

American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE)

SELECT EXPERIENCE

Emory St. Joseph's Hospital Winship Cancer Center,
Sandy Springs, GA
MEP engineering services for the 2017 renovation of the 21,000-SF cancer center, including the Core lab and a new Chemotherapy Pharmacy with an independent HVAC system. The original 36,000-SF, two-story building was constructed in 1994 with two linear accelerator vaults and a simulator room.

WellStar, East Cobb Health Park, Marietta, GA
MEP engineering services to the 190,000-SF outpatient healthcare facility with an urgent care center, diagnostic imaging and lab, primary and specialty outpatient services, rehab and community service.

Acworth Health Park,
Acworth, GA
MEP engineering services to the 69,000-SF outpatient healthcare facility, which included an urgent care center, diagnostic imaging and lab, primary and specialty outpatient services, rehab, and community services. This health park was the first of WellStar's Park to bring needed medical services to the community.

WellStar East Cobb Health Park Ambulatory Surgery Center, Marietta, GA
MEP engineering services for a new 21,000-SF Ambulatory Surgery Center located inside the East Cobb Health Park. The ASC consists of three operating rooms, with a future fourth OR, 2 procedure rooms, sterile processing, PACU and 18 prep/post rooms.

Piedmont Hospital Surgical Department Expansion and Renovation,
Atlanta, GA
MEP engineering services for a 57,000-SF renovation and expansion of a 20 operating room surgical suite. This was a multi-phase, multi-year in-place renovation of a continuously-functioning surgical suite.

JIM ZEBROWSKI, PE, CPD, FASPE

Role: Senior Plumbing and Fire Protection Engineer

Mr. Zebrowski has over 35 years of experience in the healthcare engineering industry and has been with PerryCrabb (now Mazzetti|PerryCrabb) since 1998. In his current role, Jim is responsible for overseeing and directing his team in designing and executing state-of-the art plumbing and fire protection systems for his clients. Some of his most notable project experience includes the Woodruff Health Sciences Center Administration Building and Woodruff Library (Atlanta, GA), Piedmont Hospital (Atlanta, GA) and Kennestone Hospital (Marietta, GA).

MAZZETTI + GBA

EDUCATION
School of Architecture, College of Engineering, Ohio State University

EXPERIENCE
35+ years of experience

REGISTRATION
Licensed Professional Engineer in GA and PA

AFFILIATIONS
Certified Plumbing Design (CPD), Member of the American Society of Plumbing Engineers (ASPE)
National Fire Protection Association (NFPA)
ASPE's Technical and Research Committee

AWARDS/PUBLICATIONS
ASPE Distinguished Service Award
ASPE College of Fellows, Contributing Editor for four Volumes of ASPE's Plumbing Engineering Design Handbook

SELECT EXPERIENCE

Cancer Treatment Centers of America, Southeastern Medical Center, Newnan, GA
Mazzetti provided MEP engineering services for the 220,000-SF addition and renovations of the Southeastern Medical Center; essentially doubling the campus from the original construction. Jim served as the lead plumbing and fire protection engineer on this project. Projects included:

- 120,000-SF four story expansion
- Imaging expansion
- USP 797/800 pharmacy code compliance
- MRI, angiography and ERCP
- Patient room expansion
- Stem cell unit
- Radiation therapy expansion
- Surgery expansion

Grady Health System - Marcus Stroke and Neuroscience Center, Atlanta, GA
Mazzetti provided MEP engineering services for the 20,500-SF renovation of occupied hospital space, phased to facilitate uninterrupted services. The project scope included 7,600-SF outpatient clinical space, 7,000-SF of administrative space and 5,400-SF of support space. Jim served as the lead plumbing and fire protection engineer on this project.

WellStar East Cobb Health Park, Marietta, GA
Mazzetti provided MEP engineering services to the 190,000-SF outpatient healthcare facility with an urgent care center, diagnostic imaging and lab, primary and specialty outpatient services, rehab, community service and an ambulatory surgery center. Jim served as the lead plumbing and fire protection engineer on this project.

WellStar Acworth Health Park, Acworth, GA
Mazzetti provided MEP engineering services to the 69,000-SF outpatient healthcare facility, which included an urgent care center, diagnostic imaging and lab, primary and specialty outpatient services, rehab, and community services. This health park was the first of WellStar's Park to bring needed medical services to the community. Jim served as the lead plumbing and fire protection engineer on this project.

KARL FARMER, PE, LEED AP

Role: Senior Electrical Engineer

Mr. Farmer has 18+ years of electrical engineering experience focused around the healthcare industry with an emphasis on low-voltage and technology. He currently serves as Director of Electrical Engineering and specializes in leading-edge electrical engineering design, energy efficient lighting and controls and low-voltage systems. Karl has published technical articles on engineering in hospital design, equipotential grounding and utility rate options. Karl is always seeking new and viable solutions for healthcare facilities that include technology enhancements that are innovative, cost conscious and goal solving.

MAZZETTI + GBA

EDUCATION

BS in Electrical Engineering, Georgia Institute of Technology

EXPERIENCE

18+ years of experience

REGISTRATIONS

Licensed Professional Engineer in GA

LEED Accredited Professional (LEED AP)

AFFILIATIONS

American Society of Hospital Engineering (ASHE)

SELECT EXPERIENCE

Cancer Treatment Centers of America, Southeastern Medical Center, Newnan, GA
MEP engineering services for the 220,000-SF addition and renovations of the Southeastern Medical Center; essentially doubling the campus from the original construction. Karl served as the lead electrical engineer on this project. Projects included:

- 120,000-SF, four story expansion
- Imaging expansion
- USP 797/800pharmacy code compliance
- MRI, Angiography and ERCP
- Patient room expansion
- Stem cell unit
- Radiation therapy expansion
- Surgery expansion

Piedmont Hospital, Atlanta, GA

- Karl served as the Lead Electrical Engineer on this project. Projects include:
- 77 building infill
- 900,000-SF master plans
- Cath labs
- MRI's
- Central sterile renovations
- Surgery suiterenovations
- ICU expansions
- South Tower expansions
- EP labs
- Women's services

St. Francis Hospital Clinical Services Expansion & MOB
Columbus, GA
MEP engineering services for the 372,000-SF major expansion and renovation to the hospital. Project goals included adding to their areas of excellence with a new office building, heavy renovations inside the existing hospital and a large clinical services expansion that included a CEP expansion, ICU suite, women's center and multiple cath lab imaging suites. Mazzetti provided electrical design services for the addition of an existing power plant that was not previously considered for the expansion. Without shutting the building down and with minimal disruption to operations, power distribution was reconfigured, optimizing the central plant by balancing the load between existing and new utility sources.

ARASH GUITY, PE, CEM, LEED AP BD+C

Role: Chief Sustainability Engineer

Mr. Guity is an accomplished speaker and subject matter expert in the realm of sustainable hospital design and research. His work focuses on sustainability consulting, directing research and designing high-performance facilities for healthcare and institutional facilities. He has directed domestic healthcare design projects, supervised analysis projects as part of Mazzetti's MEPT design work and managed resource-limited settings design projects firm-wide. Arash played a critical role in the research Mazzetti performed on the benefits of displacement ventilation strategies in healthcare environments.

MAZZETTI+GBA

EDUCATION

California Polytechnic University
B.S. in Mechanical Engineering,

California Polytechnic University
Master of Business Administration

California Polytechnic University
M.S. in Engineering Management

EXPERIENCE

15+ years of experience

REGISTRATIONS

Licensed Professional Engineer in CA
LEED Accredited Professional (LEED AP Building, Design and Construction)
Certified Energy Manager

AFFILIATIONS

Engineers Without Borders, San Francisco Chapter
Global Health Delivery Expert Panel
Harvard School of Public Health Guest Lecturer: Ventilation Strategies for Airborne Infection Control

SELECT EXPERIENCE

Co-Winner of Small Hospital Big Idea (SHBI) Design Competition Kaiser Permanente,
San Francisco, CA
Kaiser SHBI Competition, which resulted in selection as first place co-winner. As part of this effort, the team developed a hospital that goes beyond net zero environmental impact. This involves the use of highly efficient and regenerative energy, water and waste systems, confirmed by operating and life cycle cost models.

Kaiser Permanente,
Hayward, Anaheim & Fontana, CA
Mazzetti provided sustainability consulting for three Kaiser project sites totaling 480,00-SF. Project scope of work included displacement ventilation, feasibility, cost benefit and energy analysis.

Stanford University Medical Center, Lucile Packard Children's Hospital,
Palo Alto, CA
MEP design and sustainability consulting for a 521,000-SF expansion acute care facility. As part of the renewal project, including the New Stanford Hospital, the medical center requires facility upgrades to serve the region's healthcare needs and accommodate new advances in technology and patient care. The project includes an increase of 104-beds, six operating rooms and various imaging, clinical, outpatient and support area and underground parking.

Stanford University Medical Center, New Hospital,
Stanford, CA
Sustainable consulting and MEP design services for the new 846,000sf hospital, emergency generator plant and 1,000-car underground parking garage. The project includes 366 additional all-private patient rooms, 32 state-of-the-art, flexible surgical and interventional operating rooms, a 48,000-SF imaging department, a 48,000-SF emergency department, conference, cafeteria and support spaces. Stanford, is aiming to achieve sustainability goals relating to the hospital, including energy and water efficiency, day-lighting, displacement ventilation and greenhouse gas emissions reduction.

JAMES RAMAGE

Role: Energy Analyst

Mr. Ramage has over eight years experience as both a mechanical designer and sustainability consultant working on some of the largest healthcare centers across Australia focusing on HVAC systems. His experience in both design and sustainability has enabled him to work with clients to design and assess building services to have a minimal environmental impact. He also works on energy modeling and assessments and has extensive experience in using IES for energy modeling, daylight analysis and thermal comfort analysis. James also performs facade analysis on designs to look at reducing a building's energy via passive means.

MAZZETTI + GBA

EDUCATION

B.S. in Mechanical Engineering and Applied Mathematics, University of Melbourne, VIC Australia

EXPERIENCE

8+ years of experience

AFFILIATIONS

CIBSE, Engineers Australia
Green Building Council Australia

SELECT EXPERIENCE

Ascension Health Energy Initiative, Mid-West and Northeast U.S.
Mazzetti has been working with Ascension Health, the country's largest not for profit healthcare system, for several years to implement their aggressive energy reduction strategy. We are developing and deploying capital and infrastructure solutions, including unique post-event monitoring systems. Mazzetti is currently assessing the conditions of 22 Ascension Health hospitals focusing on "non-major capital" energy reduction measures while, at the same time, developing energy-focused capital strategies to be implemented over the next three years.
We are currently discussing an at-risk deployment of certain energy-saving medical vacuum valves in the ORs at St. Thomas Hospital in Nashville, Tennessee, and are deep within the process stages of supply-side audits for 22 of their facilities in the Midwest.

HCA Oviedo Hospital New Hospital, Oviedo, FL
MEP consulting services to the Oviedo New Hospital. The project included Commissioning, Energy, and Controls elements with a goal of achieveing an EUI of 200 to bring cost-effective, innovative solutions experience to HCA's first design/build new construction project. James served as the Sustainability Consultant, Energy Analysis and Modeling on this project.

Wesley Medical Center Facility Assessment & Master Plan, Wichita, KS
Facility Solutions to the 1.2M-SF medical campus. Phase one consisted of a comprehensive mechanical and plumbing system facility site assessment. Mazzetti assessed the condition and improvement feasibility of the systems within the main facility campus focusing on assessing the current state , limitations and expandability of all equipment and the operational assessment of major systems, including the existing BAS.

JON INMAN, PE, LEED AP

Role: Lean Process Advisor

Mr. Inman is well-versed in the aspects of project design, coordination and construction administration for the successful engineering integration of a project. He is focused on working with clients to achieve optimum LEAN engineering solutions. He provides his expertise in mechanical engineering on a range of building types within the healthcare sector. With Jon's involvement, Mazzetti has been leading the industry in developing new and better methods of project delivery, including creating and facilitating the recent Lean Project Delivery workshops bringing together the major California Health Care systems, OSHPD and the design and construction community.

MAZZETTI + GBA

EDUCATION
B.S. in Mechanical Engineering, Colorado School of Mines

EXPERIENCE
25+ years of experience

REGISTRATIONS
Licensed Professional Engineer in CA, CO, OR and WA
LEED Accredited Professional (LEED AP)

AFFILIATIONS
Certified Healthcare Simulation Educator (CHSE) - Society for Simulation in Healthcare
American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE)
U.S. Green Building Council

SELECT EXPERIENCE

Sutter Health Medical Center Palo Alto Medical Foundation MOB and Parking Garage, San Carlos, CA
MEP design services for this 190,000-GSF four-level new medical building with administrative offices, an outpatient clinic, imaging center and an ambulatory surgery center. This project was completed using a Lean Integrated Project Delivery (IPD), including an Integrated Form of Agreement (IFOA), the very first of its kind. The team utilized LEAN principals to drive innovation into the design, including pre-fabrication of multiple MEP systems and natural convection to cool the garage lobby.

Sutter Medical Center CPMC Geary and Van Ness MOB TI, San Francisco, CA
Engineering design for MEPT systems for the buildout for Level one through seven of the Sutter/CPMC Geary and Van Ness location. Mazzetti developed a modular racking design strategy with the team and trade partners, as well as developed a LEED Platinum strategy, which included an final analysis.

Stanford Medical Center Central Steam Plant, Palo Alto, CA
MEP services for the design and construction of a new central steam plant for Stanford. Due to their prior steam resource requiring shutdown, Stanford was required to generate their own steam. To speed-up the permitting process, Mazzetti presented the 60'x120' steam plant as a single piece of "equipment" (a "modular steam plant") to OSHPD. This meant that the structural permitting would be looked at as if it were a piece of equipment, rather than a building, resulting in a quicker structural review. With a modular design, the plant had to be constructed, seismically tested in Arizona and shipped in modules. Upon completion, the project included a 60'x120' horizontal TF heater configuration plant, three 2-MW generators and a 40,000 gallon fuel tank. Jon served as the Project Manager on this project.

BRENNAN SCHUMACHER

Role: Senior Lighting Designer

Mr. Schumacher leads Mazzetti's Lighting Design Studio with more than 15 years of experience. He specializes in lighting controls and energy efficiency, providing design services for interior and exterior projects through 3D modeling, lighting calculations and energy analysis. Passionate about sustainable design, Brennan's portfolio includes a notable number of Net Zero, LEED certified and AIA COTE Top Ten Awards. His client list includes the National Park Service, Boy Scouts of America, Rocky Mountain Institute and nationally recognized museums throughout the U.S..

MAZZETTI + GBA

EDUCATION

Associates of Applied Science in Electrical Construction Design, Dunwoody College of Technology

EXPERIENCE

15+ years of experience

REGISTRATIONS

LEED Accredited Professional (LEED AP)

AFFILIATIONS

Colorado Chapter of the U.S. Green Building Council

SELECT EXPERIENCE

University of California Biomedical Sciences Facility, Santa Cruz, CA
Mazzetti provided Lighting Design for a 94,600-SF biomedical lab facility, including four floors of laboratories, offices, and a basement level vivarium. The LEED-NC Gold Certified lab provides resources for scientists researching a variety of health and medical issues. Sloped ceilings and shading devices enhance daylight penetration. The energy efficient lighting systems use a layered scheme consisting of ambient, task and accent lighting components. The low-level ambient system provides uniform lighting conditions, while task and accent lighting provide light where it is needed. Lighting controls are automated, but provide users with manual override. The lighting control systems shed loads throughout the day for additional energy savings. Brennan served as the Senior Lighting Designer on this project.

Exploratorium, San Francisco's Historic Warf, San Francisco, CA
Lighting design for the Exploratorium, a world renowned science museum, in San Francisco's historic Wharf area. This 230,000-SF Net Zero project is pushing "green building" limits by using innovative energy systems, such as a bay water cooling system, radiant heating and cooling and a 1,300kW PV rooftop system. There is an extensive use of daylighting, which is unusual for a museum. Located on a pier, the unique site presented many lighting design challenges. Due to high public usage, the exterior lighting systems needed to meet egress criteria set forth by the Port Authority and State Historical Society, while meeting current life safety codes. This required careful study, calculations and on-site mock-ups. The exterior lighting systems included custom pole bases that also serve as utilities for power and data. Low glare, full cutoff luminaries addressed light pollution and trespass. LEED Platinum Certified

JOSH KELLY, RCDD

Role: Technology Team Leader

Mr. Kelly has a comprehensive understanding of healthcare technology, including IT/communications systems and medical equipment, which helps Josh to see opportunities in planning and implementation that benefits the client and project team. Josh utilizes a combination of strong project management skills, professional and relationship building to build trust within the project team, holds stakeholders accountable to their commitments and moves the project forward in a positive direction. He continually works with clients to integrate forward-thinking technology systems.

MAZZETTI + GBA

EDUCATION
BS in Architectural Engineering, Technology Murray State University

EXPERIENCE
14+ years of experience

REGISTRATIONS
Registered Communications Distribution Designer (RCDD)

AFFILIATIONS
BICSI

SELECT EXPERIENCE

Piedmont Hospital, Expansion and Renovation, Atlanta, GA
Mazzetti provided IT/ Technology consulting services for the 898,682-SF expansion and renovation of Piedmont Atlanta. Josh served as the Technology Lead on this project.

University of Texas Medical Branch, Jennie Sealy Hospital Replacement Facility and Clinical Support Wing Expansion, Galveston, TX
IT/Technology consulting services for the 802,000-SF expansion of the 252-bed hospital. The project included 28-bed day surgery units and 20 operating suites.

Piedmont Hospital Replacement Facility,
Newnan, GA
IT/Technology consulting services for the 365,000-SF, nine)-story replacement facility. The project included private, acuity-adaptable inpatient rooms, which included 12 postpartum bed, 18 critical care beds and 104 medical/surgical beds, eight operating rooms and 23 patient rooms in the emergency department.

Soin Medical Center, New Acute Care Hospital,
Beavercreek, OH
IT/Technology consulting services for the 275,000-SF hospital. The project included 131-beds at opening, which included 30-bed acute care, 24-bed critical care unit, LDR and universal care. The hospital was designed to expand to 300 beds with major diagnostics and surgery suites.

Florida Hospital Apopka Replacement Hospital and MOB, Orange County, FL
IT/Technology consulting services for the 438,870-SF hospital. The project included 120 private patient rooms, advanced surgical suites, diagnostic cath lab, expanded women's center, outpatient rehab, ICU, emergency, cardiology and imaging services. Josh served as the technology lead on this project.

BILL MILES, PE, BSEE, MCSE

Role: Senior Technology Consultant

Mr. Miles exceptional attention to detail and knowledge of system nuances ensures there are no gaps or oversights in your healthcare technology systems. Passionate about working with clients to realize their project vision and see their technology goals implemented, Bill has more than 18 years of experience as an electrical designer and engineer, specializing in healthcare projects, helps him to better understand how systems interact with each other to ensure the final solution is well though-out, comprehensive and effective.

MAZZETTI + GBA

EDUCATION
BS in Electrical Engineering, Tennessee Technical University

EXPERIENCE
18+ years of experience

REGISTRATIONS
Licensed Professional Engineer in AL, AK, CA, FL, GA, IN, ME, OH, SC, TN and WV

AFFILIATIONS
BICSI

Institute of Electrical and Electronics Engineers (IEEE)

Eta Kappa Nu (Engineering Honor Society)

Bureau of Safety and Environmental Enforcement (BSEE)

Microsoft Certified Systems Engineer (MCSE)

SELECT EXPERIENCE

Florida Hospital Apopka Replacement Hospital and MOB, Orange County, FL
IT/Technology consulting services for the 438,870-SF hospital. The project included 120 private patient rooms, advanced surgical suites, diagnostic cath lab, expanded Women's Center, outpatient rehab, ICU, emergency, cardiology and imaging services.

St. Thomas Rutherford Hospital Replacement Hospital and MOB and Diagnostic Center, Murfreesboro, TN
IT/Technology consulting services for the 625,000-SF replacement hospital, 144,000-SF MOB and 86,000-SF diagnostic center. The project included 30 clinical specialties including surgery, ICU and LDR. Bill served as a Technology Consultant on this project.

Mission Health, The Hospital for Advanced Medicine, Asheville, NC
IT/Technology consulting services for the 415,289-SF hospital. The project consisted of 176 inpatient beds, 44-bed ICU, 10 ORs, two (of which are vascular, PACU, four cath labs, two EP rooms and an emergency department, which included behavioral health and imaging services. Bill served as the Technology Consultant on this project.

Dignity Health Sequoia Hospital Bed Tower Addition, San Mateo County, CA
IT/Technology consulting services for the 162,000-SF hospital, which included a 55,00-SF, 104-bed additon and renovation. Bill served as the Technology Consultant on this project.

Cincinnati Children's Hospital Medical Center Critical Care Expansion, Cincinnati, OH
IT/Technology consulting services for the 894,986-SF expansion and renovation of the Critical Care Center. Bill served as the Technology Consultant on this project.

ROBERT HUME, PE, BICSI, BSEE, CWNA, CCNA, DCCA

Role: Senior Technology Consultant

Mr. Hume technical expertise and detailed knowledge of complex healthcare technology systems helps clients select appropriate solutions that are prepared for future growth and technological integration. Rob's extensive knowledge of the healthcare industry and available technologies ensures facilities operate effectively at opening and future-proofed. He has experience performing inspections and Technology Commissioning to ensure systems are correctly installed and configured and to confirm adherence to codes, regulations, and design specifications.

MAZZETTI + GBA

EDUCATION
B.S. in Electrical Engineering, University of Florida

EXPERIENCE
12+ years of experience

REGISTRATIONS
Licensed Professional Engineer in CA, FL, TN and NC

AFFILIATIONS
BICSI

Bureau of Safety and Environmental Enforcement (BSEE)

Certified Wireless Network Administrator (CWNA)

Data Center Certified Associate (DCCA)

Cisco Certified Network Associate (CCNA)

SELECT EXPERIENCE

Our Lady of Lourdes, Replacement Hospital, Lafayette, LA
IT/Technology consulting services for the 430,000-SF replacement hospital. The project included eight operating rooms, including one hybrid, 18 emergency care rooms, 10 ED flex rooms and 186 patient beds (24 ICU).

St. Thomas Rutherford Hospital, Replacement Hospital and MOB and Diagnostic Center, Murfreesboro, TN
IT/Technology consulting services for the 625,000-SF replacement hospital, 144,000sf MOB and 86,000-SF diagnostic center. The project included 30 clinical specialties including surgery, ICU and LDR. Rob served as a Technology Consultant on this project.

Cedars-Sinai Medical Center Advanced Health Sciences Pavilion, Los Angeles, CA
IT/Technology consulting services for the 440,000-SFhealth sciences pavilion. The medical center combines world-class patient care, clinical offices, physician education and training, and research in one building. Rob served as the Technology Consultant on this project.

Marian Regional Medical Center, Tower Expansion, Santa Maria, CA
Mazzetti provided IT/Technology consulting services for the 240,000-SF addition. The project included 181-beds, pharmacy, nutritional services and an emergency department. Rob served as the Technology Consultant on this project.

Floyd Polk Medical Center Replacement Hospital and MOB, Polk County, GA
Mazzetti provided IT/Technology consulting services for the 88,500-SF hospital, which included a diagnostic imaging (CT, Radiology, Cardiac Echo), women's diagnostic center and outpatient cardiac rehab/PT. Rob served as the Technology Consultant on this project.

CYNTHIA JONES PARKS

Role: President and CEP

Ms. Jones Parks is founder, president and CEO of Jones Worley, an Atlanta-based communications firm now in its 27th year. A native Atlantan, Parks is a skilled consensus-builder who has gained a national reputation for her outstanding work in marketing communications and strategic branding and for providing creative solutions that impact the client's bottom line. Parks led the firm's wayfinding and experiential sign design projects for many of the country's prominent health care institutions.

EDUCATION

BA Degree in Visual Arts from Georgia State University

EXPERIENCE

27 years of experience

AFFILIATIONS

American Public Transportation Association

Conference Of Minority Transportation Officials

Society of Marketing Professional Services

American Institute of Graphic Arts

Society for Environmental Graphic Design

SELECT EXPERIENCE

Grady Hospital,
Atlanta, GA

Charles F. Kettering Memorial Hospital,
Kettering, OH

Centers for Disease Control and Prevention,
Atlanta, GA

Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins,
Baltimore, MD

Hartsfield-Jackson Atlanta International Airport Signage Standards,
Atlanta, GA

Centennial Olympic Games,
Atlanta, GA
20th anniversary of hosting the games, the "Look" and legacy venues that still linger in the world's view.

Metropolitan Atlanta Rapid Transportation Authority (MARTA) The "Breeze" Card,
Atlanta, GA

Atlanta Streetcar,
Atlanta, Georgia
The city's first major transit project in 30 years
Atlanta, GA

The Jacksonville Transportation Authority

City of Atlanta Bond Referendum,
Atlanta, GA
Branded and launched six transformative initiatives for and coordinated outreach for the successful passage of the City of Atlanta Bond Referendum approved by voters in spring 2015.

The Coca-Cola Company,
Atlanta, GA

Turner Entertainment,
Atlanta, GA

ING Foundation

BellSouth
Atlanta, GA

Marriott Hotels

ALEJANDRA THOMAS

Role: Vice President, Experiential Graphic Design

Ms. Thomas has 12 years of experiential graphic design experience in creating exceptional environments that are both functional and user-friendly. With her balance of left and right brain traits, Alejandra has developed highly analytical research and quality-control skills. Alejandra is a supportive leader and efficient large-scale project manager who enjoys collaborating with design teams and fabricators, while tailoring design solutions to meet the client's vision and expectations.

Jones Worley

EDUCATION

Bachelor of Science in System and Industrial Engineering (BS ISyE)

Masters in Industrial Design (MID) from the Georgia Institute of Technology

EXPERIENCE

12 years of experience

AFFILIATIONS

Society for Experiential Graphic Design (SEGD)

SELECT EXPERIENCE

Campus Master Plan, Jacksonville Transportation Authority,
Jacksonville, FL
Provided wayfinding analysis, planning, signage design, and construction administration services for the Myrtle Avenue Operations Campus (CNG).

Terminal Modernization, Hartsfield-Jackson Atlanta International Airport,
Atlanta, GA
As part of the Hartsfield-Jackson + Partnership (H-J+P) team we are providing signage and wayfinding planning and construction administration for the terminal modernization project.

Master Signage Plan for Phoenix Sky Harbor International Airport,
Phoenix, AZ

Terminal Expansion, Fort Lauderdale-Hollywood International Airport,
Fort Lauderdale, FL
Providing wayfinding analysis, planning, signage design, and construction administration services for the new signage and wayfinding program for the on going Terminal 4 expansion project.

The Metropolitan Atlanta YMCA,
Atlanta, GA
Large scale rebranding roll-out;

Lynnhaven Mall Refresh,
Virginia Beach, VA

Avalon, Alpharetta, Georgia
An open air mixed-use project

West County Center Parking Decks Re-branding,
Des Peres, MO

Starwood Properties
Brand conversions

LYNNE BERNHARDT

Role: Senior Experiential Graphic Designer, Project Manager

Ms. Bernhardt has 20+ years experience in graphic design, branding and marketing in the architectural and engineering industry, specializing in sign system design, wayfinding and master planning. She has managed and designed systems for a variety of projects, including educational, institutional, retail, recreation, medical, transportation and corporate facilities. Responsibilities include planning, design and management for interior and exterior sign systems, displays and Hall of Fame projects.

Jones Worley

EDUCATION

Bachelor of Science in Graphic Design from the University of Cincinnati

School of Design, Art, Architecture and Planning (DAAP)

EXPERIENCE

20 years of experience

AFFILIATIONS

Society for Experiential Graphic Design (SEGD)

SELECT EXPERIENCE

Southwest Atlanta Hospital,
Atlanta, GA

Campus Master Plan, Jacksonville Transportation Authority,
Jacksonville, FL
Provided wayfinding analysis, planning, signage design, and construction administration services for the Myrtle Avenue Operations Campus (CNG).

Terminal Modernization, Hartsfield-Jackson Atlanta International Airport,
Atlanta, GA
As part of the Hartsfield-Jackson + Partnership (H-J+P) team we are providing signage and wayfinding planning and construction administration for the terminal modernization project.

Georgia Tech,
Atlanta, GA

Terminal Expansion, Fort Lauderdale-Hollywood International Airport,
Fort Lauderdale, FL
Providing wayfinding analysis, planning, signage design, and construction administration services for the new signage and wayfinding program for the on going Terminal 4 expansion project.

The National Alliance for Public Trust, Auburn, AL

Dillard University
New Orleans, LA

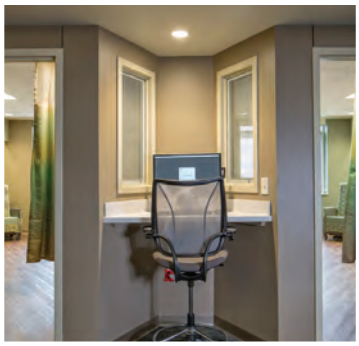
Georgia State University
Atlanta, GA

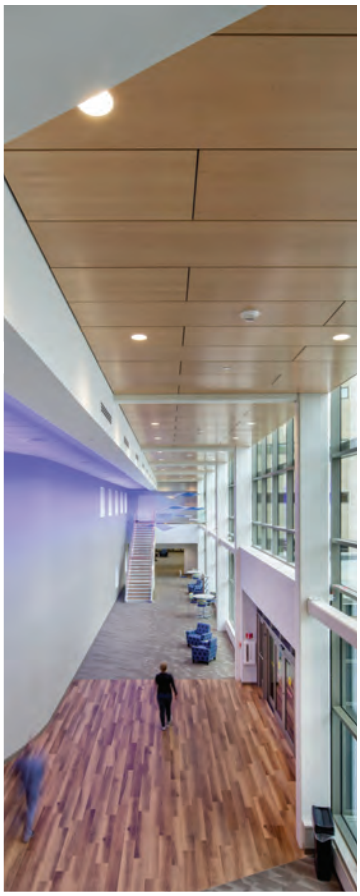
Spelman College,
Atlanta, GA

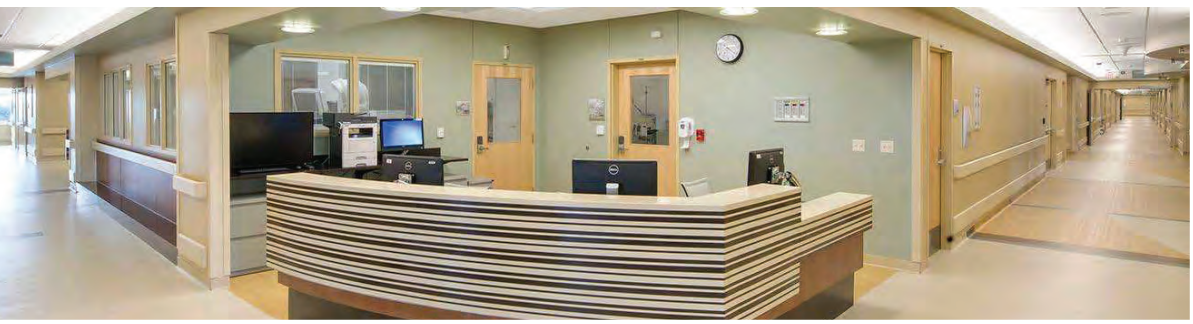
University of Arkansas at Little Rock, Little Rock, AK

MARTA,
Atlanta, GA

LEO A DALY







Previous Experience

Continued relationships.

Alegent Health
American Red Cross
Boys Town National Research Hospital
Carolinas Healthcare System
Catholic Healthcare West
Catholic Health Initiatives (CHI)
Cedars Sinai Medical Center
Children's Hospital, Washington DC
College of Allied Medical Sciences, University of Riyadh
Columbia Hospital Corporation of America (HCA)
Creighton University Medical Center
Duke University School of Medicine
Emory University Hospital
Grady Memorial Hospital
Hammad Medical Corporation, Doha, Qatar
Kaiser Permanente
Loma Linda University Medical Center
Medical Center of Louisiana
Medical College of Georgia
Memorial Health
Saint Joseph-London
Sidney Regional Medical Center
Southern Regional Medical Center
Texas Medical Center, The Methodist Hospital
The Nebraska Medical Center
Trinity Hospital, Iowa Health System
UCLA Health
University of Colorado Hospital
University of Texas Health System
US Army Corps of Engineers Medical Facility Design Office (MFDO)
US Department of Health and Human Services
US Department of Veterans Affairs
US Military Academy—Keller Army Hospital
Via Christi Health System
Wentworth-Douglass Hospital

LEO A DALY's essential hospital experience.

Broward Health

Carilion Roanoke

Denver Health

Erlanger

Grady Memorial Hospital

Greenville Health

Health & Hospital Corporation of Marion County, Indianapolis, IN

Hennepin County Medical Center

Henry Ford Health System, Detroit, MI

Indiana University Health, Indianapolis, IN

Jackson Health System

LAC-USC Medical Center, Los Angeles, CA

Medical University of South Carolina, Charleston, SC

Navicent Health, Macon, GA

Nebraska Medicine

Parkland Health & Hospital System

Orlando Health Arnold and Winnie Palmer

Rancho Los Amigos, Downey, CA

Riverside University Health System – Medical Center (Moreno Valley, Calif.)

The Ohio State University Wexner Medical Center, Columbus, OH

The University of Mississippi Health Care

Memorial Health

UAB Health System, Birmingham, AL

UC Health, Cincinnati, OH

UC Irvine Medical Center

UCLA - Olive View, Sylmar, CA

University of Florida Health, Gainesville, FL

University Medical El Paso

UK HealthCare, Lexington, KY

USC Medical Center

CHI Health Creighton University Medical Center, Bergan Campus

Omaha, Nebraska, United States

Owner
CHI Health

Size
401,700 SF

Cost
$99,500,000

Scope
Master Planning; Architectural Design; Interior Design; Structural Engineering; Civil Engineering

Completion Date
2017

Reference:
Josh Olson
National Manager of Planning, Design, and Construction
CHI Health
402.343.4307
Josh.Olson@alegent.org

LEO A DALY provided medical planning, architectural design, and structural and civil engineering services for this project that integrates the specialties of Creighton University Medical Center into the CHI Health Bergan Mercy Medical Center campus. It involved the design of a new 138,500-SF ambulatory clinic, as well as 263,200 SF of complex renovation.

The comprehensive planning and development process involved bringing together multiple user groups to design spaces that satisfied both academic and private healthcare interests. The design strikes an ideal balance between the operational efficiency concerns of Bergan Mercy Medical Center, and the education and collaboration needs of the University.

The new ambulatory clinic features 136 exam and procedure rooms, two general x-ray rooms, 10 specialty procedure rooms, and seven ultrasound rooms.

Renovations included updated spaces for surgery, post-anesthesia care unit, and cardiovascular services, as well as a new52-bed ICU and hospital laboratory.

A new sterile processing department and renovations to the med-surge floors accommodate new spaces for academic collaboration that help support the increased patient volumes and the new educational focus of the campus.

The fully-renovated emergency and trauma departments include 21 exam rooms, six vertical patient beds, safe hold rooms, SANE rooms, isolation rooms, trauma bays, and a 10-room clinical decision unit, which makes Creighton University Medical Center at Bergan Mercy Campus one of only two Level-I trauma centers in the city of Omaha.

Irwin Army Community Hospital, and Outpatient Facility

Fort Riley, Kansas, United States

Owner
US Army Corps of Engineers

Size
577,988SF Community Hospital, Outpatient Clinic, Energy Plant, Parking Structure

Cost
$410,000,000

Scope
Master Planning; Architectural Design; Interior Design; Structural Electrical & Civil Engineering

Completion Date
2016

Reference:
Jon Cranmer, Facility Manager
650 Huebner Rd
Fort Riley, KS 66442
jon.r.cranmer.civ@mail.mil
785-240-7717

LEO A DALY, in a joint venture, was selected by the US Army Corps of Engineers to provide a sustainable, evidence-based, and force-protection compliant hospital design. The new facility includes a 44-bed inpatient hospital, an outpatient clinic, central energy plant, ambulance garage, and a 653-car parking structure.

The evidence-based design features include acuity-adaptable patient beds to eliminate patient transfers, patient lifts to increase patient safety and reduce staff injuries and fatigue, a fast-track emergency department, on-stage/off-stage facility design principles, patient-centered design, and semi-decentralized nursing stations. The use of a healing garden that is visible and accessible to patients is the cornerstone of the facility design, giving the multi-story facility a personal touch. The Fort Riley Outpatient Facility represents a cohesive balance of staff and patient principles in evidence-based design selected for maximum return on investment.

The project team diligently worked to attain LEED Silver certification through enhanced commissioning, recycled materials, energy-reduction strategies, daylighting, and use of regional materials. The project was fully designed in BIM and is possibly the first hospital project to fully incorporate the requirements of UFC 4-023-03, Design of Buildings to Resist Progressive Collapse, released on July 14, 2009.

> *The Fort Riley hospital is truly a world-class facility. This is an example of where DoD health facilities are heading."*
>
> John Becker, Director
> TRICARE Management Activity (TMA)
> Portfolio Planning and Management Division
> Office of the Assistant Secretary of Defense

Outpatient Facilities

While some of our clients have opted for single-purpose, freestanding surgery centers, most of the surgical facilities have been developed as a part of larger, comprehensive treatment centers. Here is a sample of our vast experience with outpatient facilities:

CHI Health Creighton University Medical Center Bergan Mercy , Omaha, NE

- Evidence-based design used to improve mood and productivity of staff design fosters care by inter-professional teams
- Patients and staff use separate entrances to exam rooms for increased patient privacy
- Central team work areas promote collaboration between all caregivers

Cannon Air Force Base Medical Clinic, New Mexico

- 97,888-SF medical clinic
- Clinical pharmacy
- LEED Silver Certification for healthcare
- Consolidated three separate structures into one facility
- Evidence-based design

Holloman Air Force Base Medical Clinic, New Mexico

- 98,899-SF
- Pharmacy
- LEED Silver Certification
- Five building consolidation
- Modernized outpatient primary and selected specialty care clinics
- DoD principles for world-class medical facilities applied to design
- Evidence-based design

Abu Dhabi Health Services Company, Abu Dhabi, United Arab Emirates

- General medical services including general medicine, an urgent care clinic, dental clinic, physical therapy, outpatient orthopedic surgery, ophthalmology, ENT and cardiology clinics
- 169,000 totalbSF
- 120,000-SF outpatient clinic
- Centralized clinic serving service personnel and families
- Multiple clinic services

Veterans Affairs, Gulf Coast Veterans Health Care System, Biloxi VAMC, Biloxi, MS

- 150,000-SF (13,935-SM) addition
- 20-Bed ICU/step-down unit
- Primary care/specialty care clinics to include: urology, eye, pulmonary medicine, sleep study labs, women's health, oncology, orthopedics, audiology, speech pathology, dermatology, and patient education
- Ambulatory surgery outpatient unit
- 9,500-SF (880-SM) renovation

USACE, Kimbrough Ambulatory Care Center, Renewal of Ambulatory Surgical Center, Fort George G. Meade, MD

- 21,600-SF
- Programming; medical equipment planning; healthcare design; architectural design; mechanical, electrical and plumbing design; interior design; code review and compliance; force protection/anti-terrorism.
- Four operating rooms, including three general and one larger orthopedic operating room, two endoscopy rooms, and a new central sterile supply suite.

Cancer Centers

The treatment of cancer is improving, extending life for many people. Treatment options may include surgery, radiation, immunotherapy, chemotherapy, hormone therapy, or targeted, local therapy, among others. We keep all of these factors in mind when designing cancer treatment centers. Examples of cancer facilities that we have design include:

Wentworth Douglass Hospital Addition, Seacoast Cancer Center, Dover, NH

- 518,000-SF
- 9,000-SF single-story cancer center
- Complete planning, architecture, and engineering services for multi-phased building expansion
- Three-story ambulatory services, which contain outpatient surgery, endoscopy, and rehabilitation services totaling 46,000-SF

Wells Medical Facility, Radiation Therapy Addition, Wells, ME

- 10,270-SF radiation therapy addition
- The cancer treatment addition to the facility compliments the oncology care services.
- Architectural and engineering services, contract documents and administration

St. John's Hospital and Health Center, John Wayne Cancer Institute, Santa Monica, CA

- 70,000-SF
- Provided architectural design and mechanical, electrical and structural engineering for the cancer and breast clinics
- The facility provides comprehensive breast care in one location

Trinity Regional Medical Center, Cancer Center, Fort Dodge, IA

- Full architectural and engineering services for this 11,500-SF addition and renovation project
- A four-inch thick concrete box houses the hospital's linear accelerator, which will allow Trinity to provide comprehensive cancer treatment
- In addition to radiation oncology, it provides access to cancer prevention, screening, diagnosis, counseling, education, chemotherapy, and follow-up care

National Cancer Institute Building 37 Modernization, Bethesda, MD

- 300,000-SF
- Existing 300,000-SF laboratory research facility was inefficient, overcrowded, and outdated
- All of the utility systems and finishes within the building were replaced with more reliable and efficient systems, and the interior spaces were reprogrammed and updated using current standards
- Starting with the animal laboratories on the top floor, the modernization occurred floor-by-floor, with the new utility distribution system located in the penthouse and external cores
- The modernization occurred without missing a day of operation by the research staff

Nebraska Medicine, Repeat Client

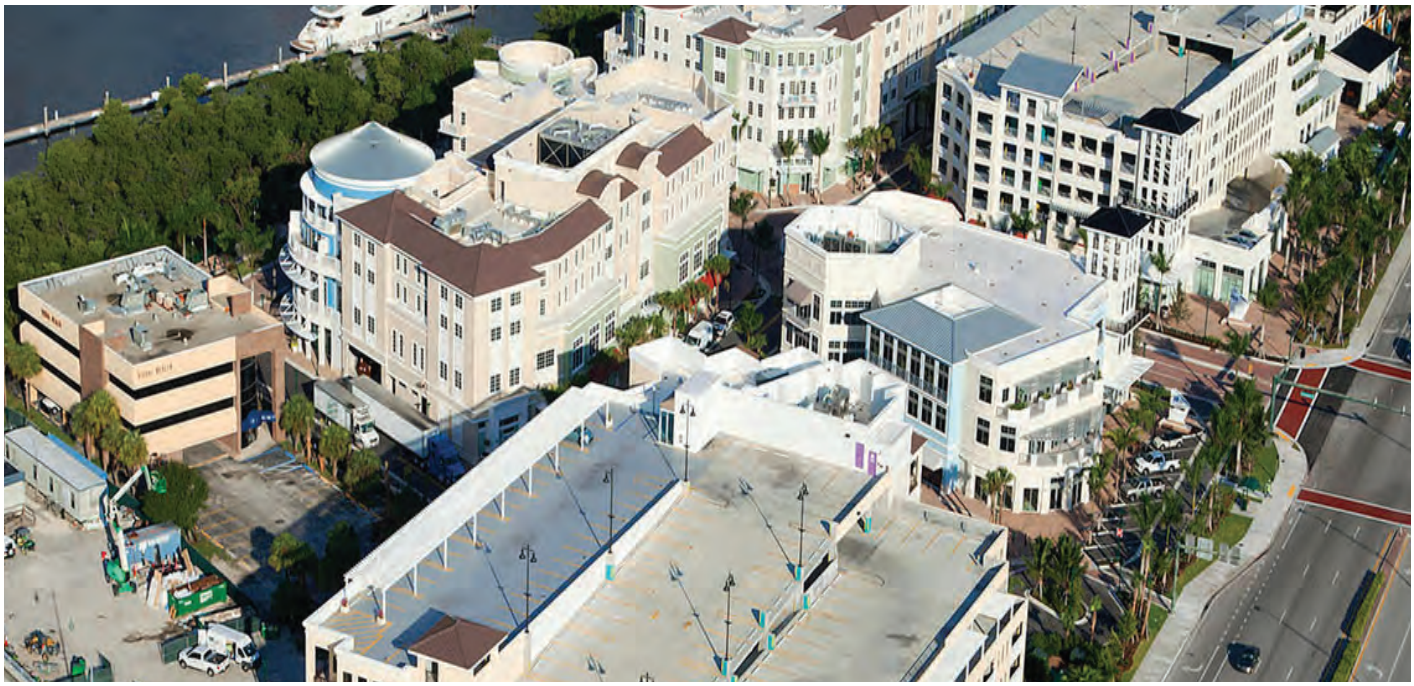
Omaha Metro Area, Nebraska, United States

There is no better compliment than a repeat client. LEO A DALY prides itself on the fact that 47% of our healthcare work is from past clients. Our long time client, Nebraska Medicicine, conciders LEO A DALY is their partner of choice:

Over a 60-year relationship, LEO A DALY has completed more than 1,000 projects for Nebraska Medicine, providing cutting-edge patient-centered care in facilities going back to 1954.

LEO A DALY has completed the majority of the major expansions and renovations to this 550,000-SF healthcare anchor, located in the core of midtown Omaha. These projects include a new college of nursing; major outpatient and inpatient expansion; major expansion of diagnostic and treatment areas; three parking garages providing over 1,000 parking stalls; a series of connecting skywalks; birthing centers; patient unit renovations; the world-renowned Lied Transplant Center; and the first phase of the consolidation master plan covering more than 2 million-SF, 20 buildings, 50 departments and 5,000 employees.

In recent years, LEO A DALY has helped Nebraska Medicine embrace a population health model with a prototype clinic facility that has been repeated throughout the Omaha metropolitan area four times. The instantly recognizable clinic presents a strong brand for Nebraska Medicine to the community. Its design utilizes the Patient Aligned Care Team (PACT) concept, enabling collaborative teams of providers to work together in an “offstage” area, while patients enjoy a relaxing, positive patient experience in the “onstage” areas.



Parking Structures

LEO A DALY has participated in the design of parking structures that are stand-alone or integrated into multipurpose facilities. Representative projects include aboveground and below-ground parking levels, vehicle capacities from a few hundred stalls to over 1,000 stalls, and projects in tropical environments, deserts, and even locales with severe weather conditions.

The Nebraska Medical Center, Clarkson Hospital, Parking Garage East, Omaha, NE

- 674-car parking garage
- Busy intersection adjacent to the hospital campus
- Six parking levels using a two-bay, single up-ramp and spiral down-ramp circulation system
- Designed to blend with established campus palette

Christ Church Cathedral Parking Garage, Houston, TX

- Campus in downtown urban setting
- 350-stall parking facility
- Street-level garage facade
- Light well that illuminates a cross at night and living wall of vertical greenery

Texas State University, San Marcos Matthew Street Garage, San Marcos, TX

- Visual enhancement designed to complement existing campus architectural style
- Two component garage: campus parking services and parking garage
- 7,600-SF single level parking services area
- Garage is six levels (317,500-SF) with multiple entry levels.

BlueCross BlueShield Centre Parking Garage, Omaha, NE

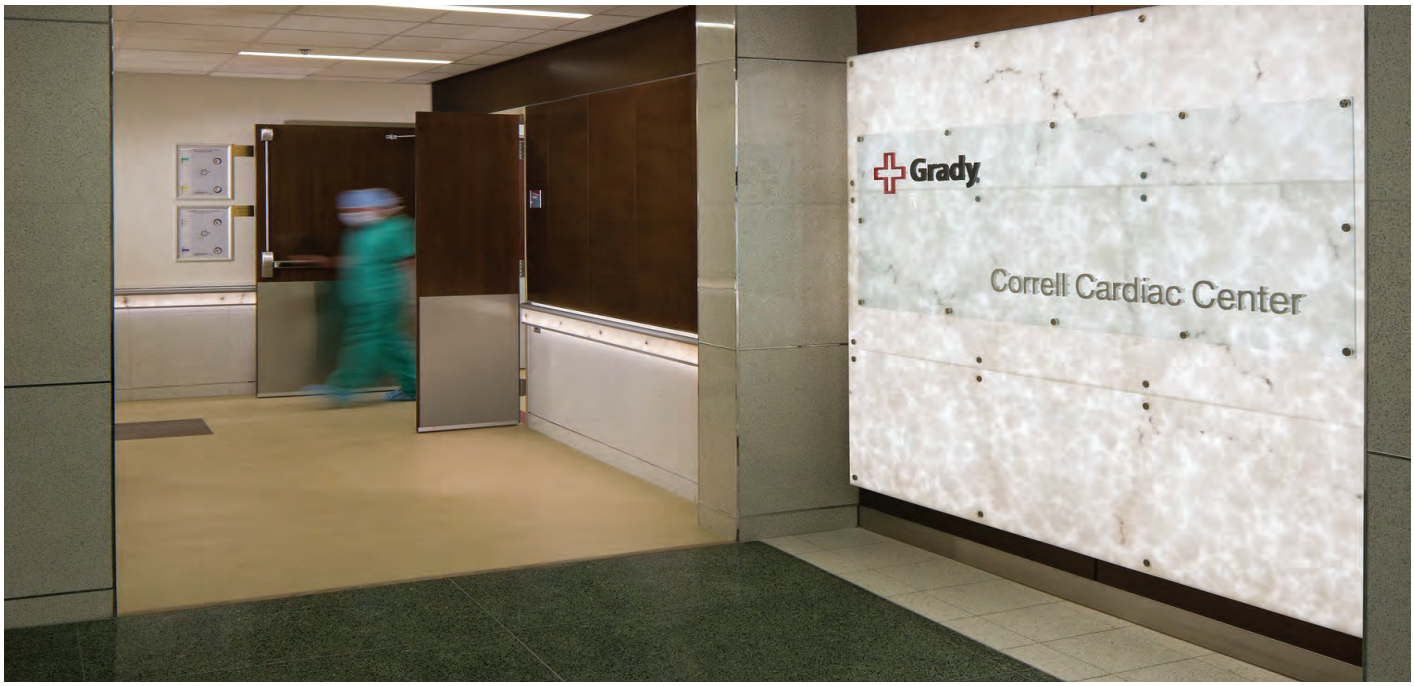
- Consolidated facility
- 1,195-stall, three-story parking garage and surface parking for 240 cars
- Four security-controlled entryways/exits
- Two-way traffic throughout the structure is a centered ramp that provides visibility, pedestrian safety and efficient use of space.
- LEED Silver Certification

Park Place II, Tysons Corner, VA

- Design services for a 435,000-SF, 11 story office building with a 1,860 car garage structure
- Special parking for low-emitting vehicles
- LEED Gold Certification

Harbourside Mixed-Use Parking Structures, Jupiter, FL

- Multi-use complex designed to provide a viral, vibrant link to the city
- Six-level garage with 400 stalls
- Eight-level garage with 550 stalls
- Heavy trafficked US 1 Highway setting
- Ground level provides controlled access and revenue control
- Pedestrian bridges provides access to different levels



Grady Experience

When putting together the best team for your project, Grady experience was an important factor. Our project team has a wide variety of experience with Grady Health System, we know your facility.

LEO A DALY

- Correll Cardiac Center
- Relocation of the Division of Family and Children Services (DFSC) office
- G.I./Oral Surgery
- Cath Lab #3
- Central monitoring relocation
- GU/GI rRelocation
- Mammography film storage
- Cardiology Master Plan

Costing Services Group
(Estimating Experience)

- Cafeteria
- Grady Center for Advanced Surgical Services Programing
- Hybrid OR/Perioperative Renovation
- Ponce Clinic
- Heart Cath Lab
- 5C Renovation
- 9th Floor Renovation
- Core Lab
- Hospital Kitchen Improvements
- ICU Renovations
- Anesthesia Upgrades
- Burn Unit
- Switchgear Replacement
- Clinical Research Center Renovation
- Tactical Master Plan
- Server & Kitchen Renovation
- Emergency Department Study
- Emergency Department & Observation Unit Renovations
- Anatomic Pathology Offices & Histology Lab Renovation
- Trauma Renovations
- GI Suite, GU Suite, Oral Surgery, and Mammography Renovations
- Resident's Lounge
- Physical/Occupational
- Expansion - 1990

Mazetti-PerryCrabb Crabb

- East Wing chilled water riser demolition
- Infectious isolation suite
- Marcus Stroke Center and Neuroscience Center
- B-Wing Inpatient Unit
- Provider team work room
- Decontamination Shower
- Medical Vacuum/WAGD System Analysis, Design & Replacement

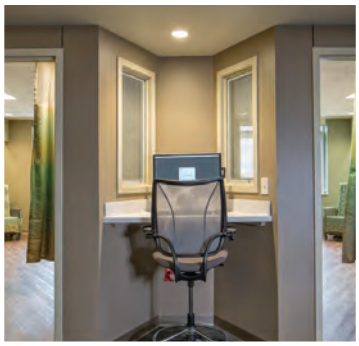
SHR

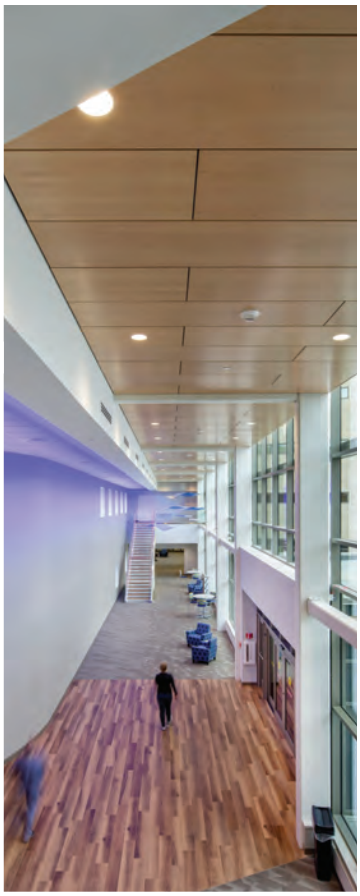
- Grady B Wing patient unit
- Grady B Wing ICU
- Grady Camp Creek Ambulatory Center
- Grady Cath Lab
- Grady Neuro Lab
- Grady Hybrid OR
- Grady Marcus Stroke and Neuroscience Outpatient Center
- Grady Marcus Stroke ICU
- Grady Marcus Trauma unit
- Grady Mother Baby & NICU
- Grady Urology Clinic
- Grady GI Clinic
- Grady Lindbergh Clinic

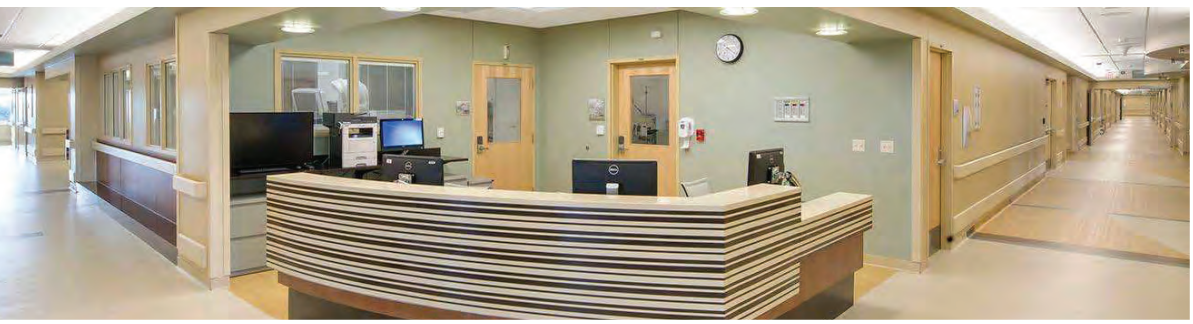
Walter P Moore

- Grady Hospital Valet Study
- Grady Hospital Lindbergh Clinic Renovation
- Grady Hospital Butler Street Garage

LEO A DALY

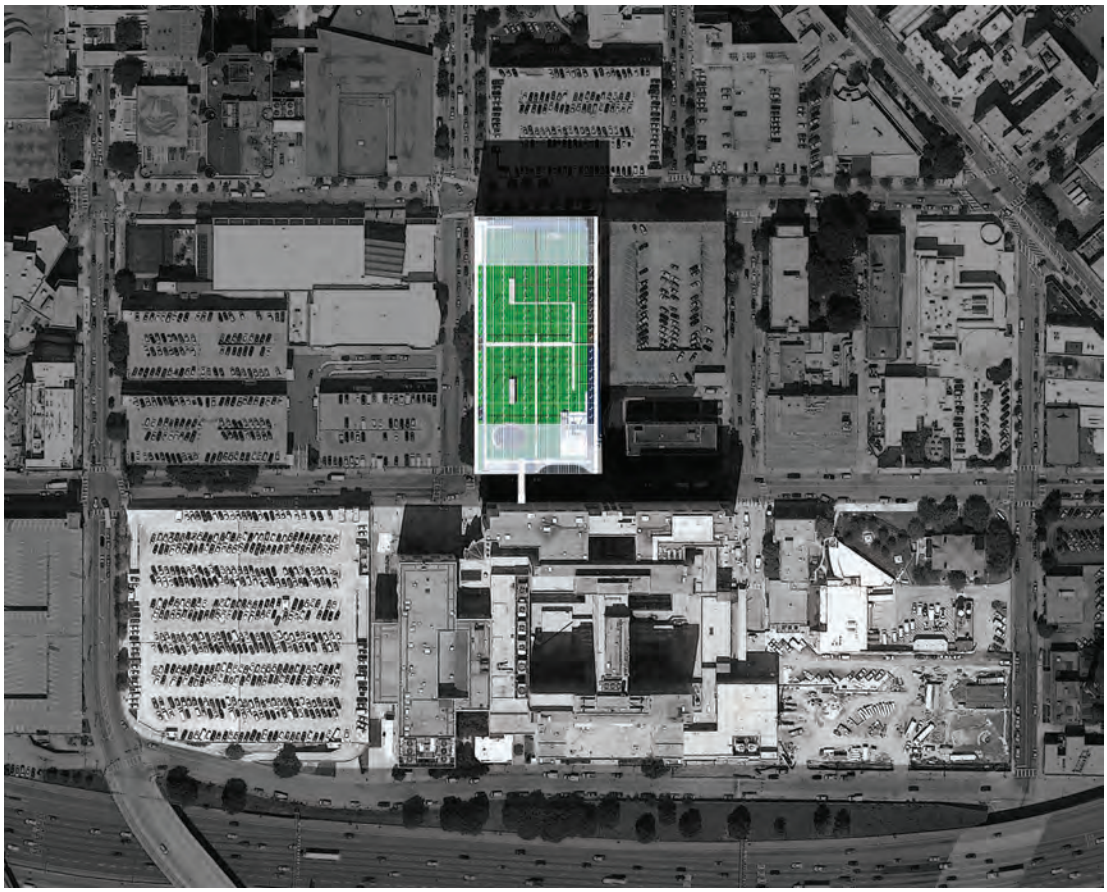






Urban Design

Connections to city



The design approach for the Center for Advanced Surgical Services (CASS) focuses on urban integrations through the program distribution and the physical building form.

Positioning the clinics to the lower levels with “eyes on the street” enables connection to the city. On the corner of Jessie Hill and Gilmer, the building is lifted off the ground and a “new public courtyard” space for the larger Grady community is created.

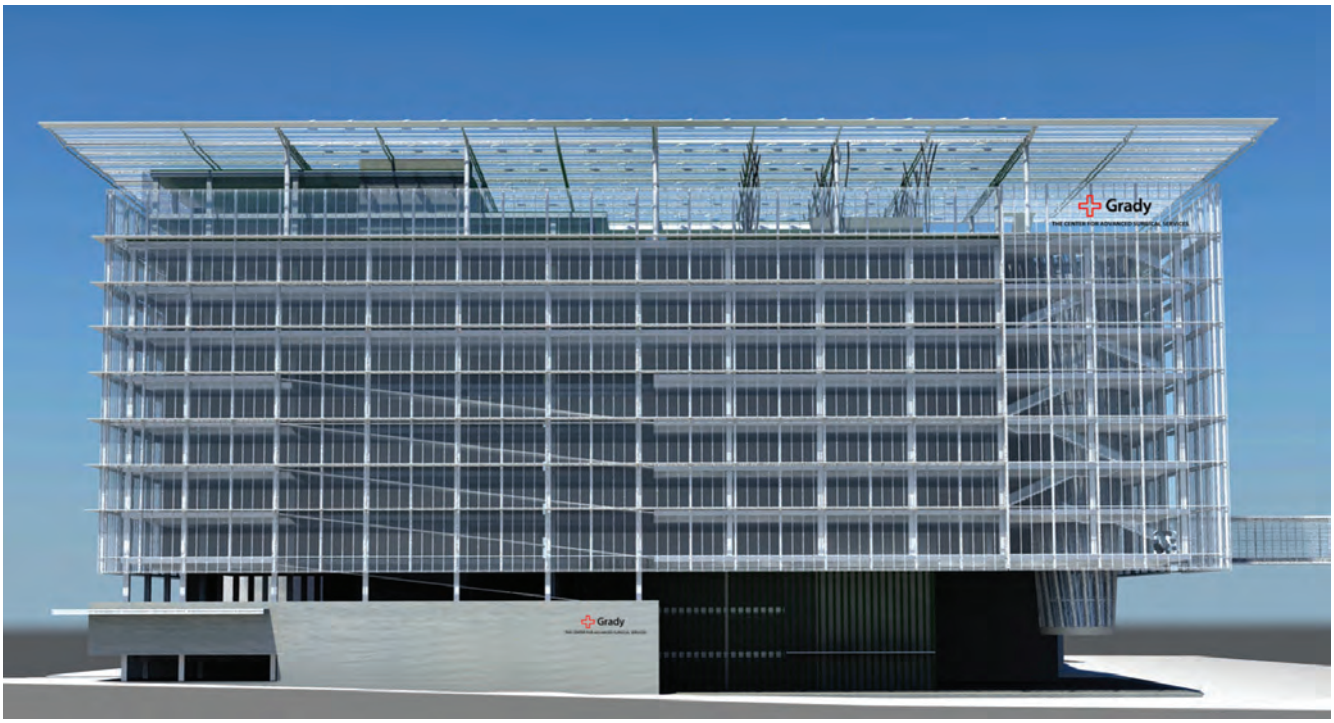
To mitigate dark, uninviting shadowed streets, the corner urban space will be flooded with natural daylight via a large lightwell through the CASS and supplemented by fiber-optic daylighting fed from the roof trellis.

Design gestures throughout the plan encourage urban connections through retail at street level.

Vehicular access is compartmentalized and clear for all user groups. Safe, tree-lined sidewalk pathways surround the site. These paths will connect to Marta and establish bicycle routes.

Building Design

High-performance building envelope



High-performance facades are designed to use the least amount of energy to maintain a comfortable internal environment. This reduction in energy consumption reduces negative impact on the global environment. By creating ideal thermal, visual and acoustic working environments, these facades promote higher performing workplaces.

The Center for Advanced Surgical Services' building facades will utilize a double- glazed skin design on the south, oriented elevations to reduce thermal heat gain. Horizontal external and embedded internal vertical glass fins will provide solar screening as the building has a harsh southwest solar orientation for the main lobby facade.

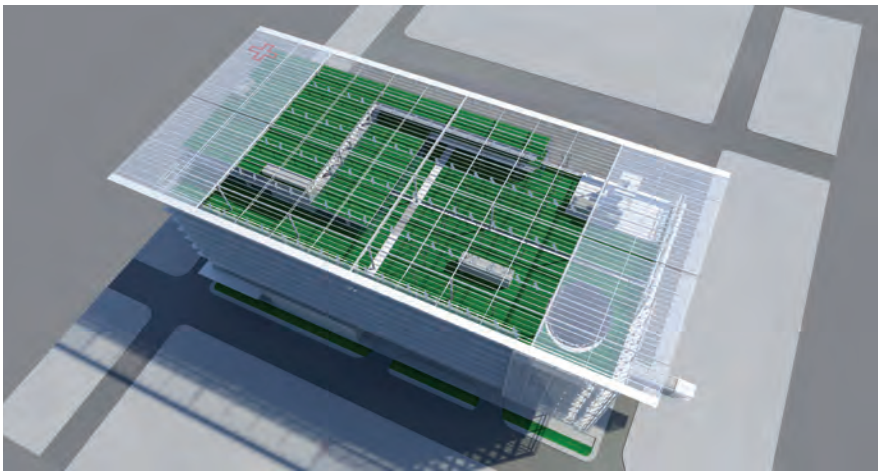
The use of high-performing low-E glass will minimize the amount of infrared and ultraviolet light entering the building thereby reducing heat load without heavy tinting. This clear glass facade encourages views out to the city.

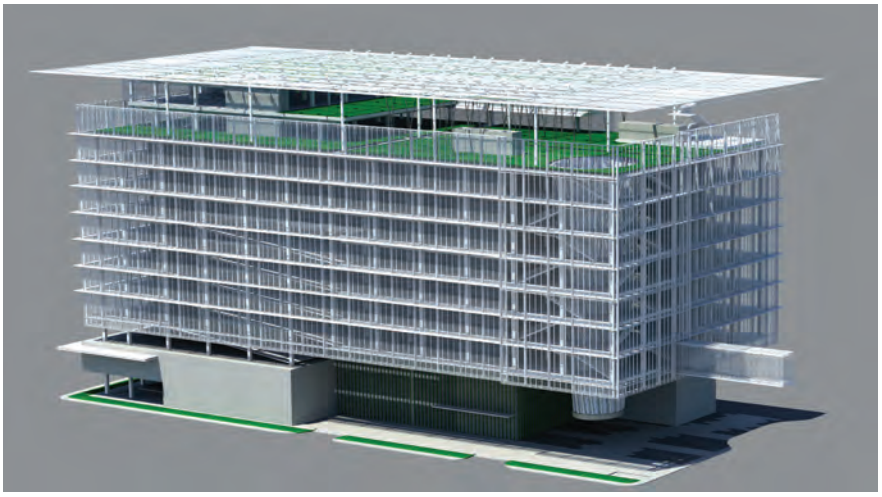
Daylight harvesting along the primary lobby waiting areas will greatly reduce electric lighting loads and HVAC costs. In turn, this will reduce the project's maintenance and life-cycle costs.

Supplementing the exterior facade, natural daylight will pour into the clinics public and staff levels through fiber-optic cables from the rooftop collectors contributing to the energy efficient envelope design.

Sustainability and Building Systems

Extensive green roof system





This design integrates wellness principles while reducing negative environmental impacts.

A large multi-level, extensive green roof provides patients and staff a “connection to nature.” Patients in the upper level 10 and 11 Cancer Center floors will have direct access to the green spaces. Staff will be able to use this upper park for meetings, breaks, and wellness activities.

The roof’s vegetation ranges from sedums to small grasses, herbs and flowering herbaceous plants. These plants need little maintenance and no permanent irrigation system.

This roof will mitigate the urban solar heat island effect and will provide a large reduction in building energy consumption, while providing an integrated amenity for the project.

In addition, these roof areas will provide ideal rainwater capture locations for mechanical systems cooling.


Grady
THE CENTER FOR ADVANCED SURGICAL SERVICES

Sustainability and Building Systems

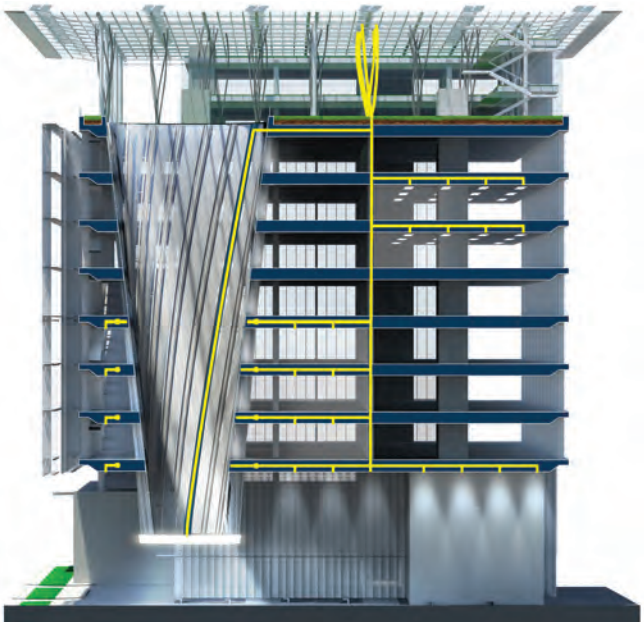
Fiber-optic daylighting system - clinics / urban spaces

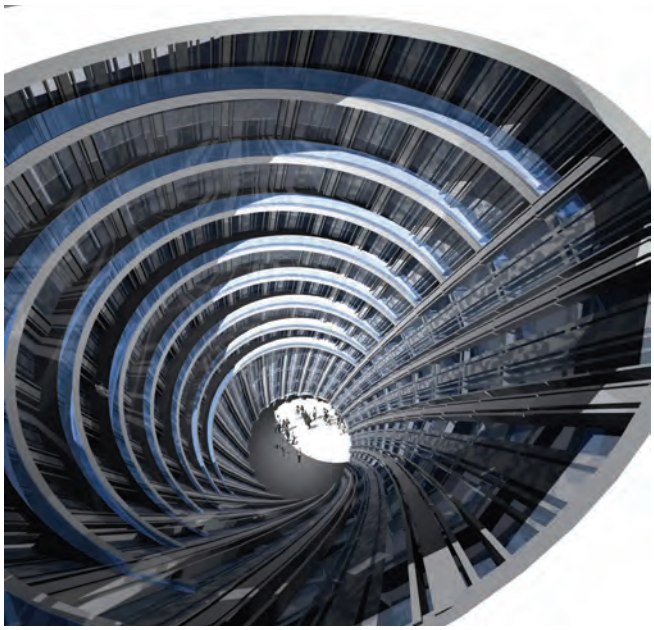
Natural daylight integration is a critical component of high performing-healthcare environments. It is a proven aspect to overall wellness, and our design addresses this both in the clinic spaces and in the urban spaces of the city.

Internally, the clinic waiting areas are focused on the south side of the site and will have large amounts of natural light at the perimeter, which will be carefully controlled by the skin design and harvested by the lighting systems.

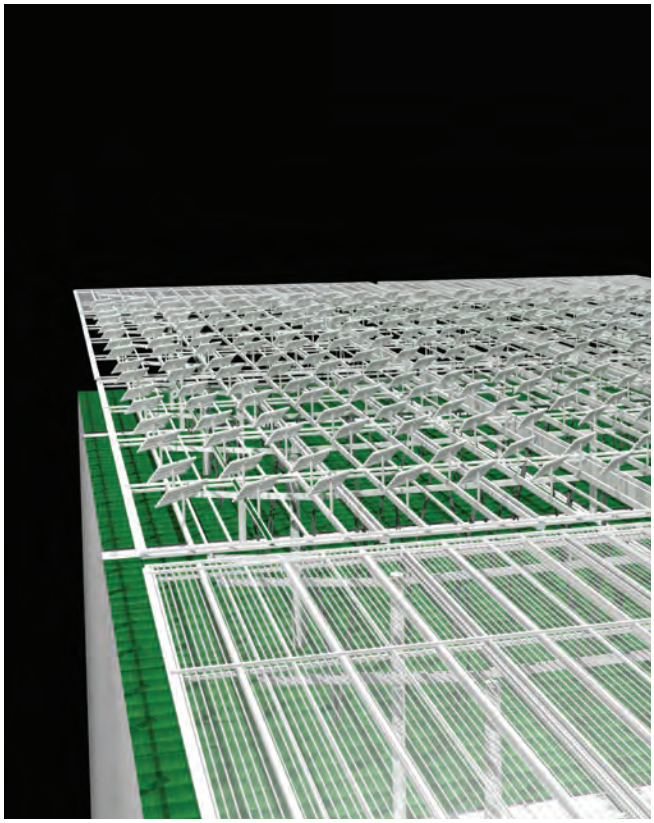
On the roof, the fiber-optic daylight trellis will source natural light into the clinic's back-of-house spaces and staff areas.

At the urban scale, a large vertical lightwell will funnel light down to the darkened street and the new public space below. The roof daylight system will also supplement the skylight, reaching the darkened city street below.

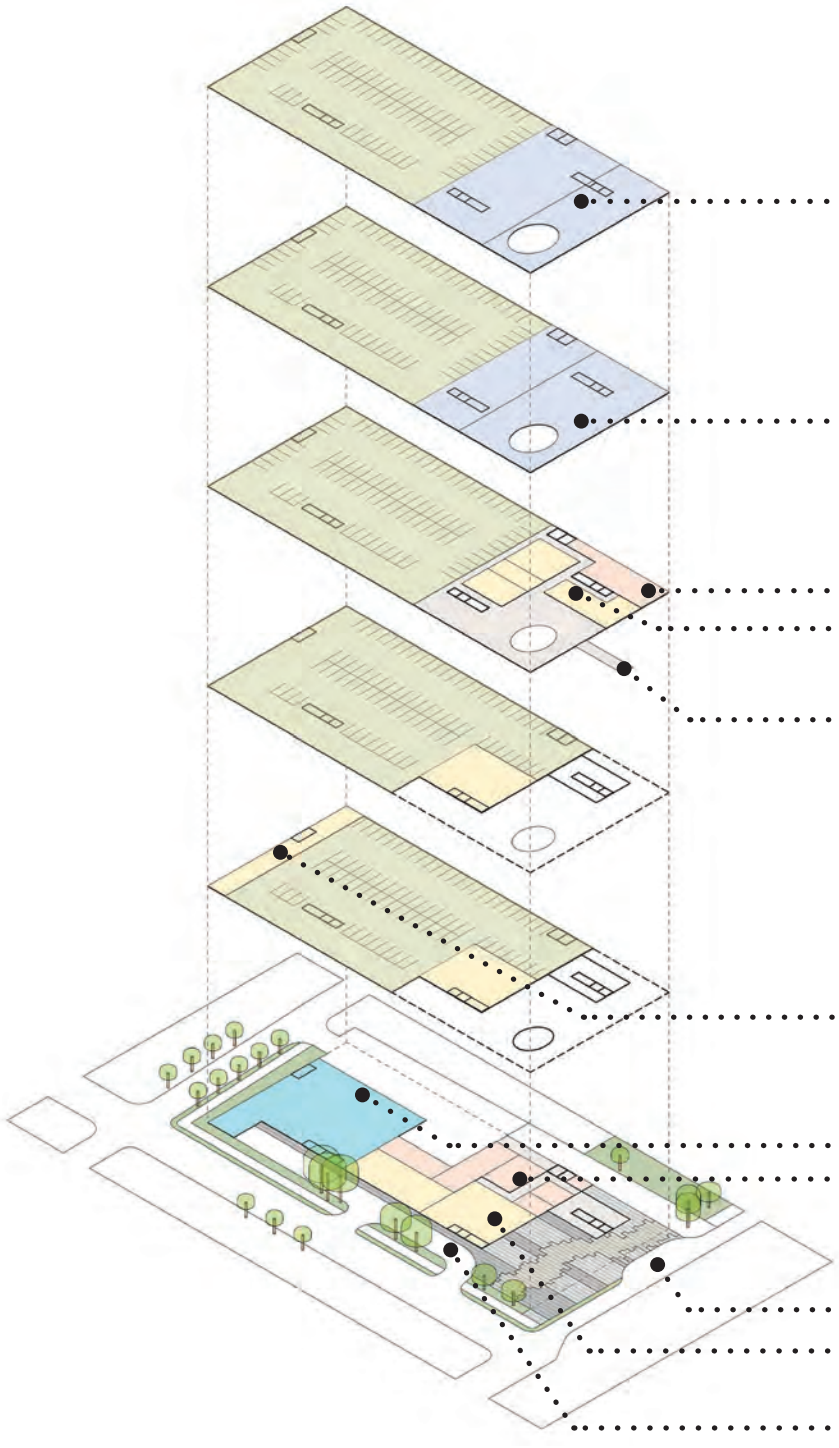





Grady



Space Planning



Level 5
Diagnostics / Treatment
- Rehab
- Orthopedics

Level 4
Diagnostics / Treatment
- Ophthalmology
- ENT / OMFS

Level 3
Support Admin
Public Spaces
- Retail Pharmacy
- Optical Shop
- Conference
- Cafe

Proposed Bridge

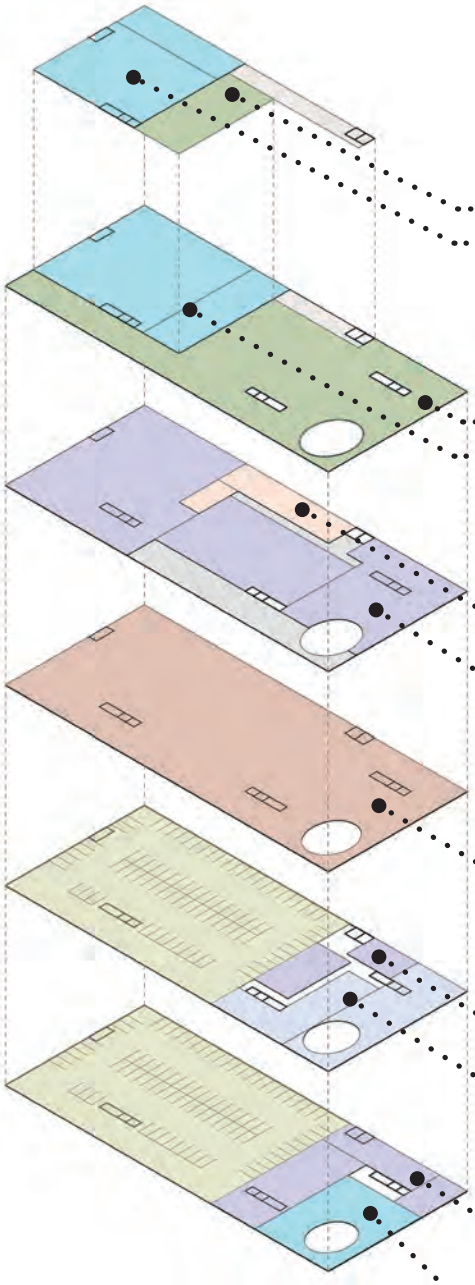
Level 2
Parking Only

Level 1
Retail

Level G
Radiation Oncology
Support Services
- Loading / Material
- Supply Storage
- EVS
- Security
- Facilities
- Mail Room

Staff Shuttle Drop Off
Public Spaces
- Lobby
- Retail

Visitor Drop Off



Level 11
Roof Garden
Cancer Center
- Chemotherapy / Infusion
- Infusion Pharmacy

Level 10
Roof Garden
Cancer Center
- Cancer Clinic 3 Modules
- Cancer Center Admin

Level 9
Support Services
- SPD
- Satellite Pharmacy

Diagnostics / Treatment
- Ambulatory Surgery Suite
- Pre Op / PACU
- Endo Suite

Level 8
Interstitial Mechanical Level

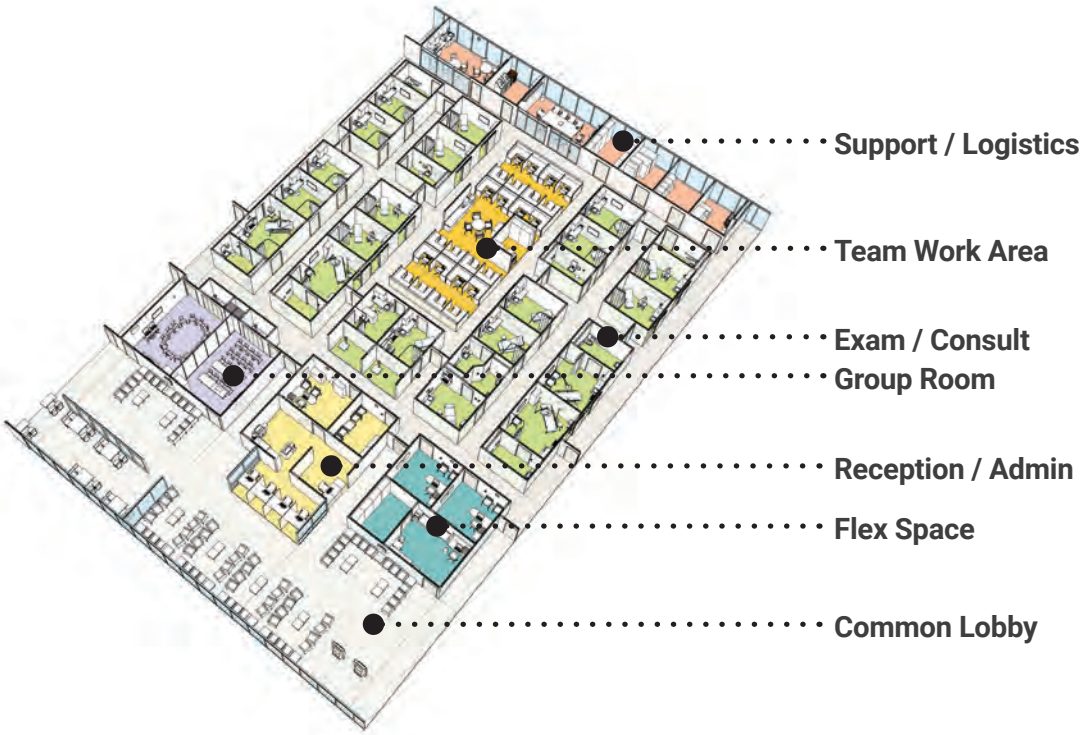
Level 7
Diagnostics / Treatment
- Pre Procedure Testing
- OP Lab

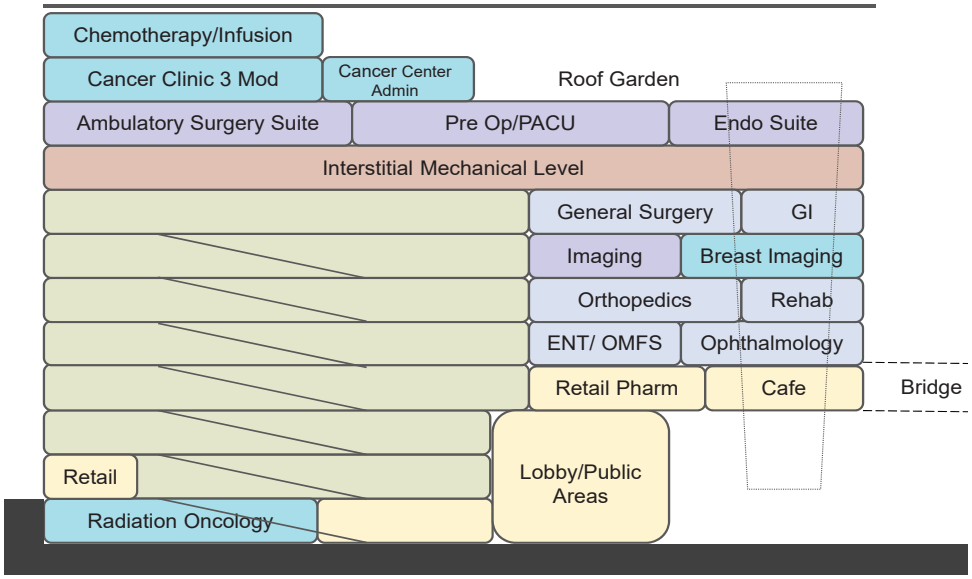
Clinics
- General Surgery Clinic
- GI Clinic

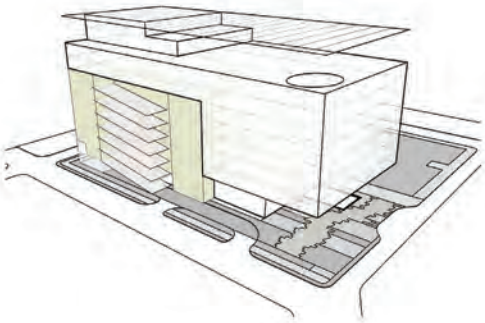
Level 6
Diagnostics / Treatment
- PET /CT
- Imaging
- Shelled Space

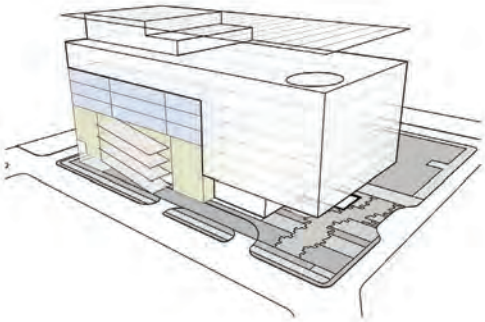
Cancer Center
- Breast Imaging

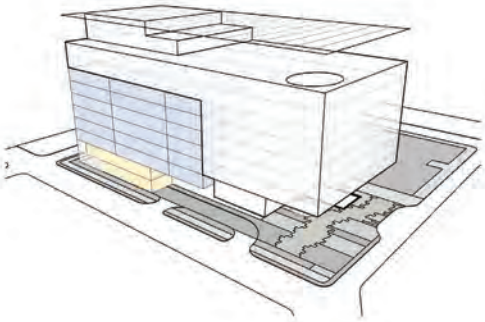
Space Planning

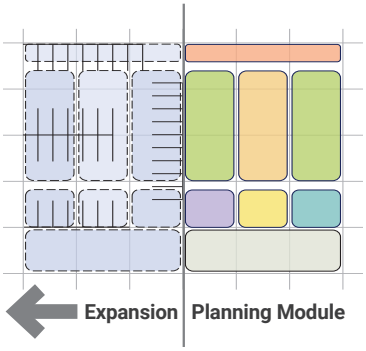












This proposal advocates the use of a collaborative clinical module:

"Good patient–provider communication is the cornerstone of relational continuity, and serves at least six fundamental functions: fostering healing relationships, exchanging information, responding to patients' emotions, managing uncertainty, making informed decisions, and enabling patient self-management."

(ref: Epstein RM, Street RL. Patient-Centered Communication in Cancer Care: Promoting Healing and Reducing Suffering. Bethesda: National Cancer Institute; 2007.)

The collaborative clinical module supports multidisciplinary team-delivered care. This facilitates better patient-provider communication, correlates to higher patient satisfaction.

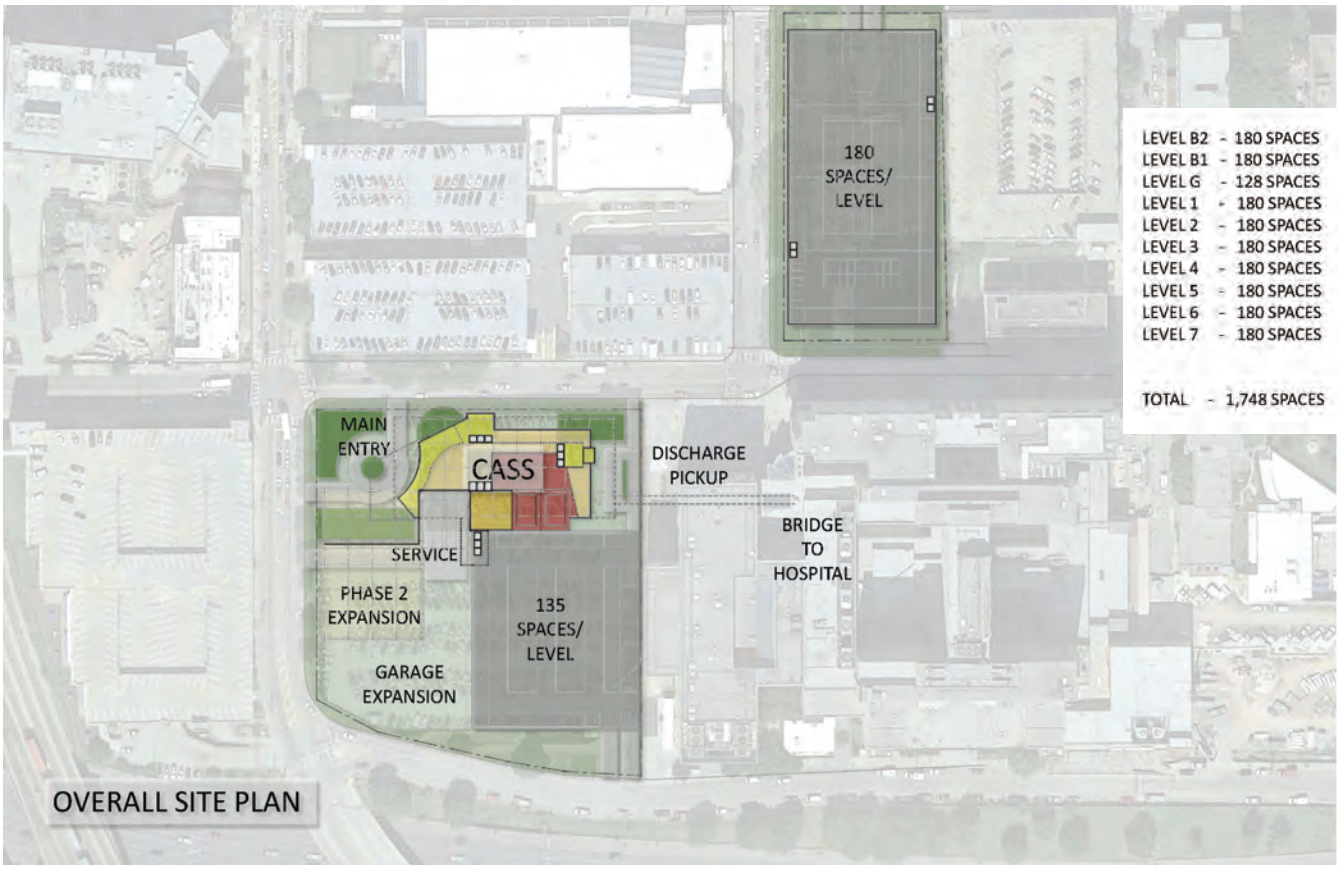
Separate onstage/off stage work areas for the clinical team increases efficiency.

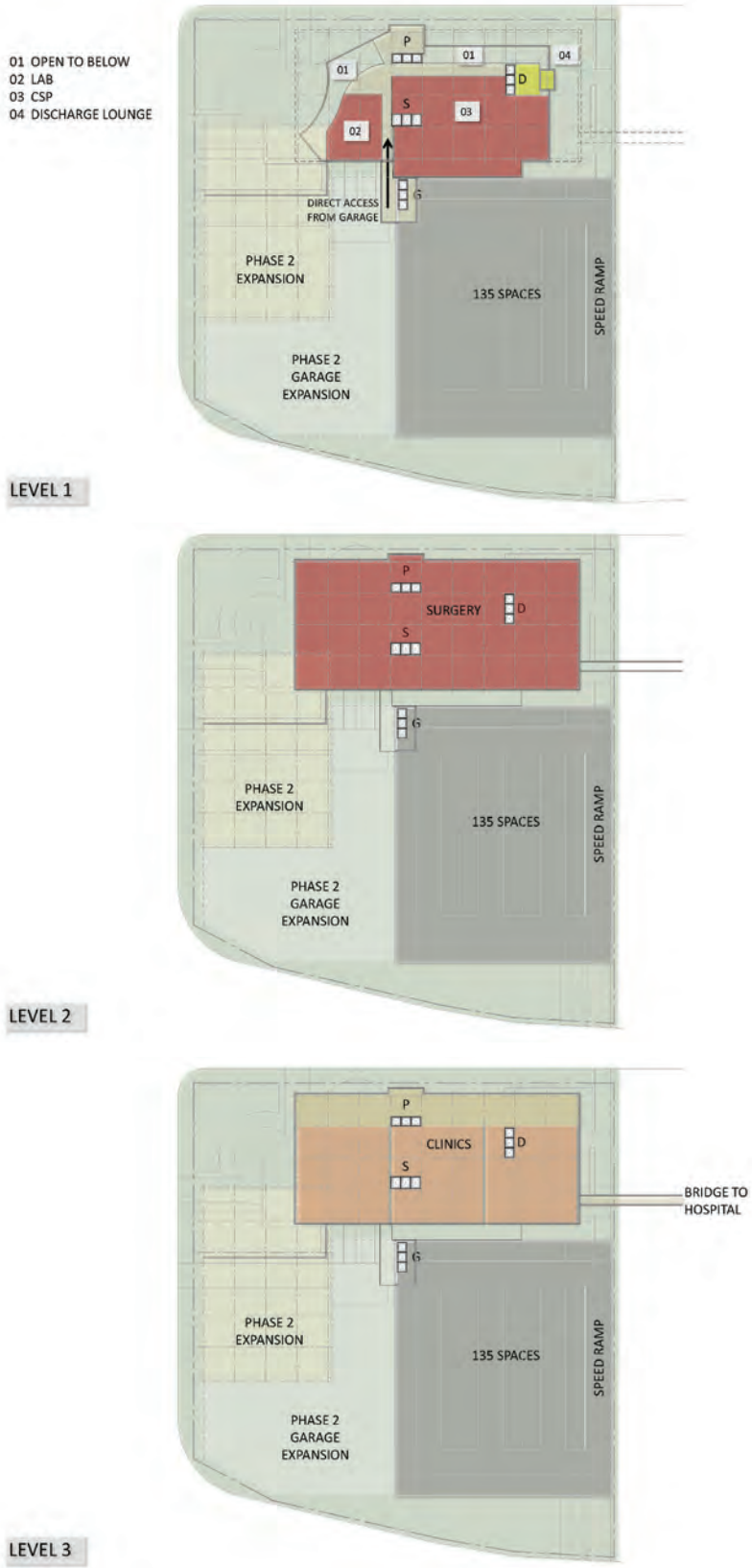
The clinic zone collocates team members / services to enhance real time, team-based decision making.

This modular design has universal exam and procedure rooms for future flexibility. It establishes separate zones of use for improved patient privacy.

Urban Design

Alternate site location option





Alternate site location advantages:

1. Opportunity to build one or both garages with a separate owner/operator, which could potentially free additional capital funding for the CASS.

2. Locate the building at-grade for ease of access.

3. Provide direct access from grade and parking garage.

4. Direct connection from garage to discreet discharge pickup.

5. Bridge connector to both the existing outpatient building and the hospital.

6. Future expansion capability.

7. Visibility from the highway and downtown.

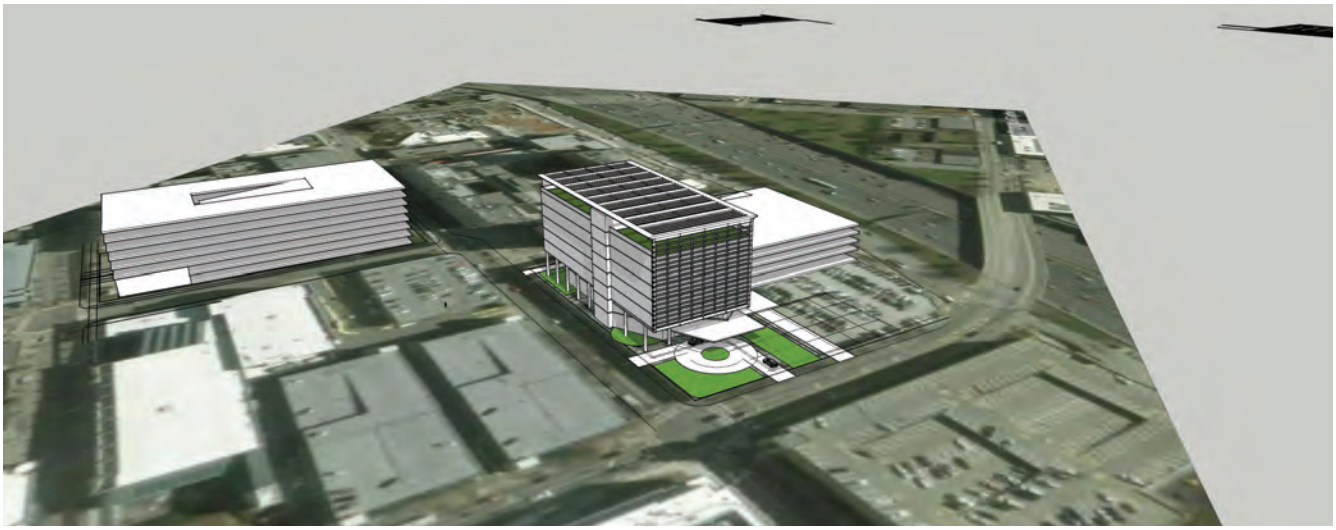
8. Urban streetscape amenities.

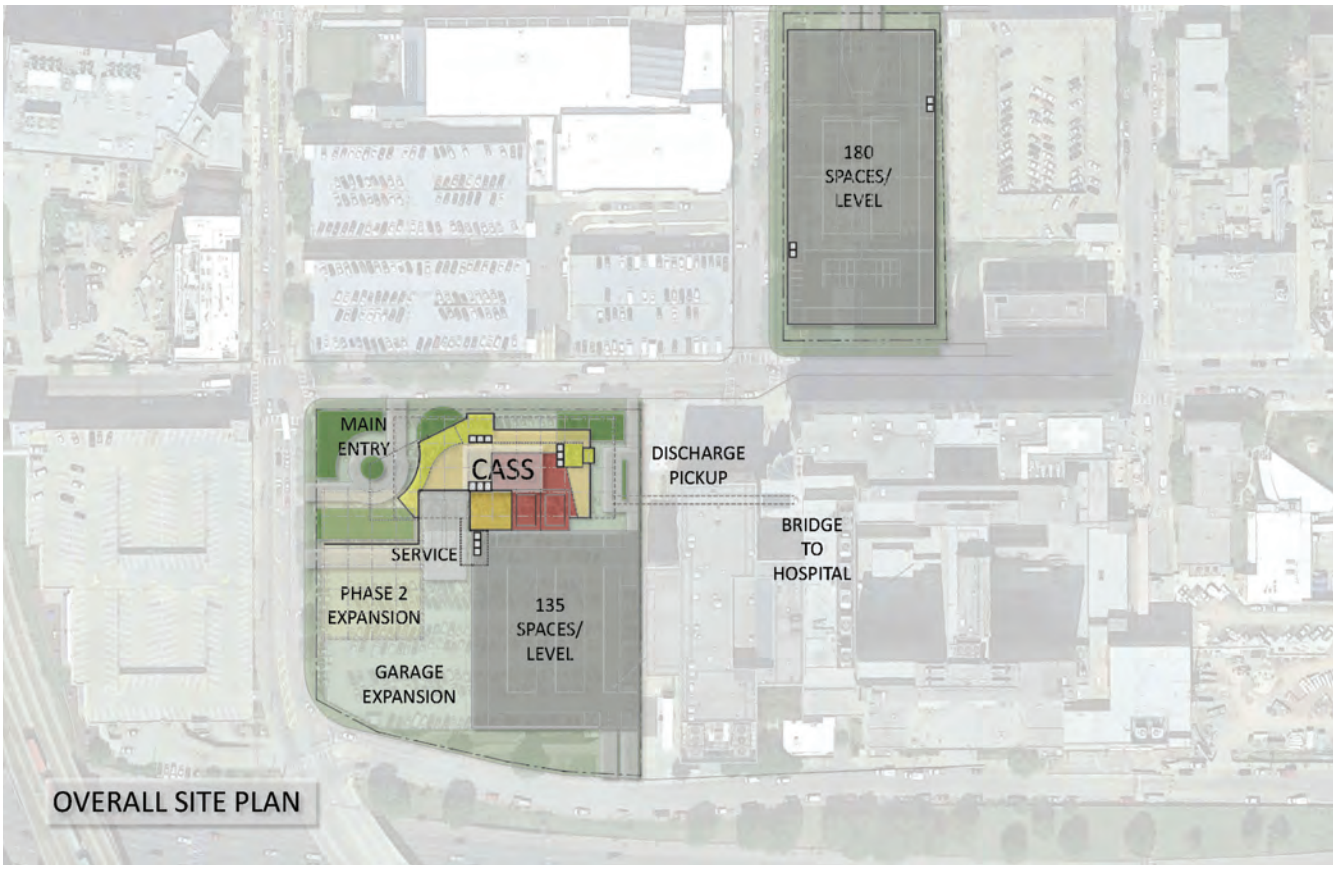
9. Ability to incorporate healing gardens and wellness.

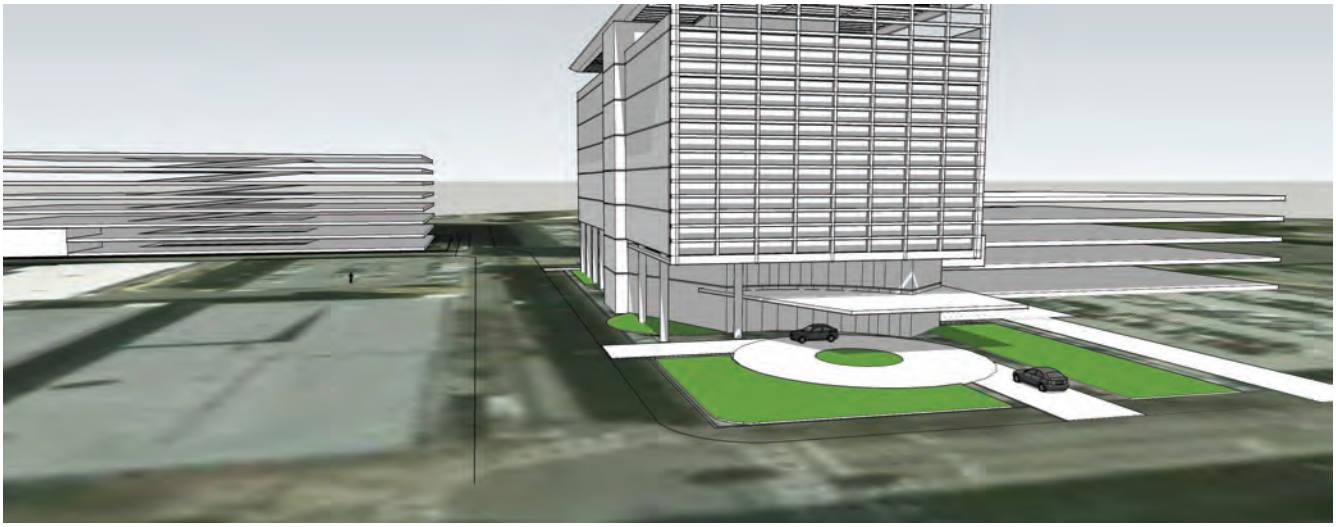
10. Maximize efficiency in plan layout through simplification of the program stacking.

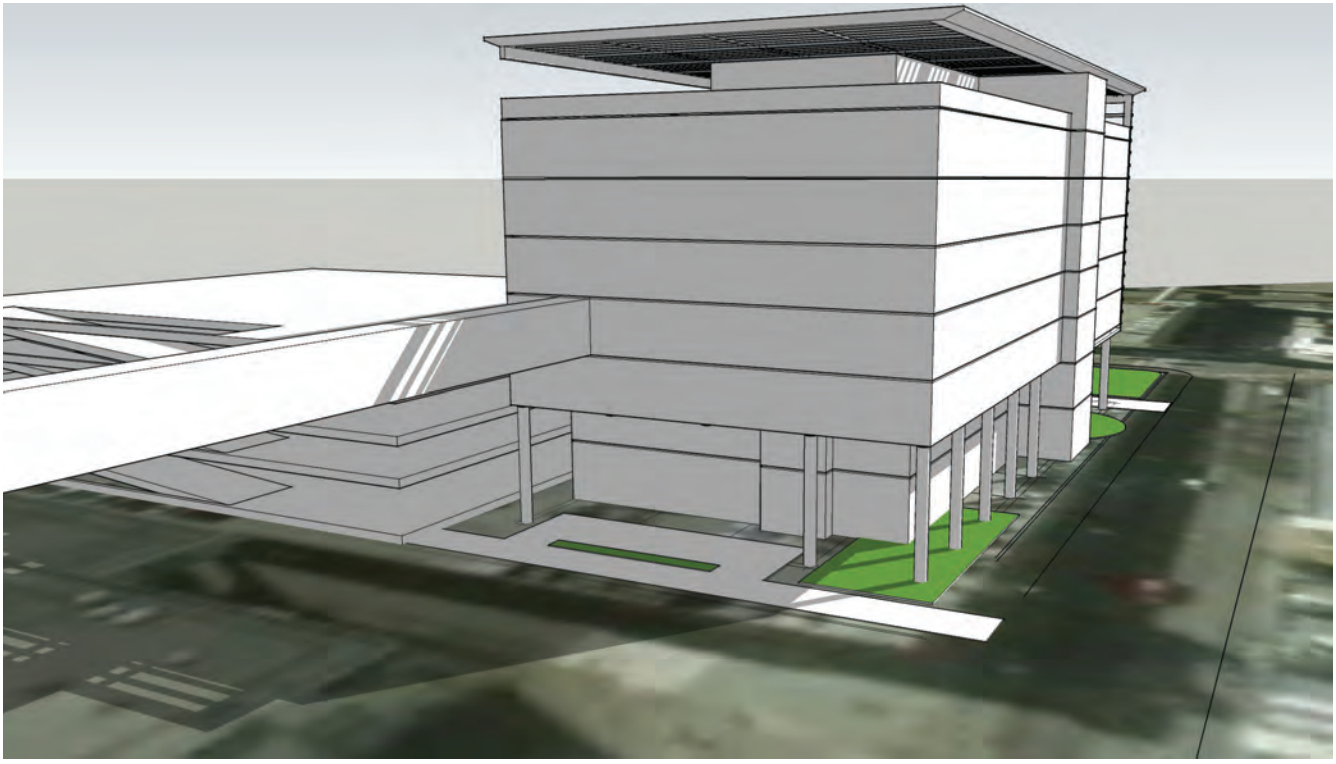
Urban Design

Alternate site location option







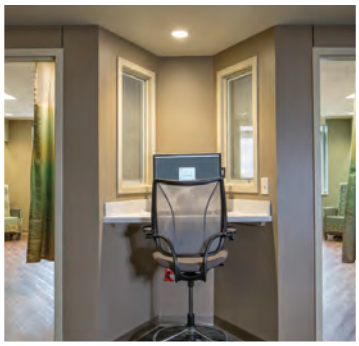


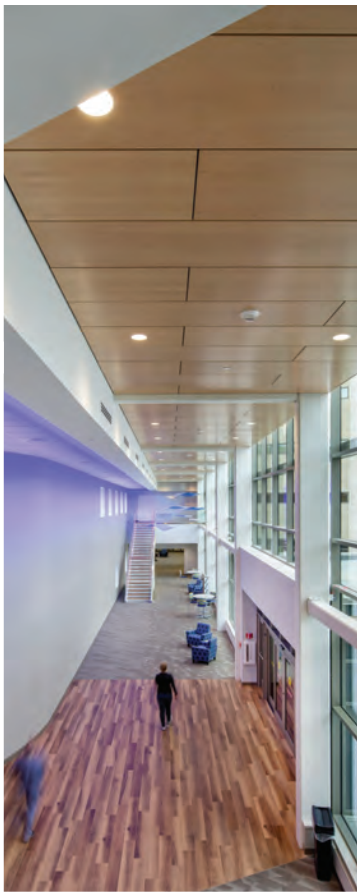
Urban Design

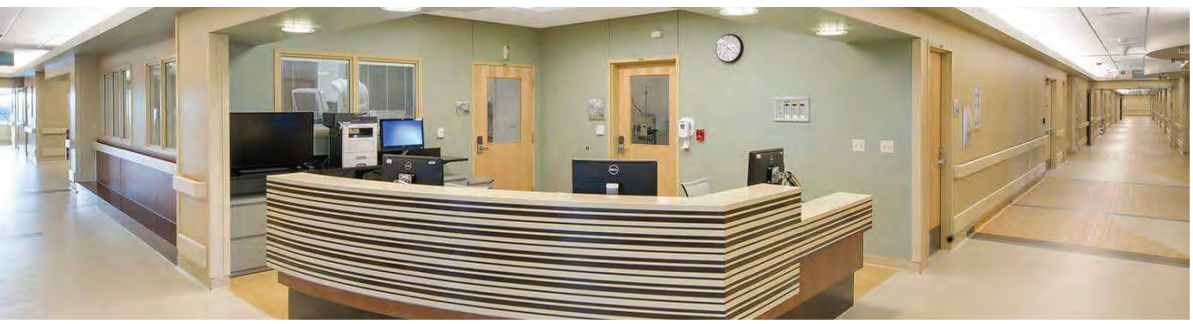
Alternate site location option


Grady

LEO A DALY







ARCHITECTURAL SERVICES AGREEMENT
(Center for Advanced Surgical Services Project)

This Architectural Services Agreement ("Agreement") is made as of ____Date_____ ("Effective Date"), by and between Grady Health System ("Owner") and ___Name_____ ("Architect"). Individually, Owner and Architect are sometimes referred to herein as "Party," and collectively as "Parties."

ARTICLE 1: RECITALS

1.1 WHEREAS, Owner has a need for the services of architects to design improvements to Owner's facilities;

1.2 WHEREAS, Owner wishes to retain Architect to provide architectural services for Owner for completion of the construction described in this Agreement and the attachments or exhibits hereto the ("Project");

1.3 WHEREAS, Architect wishes to be retained by Owner in accordance with the terms and conditions of this Agreement for services for the Project;

1.4 NOW, THEREFORE, in consideration of the mutual covenants and conditions contained herein and in any attachments or exhibits hereto, and for other good and valuable consideration the receipt and sufficiency of which are hereby deemed acknowledged, Owner and Architect hereby agree to be bound by the terms set forth in this Agreement.

ARTICLE 2: ARCHITECT'S RESPONSIBILITIES

2.1 Scope of Services

2.1.1 Owner's needs, goals, objectives and requirements, relating to the Project including a scope description of the services to be performed and improvements to be constructed, the location of the improvement, the time required for completion of the services and construction work, Owner's budget for the construction work, the form and amount of compensation, and such other information Owner may provide for use in connection with the Project are listed in Exhibit C hereto. The scope of work identified in Exhibit C shall be deemed to include the services specifically described therein, all services reasonably related to, or inferable from, the services described this Agreement and in Exhibit C hereto, and all services customarily furnished by architects in connection with the services so described.

2.1.2 By and through the execution of this Agreement Architect verifies that it has received all information concerning the Project that is reasonably necessary for Architect to perform its services and that the information provided by Owner is sufficient for Architect to render the specified services and that Architect is familiar with all circumstances and conditions affecting the performance of its services.

2.1.3 This Agreement shall not be enforceable by Architect until such time that Owner has itself executed the Agreement, whereupon the contract between Owner and Architect for such Project shall consist of this Agreement, the attachments or exhibits hereto, and any documents specifically identified by the Owner prior to executing this Agreement that detail the obligations of, and rights between, the Parties with respect to the Project that are incorporated by reference or attached hereto, which together are referred to as the "Project Contract." However, to the extent that there is a conflict between any of the documents comprising the Project Contract, the terms of this Agreement shall first govern, followed by the terms of the attachments or exhibits to this Agreement, followed by any additional documents identified by the Owner as described above. Subject to subsequent amendments or modifications as provided by the Project Contract, the Project Contract shall constitute the final, integrated agreement between the Parties as to the Project and supersede all prior negotiations, representations and promises between them.

2.2 Requirements for all Services

2.2.1 Architect, and its consultants and subconsultants of any tier (collectively "Consultants"), shall (a) perform all services in accordance with the terms of the Project Contract, and the professional standards of care, skill, diligence and timeliness applicable to architects who are experienced with and regularly perform similar services on projects of similar nature, size and complexity in Georgia; (b) cooperate with, consult and advise Owner regarding Owner's needs, goals, objectives and requirements for the Project to enable

Architect to perform its services in accordance therewith; and (c) furnish sufficient staffing, business administration and supervision to meet its obligations under the Project Contract, including under the standards contained in this section 2.2.1 (collectively, "Standards of Care").

2.2.2 To its Standards of Care, Architect shall perform all services in accordance with all applicable federal, state and local statutes, ordinances, codes, rules, regulations, guidance documents and permits, as well as with all policies, orders, decrees, rulings and judgments of executive, administrative and judicial authorities of which an architect reasonably should be aware (collectively, "Applicable Requirements"), including without limitation:

(a) Georgia Health & Safety Code;

(b) Facilities Guidelines Institute (FGI), Guidelines for Design and Construction of:

1. Hospitals
2. Outpatient Facilities
3. Residential Heal. Care and Support Facilities

(c) The Americans With Disabilities Act (with specific attention to the Design Guidelines and Regulations);

(d) all applicable rules, regulations, policies, and practice guidelines set forth by The Joint Commission (www.jointcommission.org) and/or required to maintain accreditation and/or certification by The Joint Commission; and

(e) all applicable rules, regulations, policies, and practice guidelines set forth by Centers for Medicare and Medicaid Services (www.cms.gov) and/or required to maintain accreditation and/or certification by the Centers for Medicare and Medicaid Services.

Architect shall perform its work such that the construction of the Project, if completed in accordance with the plans and specifications prepared by or for Architect ("Construction Documents"), will conform to all Applicable Requirements.

In the event that any contradictory interpretations occur between the various codes, rules, regulations, policies, or practices referred to in this section 2.2.2, or there is an economical or operational obstacle to the construction of the Project, Architect shall notify Owner in writing and provide its recommendation for resolving the conflict. Owner shall notify Architect of any objection to such recommendation. Nothing herein shall relieve Architect of performing its Services in accordance with the Standard of Care, and Architect shall be responsible for resolving such conflict in accordance with the Standards of Care. Architect represents to Owner that it is permitted by law to perform the services described in the Project Contract in the state of Georgia.

2.2.3 Time is of the essence in the performance of Architect's services under the Project Contract. Architect shall, within ten (10) days of the execution and return of this Agreement, prepare and submit to Owner for Owner's approval, a reasonably detailed schedule acceptable to Owner for the performance and completion of Architect's services on the Project ("Design Schedule") consistent with Exhibit E requirements. The Design Schedule shall provide for completion of the Construction Documents, including all necessary approvals, by the date specified in the Project Contract ("Completion Date"). Architect acknowledges that failure to meet the Completion Date will have material and adverse effects on the Owner's business as a whole as well as on other projects. In consideration of these risks relative to the rewards afforded under the Project Contract to the parties, the Architect and Owner waive consequential damages as between each other only. Such waiver shall specifically include claims for lost profits, lost revenues, loss of use, and loss of reputation arising out of or relating to the Project Contract. Such waiver shall specifically exclude, however, any damages to Owner arising out of the Project Contract and relating to (1) additional construction or management costs incurred as a result of deficient design or changes in the design by Architect in breach of its Standards of Care or the Project Contract, (2) additional construction or management costs incurred as a result of Architect's failure to meet the Standards of Care under section 2.2.1 or Applicable Requirements under section 2.2.2, (3) any additional financing costs to Owner as a result of Architect's breach of its Standards of Care or the Project Contract, (4) any additional fees imposed by governmental entities with control or jurisdiction over the Project as a result of actions or inactions of the Architect, (5) any direct damages to Owner arising from a breach of the Project Contract by Architect, and (6) any indemnity or defense obligations arising out of a third party claim against Owner as a result of actions or inactions by the Architect with the exception of consequential damages sustained by Owner's construction contractor hired to construct the Project ("Contractor"), or Contractor's subcontractors. The waiver of consequential damages by Owner does not apply in the event of fraud or willful misconduct by Architect.

The Design Schedule shall include periods of time reasonably required during each phase of services for review and approval of Architect's work by Owner and others, including all agencies whose approval is needed for all or parts of the Project. The

Design Schedule shall be maintained in CPM format and shall illustrate compliance with overall Project master schedule and coordination with any design assist program (pursuant to section 2.8 below), phased plan review and/or incremental permitting review approaches. Design Schedule shall also identify the Architect's personnel and any Consultants that are working on any defined phase or milestone of the schedule or, if individual personnel names cannot be determined, the manpower to be provided by for the Architect and its Consultant(s) for each defined phase or milestone of the schedule. The Design Schedule shall be updated monthly by the Architect. Architect's services shall be performed as expeditiously as is consistent with professional skill and care and efficient performance of the services and in accordance with the approved Design Schedule.

Architect is responsible for adherence with approved Design Schedule and to ensure no impact, by Architect, to the placement of work afforded via any phased plan review and/or any incremental plan approval process. Should the work at any time fall behind schedule as a result of any action or inaction of the Architect, Architect shall apply such additional manpower and resources as necessary to bring its work back on schedule required by the Project Contract at no additional costs to the Owner.

2.2.4 Architect shall within three (3) business days of executing this Agreement designate a representative acceptable to Owner authorized to act on behalf of Architect with respect to the services described in the Project Contract. Failure to timely designate a representative shall be grounds for the Owner, at its sole discretion, to terminate the Project Contract. Architect's representative shall be available to Owner upon reasonable notice at all times during the course of the Project except such times as work and services on the Project may be suspended. Architect shall not remove or replace its designated representative without Owner's prior written consent, which will not be unreasonably withheld. Architect hereby acknowledges that Owner may assess liquidated damage against Architect pursuant to section 2.2.7 below for the removal of any designated representative, unless removal is required by Owner without any reasonable justification. Owner may, in its sole discretion, require Architect to replace the designated representative. Any replacement candidate proposed by Architect shall have substantially equivalent or better qualifications than the designated representative being replaced. Owner shall not be charged for any fees or costs for duplication of services or learning curve expenses relating to such replacement that is requested by the Architect for any reason, or by the Owner for reasonable cause.

2.2.5 Architect shall also identify, within three (3) business days of executing this Agreement, the personnel it intends to utilize to perform the tasks required under the Project Contract. Failure to timely designate such personnel shall be grounds for the Owner, at its sole discretion, to terminate the Project Contract. The list of personnel shall provide contact information for each individual and, where available, a copy of each individual's resume or a description of his/her work history for the five years prior to the execution of the Project Contract. Any such personnel identified by Architect shall be subject to approval of Owner in Owner's sole discretion.

2.2.6 Unless otherwise approved by Owner in writing, all services shall be performed by Architect and professionals and personnel in Architect's employ. If Architect wants or needs to use Consultants to perform Project services, Architect shall, within three (3) days of the execution and return of this Agreement, provide, in writing, a list of all Consultants it intends to utilize to perform services required under the Project Contract and for the completion of the Project. The list of Consultants shall provide contact information for each Consultant and, where available, a copy of each Consultant's resume or a description of its work history for the five years prior to the execution of the Project Contract. If Architect cannot identify a Consultant within this time period it shall list the constant task and state the date by which it will identify the Consultant. Any Consultant retained by Architect shall be subject to approval of Owner in Owner's sole discretion.

(a) Owner's consent to Architect's use of a Consultant does not imply a waiver of any requirements of the Project Contract. Architect shall be responsible for the services of such Consultants as if Architect self-performed the services and shall not be relieved of its duties or obligations under the Project Contract by Owner's approval or Architect's retention of such Consultants. Owner shall have no responsibility for compensating Architect's Consultants, each of whom shall be compensated by Architect.

(b) Any contract between Architect and a Consultant shall be in writing. Architect's Consultants shall assume in each such contract all duties and obligations Architect owes to Owner to the extent of the services being provided by such Consultants. In addition, each written contract shall also provide that such Consultants have no contractual rights or remedies against Owner as a third party beneficiary or otherwise. Furthermore each written contract shall allow for assignment of that contract to Owner and that Owner is

entitled to enforce such consulting contracts as a third party beneficiary if Architect fails to do so. Such written agreements shall include an acknowledgement by such Consultants of their awareness of and consent to this section 2.2.6. Architect shall provide copies of each Consultant's acknowledgement and consent to this section 2.2.6 prior to the submission of Architect's first invoice.

2.2.7 The following key personnel shall be employed or retained by the Architect during the Project to perform the necessary functions throughout the duration of the Project: Project Principal, Project Director, Senior Project Manager, Architect of Record, Structural Engineer Lead, Plumbing and Mechanical Engineer Lead, and Electrical Engineer Lead. Exhibit B includes a list of each of the personnel identified in sections 2.2.4, 2.2.6, 2.2.7 and includes each individual's name, company and position on the Project.

Architect shall not reassign or remove from the Project any of the personnel named or identified in sections 2.2.4, 2.2.6, or 2.2.7 for any reason other than such person leaving the employ of Architect (or its affiliates) or Architect's Consultant (or their affiliates that previously employed the individual), or becoming physically or mentally incapable of performing the required services of such position, without Owner's prior written consent, which shall not be unreasonably withheld.

2.2.8 Architect shall direct, coordinate, administer and evaluate the services provided by its Consultants. Without limiting the foregoing, Architect shall: (a) implement and coordinate Architect's services with that of its Consultants to provide a complete, integrated and coordinated work product; (b) schedule and coordinate the services of its Consultants in accordance with the Design Schedule; and (c) be responsible in all other respects for the compliance of its Consultants with the requirements of the Project Contract, including the Standards of Care, Applicable Requirements and Design Schedule, as if such services were performed directly by Architect.

2.2.9 Owner reserves the right to fast track the Project. If Owner so elects, Architect shall provide all services required to support this plan approval and construction method with ~~no~~ additional compensation. Architect shall assume that such services will include determining the scope of construction phases or increments, preparing individual plan review, construction and bidding documents and providing separate cost estimates for each phase or increment. If Owner elects to fast track the Project, construction shall commence prior to final approval of all phases of the design and Architect specifically acknowledges that it must develop well-coordinated and fully integrated design documents to avoid later design changes resulting in delays or increased Project cost.

2.2.10 Architect and any of its Consultants shall copy Owner on all written communications with Contractor or its subcontractors and suppliers.

The Owner may direct Contractor, or others, to provide pre-construction services for the Project. These services may include design assist subcontractors or consultants under direct contract to Contractor to assure appropriate project delivery capacity. Design assist subcontractors will integrate into design team and act in a consultant capacity pursuant to section 2.7 below.

2.2.11 Architect shall be entitled to rely upon the accuracy and completeness of surveys, reports, studies, tests and inspections supplied to Architect by Owner (which are identified in Exhibit F). Architect shall in addition to its other duties and obligations under the Project Contract promptly review such reports, studies, tests and inspections and report to Owner any readily observable error, omission or deficiency in accord with the proper exercise of reasonable care. In the event Architect provides such notice of any error, omission or deficiency, Owner shall consider whether additional information should be obtained.

2.2.12 Architect acknowledges that Owner is relying upon Architect's skill, expertise and experience in entering into the Project Contract, and:

(a) Architect, its personnel, and its Consultants shall be skilled and experienced and possess expertise in the design of projects of the nature, size and complexity of the Project.

(b) Architect and its Consultants shall be

(c) qualified to do business in the State of Georgia, shall have (and personnel performing services on their behalf shall have) all necessary licenses and approvals to perform the services provided for in the Project Contract, and shall maintain such qualifications, licenses and approvals throughout the duration of the Project. Architect represents that Architect, and its Consultants, and personnel identified in the Project Contract presently possess all necessary licenses and approvals to perform the services under the Project Contract.

(d) Architect represents that Architect and its Consultants are financially solvent, able to pay their debts as they mature and have sufficient

working capital and other resources to complete the services in accordance with the terms of the Project Contract. Architect does not guarantee solvency of its Consultants.

(e) Any portion of the Project Contract that references "Architect," to the extent the reference is applicable to an activity, obligation, or responsibility of the Architect being performed by one of its Consultants, that reference to "Architect" shall be deemed to include and impose an activity, obligation, or responsibility on the Architect's Consultant. Architect shall be responsible for the performance of all such Consultants to the same extent as if the services were performed by Architect.

2.2.13 Owner has the right to let other contracts related to the Project. Architect shall cooperate, consult and coordinate its work and the work of other service providers, contractors and consultants.

2.3 Design Services

2.3.1 Architect, in compliance with the requirements in the Project Contract documentation, shall prepare a program description and conceptual design in accordance with this section 2.3.1.

(a) Architect shall conduct an initial consultation with Owner promptly after executing this Agreement to ascertain and understand Owner's needs, goals, objectives and requirements with regard to the Project.

(b) Architect shall visit the site, become familiar with conditions under which the construction work will be performed and shall review and verify existing structures, space constraints, points of utility connections and other existing conditions affecting the Project design. Architect shall, as a product of this investigation, create and provide to Owner a survey of critical dimensions of existing conditions at the site that are material to the design and the completion of the Project. At Owner's option, and as an additional service, Architect will provide a detailed existing conditions survey.

Regardless of any specific request for additional work relating to an existing conditions survey, Architect will coordinate with Owner, Contractor and others as appropriate throughout design phases to assure existing conditions are accurately identified and deficiencies are mitigated.

(c) At Owner's request, Architect shall advise, consult with and make recommendations to Owner concerning alternate approaches to design and construction of the Project, including aesthetics, types of materials and equipment, and the relative cost and time requirements for such approaches.

(d) Where Owner has engaged an independent consultant to develop a functional program that will affect the Project, Architect will prepare an assessment report as requested by the Owner.

(e) Architect will review the functional and space program and develop recommendations for adjustments to achieve the most economical design that meets the Project Contract, including, design objectives, criteria, space requirements and adjacency relationships, number and functional responsibilities of personnel, flexibility, convertibility, and expandability, plug and play infrastructure, clinical equipment and systems, site requirements and human, vehicular and material flow patterns ("Conceptual Design Documents"). Preparation of the Conceptual Design Documents shall include block diagram floor layouts, elevations, site plans and such details as required to properly define the scope of work in compliance with Owner's functional and space programs, schedule and budget.

(f) Architect will submit the Conceptual Design Documents to the Owner for review and approval. Architect acknowledges that it may be required to develop alternates to the Conceptual Design Documents as required to meet design, constructability, budgetary, scheduling, or other needs. Accordingly, Architect shall make changes to the Conceptual Design Documents as Owner may request at no additional cost to the Owner.

(g) Architect and Owner will participate in a budget validation review during the Conceptual Design Phase to confirm that the Owner's preferred program can be achieved within the budget. Owner will cooperate with Architect in connection with such validation review to make necessary modifications to assure the Project can proceed within the Owner's budget expectations.

2.3.2 Using the Owner's approved Conceptual Design Documents, Architect shall further develop the design through preliminary plans, specifications, written code evaluations, and other documents that sufficiently identify, describe and detail the Project ("Schematic Design Documents") and submit them for Owner's further review and approval. Exhibit G shall identify the minimum design deliverable

"Material changes to the Construction Documents which require significant redesign or additional investigation shall be considered Additional Services."

requirements for the Schematic Design Documents.

(a) Architect acknowledges that any service that the Owner intends to offer in a new or innovative way must be reviewed, as appropriate, with any government agencies (whether local, state or federal) with authority over the Project ("Governmental Authorities") which includes for purposes of this section, but is not limited to, the local Georgia Department of Public Health ("GDPH") prior to design to reduce likelihood of rejection following completion of construction.

(b) Architect further acknowledges that it may be required to develop alternates to the Project as required to meet design, constructability, budgetary, scheduling, or other needs. Accordingly, Architect shall make changes to the Schematic Design Documents as Owner may request at no additional cost to the Owner.

2.3.3 Based on the approved Schematic Design Documents, Architect shall develop "Design Development Documents" Design Development Documents shall include drawings, plans, specifications and other documents as required to satisfy minimum design deliverable requirements referenced in Exhibit G. Documents are also to include: demolition plan (coordinated with concealed conditions survey if provided), preliminary phasing plan developed for minimum disruption to ongoing Owner operations, and draft plan review matrix and schedule. Architect to submit all documents for Owner's further review and approval.

Architect may be required to develop alternates to the Project as required to meet design, constructability, budgetary, scheduling, or other needs. Architect shall make changes to the Design Development Documents as Owner may request at no additional cost to the Owner.

2.3.4 Based on the approved Design Development Documents, Architect shall prepare plans and specifications setting forth in detail the requirements for the construction of the Project. Architect shall make such changes to the Construction Documents as Owner may request. Such Construction Documents shall be sufficient, complete and adequate to define the quantity and quality of the work for a properly qualified contractor to bid and construct the Project and comply with the Applicable Requirements and the requirements of the Project Contract. Exhibit G shall identify the minimum design deliverable requirements for the Construction Documents.

Any error in the design documents shall be promptly corrected by the Architect without charge to Owner upon discovery by, or notice to, the Architect.

Architect may be required to develop alternates to the Project as required to meet design, constructability, budgetary, scheduling, or other needs. Architect shall make changes to the Construction Documents as Owner may request ~~at no additional cost to the Owner.~~

2.4 Architect shall identify for Owner and submit for specific approval prior to inclusion in its design, any material or products that are not based upon (1) an Owner identified minimum standard, (2) GHS Design Standards, or (3) specified by the Owner in the Project Contract.

2.5 Owner will identify, in Exhibit E, any milestone activities in the Design Schedule for the Project. For each such milestone activity, Architect 'will provide a design package sufficient to estimate the total construction cost of the Project at completion of construction. For each such milestone identified by the Owner, a cost of construction estimate will be completed by the Architect and by individual entities determined by the Owner.

2.5.1 Such estimates shall be presented in CSI Master Format with appropriate divisions of scope and detailed break-outs as determined by the Owner. Each estimate shall include a summary page listing sub-totals by CSI Master Format Division and detailed cost accounting for each Division as appropriate to the corresponding design submittal.

(a) Conceptual Design submittal estimate (100%) shall reflect detailed costs for the base Division and one level of detail through the second digit of the CSI Master Format classification (## 00 00 – Example 03 00 00).

(b) Schematic Design submittal estimates (50% and 100%) shall reflect detailed costs for the base Division and one level of detail through the third digit of the CSI Master Format classification (## #0 00 – Example 03 10 00).

(c) Design Development submittal estimates (50% and 100%) shall reflect detailed costs for the base Division and two levels of detail through the fourth digit of the CSI Master Format classification (## ## 00 - Example 03 11 00).

(d) Construction Document submittal estimates (60% and 100%) shall reflect detailed costs for the base Division and three levels of detail through the sixth digit of the CSI Master Format classification (## ## ## - Example 03 11 13).

"the implementation of the Design Assist Program will not relieve Architect of its design duties or responsibilities under this Agreement." NOTE: LAD cannot be responsible nor liable for services of firms not under its control or contract.

2.5.2 Each detail line item shall reflect quantity measurement, unit of measure, unit price, and item sub-total for all materials, labor, and equipment required to furnish said item. All estimates shall reflect the total estimated value for delivery of the Project as defined in the Project Contract. Any exclusions or qualifications must be highlighted and clearly defined in writing within the estimate submittal. The Owner may at its sole discretion request further clarification or revision for items listed as "lump sums", "lots", or similar items lacking proper detail for evaluation. As a matter of cost-control the Owner will conduct cost reconciliations for each estimate submittal. Such cost reconciliation will include a detailed comparison of all estimates submitted. Should comparison of estimates yield variances by Division of greater than 10% the Owner may request a meeting between estimate authors to reconcile costs to an agreed value.

2.5.3 If, for any of the milestones identified in Exhibit E, the average of all estimates referenced in section 2.5 above exceeds the Owner's stated milestone budget, the Architect must immediately revise and re-submit the design package such that the average cost of construction for the design milestone is equal to or less than the Owner's stated milestone construction budget, all at no additional cost to Owner. Owner acknowledges that market forces or cost estimating errors by Contractor are not within the control of the Architect. Architect shall utilize a redline check set procedure of its own work and that of its consultants to verify that the Construction Documents delivered to Owner and provided to Contract are properly dimensioned, noted, coordinated, and adequate for the purpose of obtaining guaranteed maximum price proposals for the construction of the Project from experienced and qualified contractors, and for building a Project that is suitable for its intended use, given the applicable budgetary and other design constraints. Prior to completing the Construction Documents, and to the extent approved by Owner, Architect shall incorporate comments, redlines, value engineering suggestions, or additional required details made by Contractor to further define the limits, scope, or specifications of the Project and shall review and incorporate comments provided by local authorities during permit review, if any.

2.6 Other than the milestones identified above in section 2.5, from time to time, Owner may in its sole discretion and for its sole benefit, estimate or arrange for estimates to be made of the cost of constructing the Project in accordance with Architect's design and/or solicit bids for such construction. If such estimates or bids exceed Owner's budget for the Project, Owner shall have the right to terminate the Project for Owner's convenience in accordance with section 7.2 below.

2.7 Owner may, at its sole discretion, retain consulting contractors, subcontractors, or material suppliers to assist with the Architect's design and/or specification of materials and/or products under the Project Contract in a design assist role as described in Exhibit G ("Design Assist Program"). Owner will timely inform and provide a written description to Architect of the parameters and existence of a Design Assist Program. Architect will participate in, and fully cooperate with the entities identified through the Design Assist Program, ~~however, any design created or decisions made as a result, in part or in whole, of the Design Assist Program, shall be the full responsibility of the Architect.~~ Architect hereby specifically acknowledges that neither Owner nor its Design Assist Program consultants shall have any design responsibility or liability for Architect's professional services arising out of their participation in the Design Assist Program or otherwise (including, but not limited to the plans, specification or other design documents created by Architect for the purpose of the Project). The matrix at the end of Exhibit G reflects a process that is meant to provide general guidance to the Parties but whose details are not themselves a strict contract requirement and which details may be modified by the Parties with Owner's concurrence.

2.8 Not Used.

2.9 Architect shall assist the Owner in applying for and securing approvals and permits for development, construction and occupancy, including preparation, filing, review and revision of documents in connection with permit applications and other submissions to Governmental Authorities. To the extent any such authorities request or require in person presentations and/or meetings in advance of approval and/or subsequent to approval, Architect and necessary Consultants will attend and, if needed, present at such meetings.

In accordance with its obligations under this section and the Project Contract, The Architect hereby represents: (i) that it is familiar with Georgia Certificate of Need process, City, State Fire Marshal, and other regulatory requirements in connection with the Project; (ii) that it is aware that Georgia Certificate of Need, City, State Fire Marshal, and other regulatory requirements of Governmental Authorities, including without limitation, design review, approval processes, and inspection, can be time- consuming, involve long lead times, be subject to significant delays, and be subject to uncertainties and difficulties with respect to availability of resources and budgetary problems in connection with such agencies; and (iii) the Architect has taken these circumstances into

consideration in developing its Design/CA Schedule and Fee. No additional time or compensation will be required or authorized for such matters unless defined as an Authority Having Jurisdiction ("AHJ") review delay or post-permit change under the Project Contract.

2.10 Unless Owner initiated, any design costs associated with variances, waivers or Alternate Method of Compliance shall be the responsibility of the Architect.

2.11 Bidding and Administration of Contract for Construction

2.11.1 Architect shall provide Owner with such assistance as Owner may request in connection with the bidding and negotiation of the Construction Contract, including without limitation identifying qualified bidders, preparing bid packages, attending pre-bid meetings, responding to inquiries from bidders, evaluating bids and making recommendations to Owner regarding contract awards.

If after receipt of the bids for the construction of the Project the average of all bids received exceeds the identified budget for the cost of construction, Architect must immediately revise and re-submit the design package to reduce the cost of construction to fall within the proscribed construction budget. Any such revisions and/or resubmissions required and not created solely due to market forces will be performed at the sole cost of the Architect.

2.11.2 Owner shall be responsible for administration of the Construction Contract. Architect shall assist Owner in administering the Construction Contract as set forth below and as requested by Owner throughout the actual length of the construction of the Project. Architect shall have reasonable access to the construction work wherever it is in preparation or progress, which access shall be coordinated by Architect with Owner's representatives.

(a) Architect shall have at least one representative on site during regular business hours during the construction of the Project but shall increase the number of on-site personnel as needed to assure there is appropriate oversight of the construction relative to the stage of construction or as otherwise agreed by Owner and Architect in writing to allow the Architect to be continually familiar with the progress and quality of the work completed and to determine in general if the work is being performed in accordance with the Construction Contract. Architect shall staff its on-site personnel and make visits consistent with the Standards of Care provided for in the Project Contract. Architect shall keep the Owner informed of the progress and quality of the work and shall endeavor to guard the Owner against defects and deficiencies in the work.

As is appropriate based on the status of the construction, Architect shall require its Consultants to have at least one representative on site during the relevant construction of the Project and shall increase the number of on-site personnel as needed to assure there is appropriate oversight of the construction relative to the stage of construction or as otherwise agreed by Owner and Architect in writing to allow Architect's Consultants to be continually familiar with the progress and quality of the work completed and to determine in general if the work is being performed in accordance with the Construction Contract. Architect's Consultants shall staff their on-site personnel and make visits consistent with the Standards of Care provided for in the Project Contract. Architect shall keep the Owner informed of the progress and quality of the work observed by Architect's Consultants and shall require its Consultants to endeavor to guard the Owner against defects and deficiencies in the work. The services of on-site personnel do not modify the rights, responsibilities or obligations of the Architect and its Consultants as described elsewhere in the Project Contract.

(b) ~~Unless Architect directs Contractor's work,~~ Architect shall not be responsible for construction means, methods, techniques, sequences or procedures, or for safety precautions and procedures in connection with the work. Architect shall not be responsible for Contractor's failure to perform the work in accordance with the Construction Contract, defective work, failure to meet requirements of the construction schedule, or failure to construct the Project within the budget for construction except to the extent that Contractor's failures in these respects are caused by Architect's failure to perform its services in accordance with the Standards of Care or are otherwise the result of a breach of the Project Contract.

(c) Architect shall make recommendations to Owner about whether or not to recommend rejection of construction work which does not conform to the Construction Contract. Whenever Architect considers it necessary or advisable for implementation of the intent of the Construction Contract, Architect shall recommend to Owner that additional inspection or testing of the work be performed in accordance with the provisions of the

Construction Contract, whether or not such work has been fabricated, installed or completed.

(d) Architect shall review or take other appropriate action upon Contractor's submittals, including Contractor's design-build submittals, shop drawings, product data, and samples for the purpose of checking for conformance with the intent of the Construction Documents and the design concept expressed in the Construction Contract. After the completion of Construction Documents, Architect shall review Contractor's substitution requests as an Additional Service if authorized by the Owner (including, in the case of substitution requests,
(1) an evaluation of the proposed substitution, (2) an assessment of material differences (in cost and performance) to the product(s) specified, and (3) a recommendation of whether or not the Owner should accept the proposed substitution). Architect's action shall be taken with such reasonable promptness as to cause no delay in the construction work, while allowing sufficient time in the Architect's professional judgment to permit adequate review. Review and appropriate action upon Contractor's submittals, including any review or action by Architect's Consultants, shall be completed within fourteen (14) calendar days from the date of Architect's receipt of the submittals, unless Owner agrees in writing to an alternate schedule. Architect's approval of a specific item shall not indicate approval of an assembly of which the item is a component. When professional certification of performance characteristics of materials, systems or equipment is required by the Construction Contract, Architect shall be entitled to rely upon such certification to establish that the materials, systems, or equipment will meet the performance criteria required by the Construction Documents. Architect's review, however, does not relieve Contractor of its obligations under the Construction Contract.

(e) Architect shall review and present to the Owner for approval all of Contractor proposed alternates or substitutions that Architect recommends for approval. Architect shall also provide an independent cost estimate for implementing these proposed alternates or substitutions. Alternates or substitutions shall not be approved without the Owner's written consent.

(f) Architect shall prepare change orders and directives for Owner's review and approval, including supporting documentation and data. Architect shall also provide an independent cost estimate for the Change Orders submitted for approval.

(g) Architect shall prepare and submit to Owner in paper and electronic form for Owner's approval record drawings indicating changes made in the design during the course of the construction work. Architect shall advise and consult with Owner and Contractor concerning the annotation of the Construction Documents during construction work to facilitate preparation by Architect of the record drawings. Architect to maintain a set of record drawings during construction of the Project and shall provide access to or copies of the record drawings as requested by Owner or Contractor.

(h) At Owner's request, Architect shall review Contractor's applications for progress and/or final payment, certify the amounts due Contractor, and issue certificates for payment in the amounts certified by Architect. In undertaking such review and certification, Architect shall make reasonable efforts to verify that Contractor has earned the amount of the payment sought and has adequately substantiated the work performed and that, to the best of the Architect's knowledge, information and belief formed after reasonable inquiry, the quality of Contractor's work is in accordance with the requirements of the Construction Contract.

"observations"

(i) In consultation with Owner, Architect shall determine through ~~inspections,~~ tests and other appropriate means the dates of substantial and final completion of Contractor's work and services, and if Owner requests that Architect provide such services, Architect shall also issue certificates of substantial completion, final completion and final payment or their equivalent as set forth in the Construction Contract when Contractor has satisfied the requirements of the Construction Contract for the issues of such certificates.

", upon Owner's review and approval,"

(j) Architect will prepare weekly site observation reports showing status and open issues, as well as, any observed defects in the Work or deficiencies of Contractor and provide the reports to the Owner. Prior to Owner's acceptance of the Work and prior to Substantial Completion of the Work, Architect shall observe the Work to ascertain whether the Work is in conformance with the Contract Documents and shall develop "punch lists" as necessary to inform Contractor of any required remedial work or uncompleted items of Work. Architect shall recommend to Owner the dates of Substantial and Final Completion, and shall

prepare a Certificate of Substantial Completion. Architect shall receive and review for compliance to the Contract Documents as-builts, Testing Inspection and Observation ("TIO") reports, clearance and/or approvals of all jurisdictions having authority, written guarantees, releases, waivers and related documents assembled by Contractor, deliver them to Owner, and make recommendation to Owner as to acceptance of the Work and a final Certificate for Payment. Architect shall as requested by Owner participate in the review of the punch list with Contractor.

(k) Nothing in this the Project Contract, and no act or omission of Architect, including without limitation any approval or certification or failure or refusal or approve or certify any work or service of Contractor, is intended or shall operate to release or relieve Contractor of any of its duties or obligations under the Construction Contract.

2.11.3 Design Professional shall provide Owner with a Monthly Progress Report. The Monthly Progress Report shall be submitted with the monthly payment application and include:

(a) a narrative of the work performed for the period, identification of

(b) any contract deliverables, areas of concern, actions and approvals needed,

(c) a list of pending or potential contract amendments,

(d) detailed CPM schedule status report clearly identifying actual performance with respect to the current approved schedule,

(e) a sixty day look-a-head task listing identifying: specific information, decisions or documents required from Owner, required third party approvals, and any meetings required with agencies and third parties involved in the Project, and

(f) an assessment of current schedule performance with recommendations for mitigating any schedule challenges.

2.11.4 Architect shall continue to provide construction administration services until Owner's final acceptance of Contractor's work; provided that, if Owner requires Architect to provide such services for more than ninety (90) days after Owner has acknowledged substantial completion of Contractor's work, and Architect has performed such services and Project Close Out activities with reasonable diligence, Owner shall compensate Architect for extended construction administration as an Additional Service.

ARTICLE 3: OWNER'S RESPONSIBILITIES

3.1 Owner shall pay Architect in accordance with the provisions of and perform its other duties and obligations under the Project Contract.

3.2 Owner shall, as detailed in section 2.1.1 above, provide information to Architect regarding Owner's needs, goals, objectives and requirements for the Project, including scheduling and budget information reasonably necessary for Architect to perform its services.

3.3 Owner will provide as part of the Project Contract certain minimum standards and defined specifications for the design.

3.4 Owner shall designate a representative authorized to act on Owner's behalf with respect to the Project. Owner or such authorized representative shall render decisions in a timely manner pertaining to documents submitted by Architect so as to avoid unreasonable delays in the orderly progress of Architect's services.

3.5 At Architect's request, Owner shall furnish at its own cost and expense such surveys, reports, studies, tests and inspections that are reasonably required by Architect to perform its services.

ARTICLE 4: ARCHITECT'S DELIVERABLES AND DOCUMENTS

4.1 Architect shall prepare and submit to Owner electronic and paper versions of all documents submitted to and approved by Owner, including schematic designs, Design Development Documents and Construction Documents. Electronic copies of design documents shall be provided in a version of AutoCAD acceptable to Owner or such other form as requested by Owner. Architect shall also provide Construction Documents in a software format approved by the Owner. Architect shall also provide Construction Documents in a form acceptable to Governmental Authorities.

4.2 Owner has established the framework for this project within an active account with eBuilder Incorporated. Architect and all of its Consultants must, for this Project, use the web base project management system known as eBuilder (Exhibit I). All project documents, drawings, communications and correspondence shall be via this management system, from project engagement/initiation through close out. Owner will provide for training of all key personnel as

determined in future planning meetings regarding the use of the system. Architect shall determine the appropriate number of licenses it will need to productively and thoroughly utilize the eBuilder system and all costs related to the yearly user licenses required to execute this Agreement shall be borne by Architect or its Consultants. It is expected that Architect and its Consultants procure user licenses directly through eBuilder Incorporated or via reimbursement of existing available licenses through Owner's agent or representative.

4.3 Owner, Architect, and Contractor shall develop protocols for developing, implementing, coordinating, reviewing, and exchanging information models. Systems shall be configured to allow information to be used by all parties for their respective purposes. Architect shall manage Project data and host the BIM model within its facilities. All design team members (including MEP, structural and other key consultants, whether engaged by Architect or Owner) shall such platform(s) as specified in Exhibit C. Architect to provide electronic files of all plans, including as-bid, as-built, and all other record plans on thumb drives or other format as required by Owner.

4.4 All Construction Documents shall be the joint property of Owner and Architect, upon payment by Owner of sums properly due under the Project Contract, provided, however, the rights of ownership shall be limited as follows:

(a) Owner may utilize the Construction Documents with respect to construction, maintenance, repair and modification of the Project. However, any reuse or modification without the written verification or adaptation by Architect shall be at Owner's sole risk and without liability or legal exposure to Architect, its employees or its Consultants.

(b) Owner may utilize the Construction Documents with respect to another project if Owner engages Architect to perform architectural services with respect thereto at a fee to be negotiated.

(c) Owner may utilize on any other project any of the constituent parts of the Construction Documents without further compensation to Architect.

(d) Architect may utilize any of the constituent parts of the Construction Documents on any other project except for any unique or distinctive architectural components or effects which taken independently or in combination would produce a project with substantially similar and distinctive features.

(e) No documents or instruments of service prepared by the Architect for the Project may be used in any manner detrimental to the interests of the Owner, or disclosed by the Architect to any third parties without the Owner's written approval.

(f) Architect acknowledges and agrees that joint ownership, transfer of ownership, and/or approval by Owner of the Construction Documents in no manner whatsoever relieves Architect of responsibility for the accuracy, completeness, suitability, and correctness of the design services performed by or through Architect.

4.5 In the event of a termination by either Owner or Architect, upon payment of amounts properly due under the Project Contract and not subject to a good faith dispute or offset, Architect shall provide to Owner all AutoCAD or other electronic files, specifications, and other instruments of service that may be useful to Owner in completing the Project whether the instruments of service are wholly or partially complete. Architect's remedy, should it contend Owner has improperly withheld any funds or imposed any offsets shall be to pursue resolution of that claim as a Dispute in accordance with Article 5 below.

ARTICLE 5: DISPUTE RESOLUTION

5.1 For the purpose of this Article 5, "Dispute" means a disagreement between Owner and Architect arising from or relating to the Project Contract, its interpretation or performance, Architect's services on the Project, including claims by Architect related to payment or compensation. Disputes shall be resolved in the manner provided in this Article 5.

5.2 In the event of a Dispute, and subject to Architect's right to terminate as provided in section 7.1.2 below, Architect shall not cease, delay or otherwise interrupt performance of the services under the Project Contract or on the Project pending resolution of such Dispute, and Owner shall pay Architect all amounts properly due under the Project Contract and not subject to a good faith dispute or offset; provided that, Architect shall cease performing services as and to the extent directed by Owner in writing.

5.3 As a first step towards the resolution of a Dispute, Owner or Architect shall call a special meeting during which the Parties will discuss and attempt to resolve the Dispute. The special meeting shall be held within five (5) working days after delivery of a written request for such meeting, which written request shall specify the nature of the

Dispute and the resolution sought by the Party giving the notice. The special meeting shall be held at Owner's offices, shall be attended by representatives of Owner and Architect, and may be attended by any other person whose attendance Owner requests. Representatives of Owner and Architect attending the special meeting shall have sufficient authority to resolve the Dispute or have ready access to persons with such authority.

5.4 If the Dispute has not been resolved within five (5) working days after conclusion of the special meeting, Owner or Architect may initiate mediation. Mediation shall be initiated by the method prescribed in the construction mediation rules of the American Arbitration Association ("AAA") in effect at the time the Dispute arises. The mediation shall be attended by representatives of Owner and Architect, and may be attended by any other person whose attendance Owner requests. Representatives of Owner and Architect attending the mediation shall have sufficient authority to resolve the Dispute or have ready access to persons with such authority.

5.5 Unless Owner and Architect otherwise agree, the mediation shall be conducted by an independent mediator and in accordance with the construction mediation rules of AAA. The mediation shall be conducted in Atlanta at Owner's offices within thirty (30) days after the notice initiating mediation is delivered, unless a different time is agreed to by the Parties. The costs of the mediator and AAA shall be shared equally by Owner, Architect and other persons who are parties to the mediation, if any.

5.6 Completion of the special meeting and mediation is a condition precedent to the initiation of litigation and no Dispute shall be brought either separately or together with other Disputes, whether as an independent Dispute, alternative basis for relief, separate element of damage, additional remedy or otherwise unless such Dispute first has been the subject of a special meeting and mediation.

5.7 The Parties mutually acknowledge that communications made in special meetings and mediation are intended to facilitate resolution of Disputes between them and that such communications would be impeded if information exchanged and/or prepared for special meetings or mediations were admissible or subject to discovery. The Parties agree that all communications exchanged in connection with and all materials prepared for special meetings and mediations shall not be discoverable as between them, and shall be inadmissible in evidence in any hearing or legal proceedings relating to the merits of a Dispute. The Parties also agree that they shall not undertake discovery to secure such communications or materials relating to any special meeting or mediation between them or between Owner and any other person. The preparation or presentation of evidence from any expert or consultant at the special meeting or mediation shall not waive the attorney-client privilege or other privilege or exclusionary rule a Party may later seek to assert in another proceeding. Architect's Consultants shall be bound by this provision.

5.8 At Owner's request, Architect shall reasonably cooperate with Owner in any dispute relating to the Project between Owner and any other person. Such cooperation shall include attending, participating in and/or being a party in any special meeting or mediation specified by Owner.

ARTICLE 6: INSURANCE

6.1 Architect shall, at its sole cost and expense, procure, maintain and keep in effect, at a minimum, the insurance coverages provided for in this Article 6 and Exhibit D to this Agreement. By requiring such minimum insurance, Owner shall not be deemed or construed to have assessed the risk that may be applicable to Architect related to the Project or performance of work related thereto. Architect shall assess its own risks and if deemed appropriate, maintain, at its sole cost and expense, higher limits and/or additional or broader coverages than required under this Article 6 and Exhibit D hereto.

6.2 During the term of the Project Contract, including the time for the design and administration of the construction of the Project, and for any period identified in Exhibit D following final completion of installation and construction of the Project and all work designed by Architect hereunder, Architect shall procure, maintain and keep in effect the insurance specified in Exhibit D to this Agreement.

6.3 All insurance procured by Architect pursuant to this Article 6 and the Project Contract shall also comply with the following additional provisions:

6.3.1 Architect shall provide an unqualified thirty (30) day period of prior written notice to Owner in the event of cancellation, non-renewal or material change or alteration in coverage, and ten (10) days prior written notice of cancellation for nonpayment of premiums, such notices to be provided via certified mail. Architect shall be responsible for assuring that Owner receives any such notice of cancellation, non-renewal or material change or alteration in coverage;

6.3.2 All insurance Architect is required to provide under the Project Contract shall be provided by insurers having a current rating by A.M. Best that

is not less than A-, with a financial size category not less than VII;

6.3.3 Architect shall ensure that all such insurers of Architect, except for Workers' Compensation insurance issued by the State of ( ) for Architect's employees in the State of ( ), shall not have any right of subrogation against Owner, its parent, subsidiaries, and affiliates, and their officers, Contractor, other contractors, or subcontractors, agents, employees, invitees, servants, underwriters or insurers (collectively, "Owner Insureds"). Architect shall require that all of its Consultants ensure that, except for Workers' Compensation insurance issued by the State of ( ) for their respective employees in the State of ( ), their respective insurers do not have any rights of subrogation against the Owner Insureds.

6.3.3.1 To the fullest extent permitted by law, Architect shall indemnify, defend, and hold the Owner and its officers, directors, agents, and employees, harmless from and against damages, losses, and judgments, including reasonable attorneys' fees and expenses, to the extent caused by or resulting from the negligence, recklessness, or intentionally wrongful conduct of the Architect, its employees, its Consultants, or anyone else utilized by the Architect for the performance of services under the Agreement, including but not limited to workers compensation insurance or benefits for an employee of Architect or any of its Consultants;

6.3.4 Except for Workers' Compensation and Professional Liability Coverage, Owner Insureds shall be named as additional insureds under each of the insurance policies required of Architect and its Consultants under this Article 6 and Exhibit D;

6.3.5 Any coverage available to the Owner Insureds, including any coverage provided to the Owner Insureds by Architect's or its Consultants' insurance, except Professional Liability and Workers Compensation Insurance, shall be endorsed to be primary insurance and shall not require or permit contribution from any insurance of Owner Insureds;

6.3.6 The insurance required of Architect and its Consultants under this Article 6 and Exhibit D except Professional Liability and Workers Compensation Insurance shall not exclude or bar coverage for claims or cross liability between or among the named and additional insureds thereunder; and

6.3.7 The insurance required of Architect and its Consultants under this Article 6 and Exhibit D shall not permit recourse against the Owner Insureds for payment of premiums.

6.4 Prior to commencement of services by Architect in connection with any renewal or replacement policy, Architect shall provide Owner with: (a) certificates of insurance and related policy endorsements evidencing the additional insured coverages of the Owner Insureds; ~~(b) certified copies of insurance policies required under this Article 6 and Exhibit D except for Architect's Professional Liability policy, (c) a specimen of Architect's Professional Liability policy along with an affidavit from an attorney or licensed broker of Architect verifying that coverage under Architect's Professional Liability policy is no less than that represented in the specimen policy~~; and (d) an opportunity for Owner's risk manager to review, but not copy or retain, Architect's Professional Liability policy (with proprietary information such as premiums and modification rates redacted) for the sole purpose of evaluating whether such policy satisfies Owner's requirements, which review shall not relieve Architect of its obligation to provide a Professional Liability policy that complies with the requirements of the Project Contract. Owner will maintain the information derived solely from reviewing the Architect's Professional Liability policy in strict confidence, and ensure that such information is not used or disclosed to anyone other than to the Risk Manager and/or attorneys in the General Counsel office of the Owner except as permitted herein. In the event of litigation or other formal legal action arising out of or implicating Architect's services, Architect shall, upon request, promptly provide Owner with a certified copy of Architect's Professional Liability policy. Owner shall keep the Professional Liability policy provided by Architect in response to such request confidential and shall not disclose same other than to legal counsel or as reasonably necessary in the event of a claim or litigation arising out of or implicating Architect's services. Architect shall not be entitled to any payment until Architect provides all of the foregoing documents to Owner as specified in the first sentence of this section. Nothing in this section limits Owner's rights to obtain the Professional Liability policy through discovery. Should Architect at any time fail to furnish Owner with such insurance information when requested, or to procure, maintain and keep in effect the required coverages under this Article 6 and Exhibit D hereto, and without prejudice to any other rights or remedies of Owner, Owner shall be entitled to procure appropriate insurance coverage, pay premiums on Architect's behalf, deduct or recover the costs from Architect by offset against amounts due to Architect or otherwise, and/or terminate the Project Contract for default. Prior to commencement of services by Architect, or as soon thereafter as reasonably practicable for insurance policies not available prior to commencement of services by

Architect, Architect shall provide Owner with certificates of insurance evidencing its Consultants' insurance policies and copies of related policy endorsements establishing the status of Owner Insureds as additional insureds under such policies, as required by this Article 6 and Exhibit D.

6.5 To the extent damages incurred during construction are paid by property insurance, Owner and Architect waive all rights against each other and against contractors, consultants, agents and employees of the other for property damages. This section shall not be construed to relieve any insurer of its obligation to provide insurance coverage required under the Project Contract or operate as a defense for any insurer.

6.6 Unless Owner provides written notice to Architect otherwise, Architect shall require that its Consultants procure insurance in compliance with the terms and requirements of this Article 6 and Exhibit D to this Agreement, including but not limited to the amounts of coverage, the terms of coverage, and Owner Insureds' status as additional insureds under such insurance. Any variance from the requirements of this Article 6 or Exhibit D for Architect's Consultants will only be valid if approved by Owner in writing and on an entity specific basis. Any such variances will specify the insurance obligations of the specific Consultant.

ARTICLE 7: TERM OF AGREEMENT, TERMINATION AND SUSPENSION

7.1 The Project Contract may be terminated for default by Owner in accordance with this Article should Architect (A) materially default on its obligations hereunder, or (B) fail substantially to perform in accordance with, the terms of the Project Contract, and such default or failure of performance is not excused. The Project Contract may be terminated for default by Architect in accordance with this Article 7 should Owner fail to make payments not subject of a good faith dispute or offset.

7.1.1 Owner may terminate the Project Contract for any default, failure of performance, or series of defaults or failures of performance, deemed material by Owner upon not less than fifteen (15) days prior written notice to Architect. The termination shall be effective at the conclusion of the notice period unless Architect has taken reasonable steps to cure the default or failure of performance in an expeditious manner. Owner shall have the right, in its sole discretion, to determine whether Architect's actions are sufficient to cure the default or failure of performance. Owner shall have the right to terminate the Project Contract without prior notice or opportunity to cure where Owner determines in its sole discretion that the default or failure of performance is not curable. If Owner terminates Architect for default or failure of performance, Architect shall not be entitled to recover damages or costs relating to the termination. If Owner terminates the Project Contract for default or failure of performance pursuant to this section 7.1.1, and it is determined that Owner had insufficient justification for such termination, then Owner's termination shall be deemed, as of the time of termination, to be a termination for convenience and Architect's sole and exclusive rights and remedies determined as set forth in section 7.2 below.

7.1.2 Architect may terminate the Project Contract for default or failure of performance as provided in Paragraph 7.1 upon not less than thirty (30) days written notice to Owner. This termination shall be effective at the conclusion of the notice period unless Owner has taken reasonable steps to cure the default or failure identified by the Architect in its written notice. Nonpayment by Owner shall not be a ground for termination unless Owner fails to pay Architect for a period in excess of ninety (90) days from the date on which payment to Architect is due. Architect shall not be entitled to terminate the Project Contract if Owner's failure to pay is based on valid or good faith dispute about Architect's entitlement to payment or the amount due and Owner has met its obligations in section 8.2.3, and Architect shall continue performing services pending the resolution of any such dispute.

7.2 The Project Contract, as determined by Owner in its sole discretion, may be terminated by Owner upon not less than fifteen (15) days' written notice to Architect for Owner's convenience and without cause. In the event of termination for convenience, Architect shall be compensated for services performed prior to the effective date of the termination that are properly due under the Project Contract and not subject to a good faith dispute or offset ("Termination Payment").

7.3 Owner may at any time suspend Architect's services or work on the Project for its own convenience on fifteen (15) days written notice. In the event of such a suspension, Architect shall be compensated for services performed prior to the effective date of the suspension that are properly due under the Project Contract and not subject to a good faith dispute or offset ("Suspension Payment"). Architect shall suspend its services on the Project as directed but shall resume its services or work on the Project at Owner's direction. Architect will be allowed to temporarily reassign key personnel if suspended longer than fifteen (15) days. For days 1 – 15 of suspension, Architect will be required to staff the Project with key personnel within five (5)

days. For days 16 – 90 of suspension Architect will be required to staff Project with key personnel within fifteen (15) days. For days 91-180 of suspension, Architect will be required to staff Project with key personnel within thirty (30) days. For days 181 – 365, Architect will be required to staff project with key personnel within sixty (60) days. Failure to staff the Project within the days stated above of the Owner providing notice of the lifting of the suspension with the previously utilized key personnel shall subject Architect to liquidated damages under section 2.2.7. If the Architect's services are suspended for greater than 365 days the liquidated damages under section 2.2.7 are waived (relative to that specific suspension of work and the individuals demobilized only). If Architect's services are suspended on the Project for more than ninety (90) consecutive days, Architect may terminate its services under the Project Contract by giving Owner not less than ten (10) days written notice; provided that, if Owner shall direct Architect to resume services under the Project Contract within the ten (10) day notice period, Architect shall not be entitled to terminate its services and shall resume its services as directed by Owner.

7.4 In the event Owner terminates the Project Contract, Owner shall have the right to contract with any of Architect's Consultants for performance of services on the Project or otherwise.

ARTICLE 8: COMPENSATION AND PAYMENT

8.1 Architect's compensation for its services and payment of such compensation shall be as provided in this Article 8. In no event shall Architect be entitled to compensation for services that are not performed in accordance with the Standards of Care or Applicable Requirements, and Owner shall be entitled to recoup payment made for such services and/or offset the amount of such payments against future sums Owner may owe to Architect.

8.2 Guaranteed Maximum Price

8.2.1 Architect's compensation is based on a separate guaranteed maximum price for each phase of the Project identified in section 8.2.2 below ("Guaranteed Maximum Price"). The Guaranteed Maximum Prices shall act as caps on all compensation for all of Architect's (and Architect's Consultants') services, work, costs, expenses and profit for the scope of services provided for under the Project Contract in each of the defined phases of the work. The Guaranteed Maximum Price shall be paid out based on the hourly rates set forth in Exhibit A and as provided in this Article 8.

8.2.2 Payments to Architect for the Project Contract shall be made in accordance with the terms of the Project Contract based upon actual time charges at the rates set forth in Exhibit A, subject to a Guaranteed Maximum Price, for each of the following phases of the Project:

(a) Completion of Conceptual Design Documents pursuant to section 2.3.1 of this Agreement and any references and requirements therein;

(b) Completion of 50% Schematic Design Documents pursuant to section 2.3.2 of this Agreement and any references and requirements therein;

(c) Completion of 100% Schematic Design Documents pursuant to section 2.3.2 of this Agreement and any references and requirements therein;

(d) Completion of 50% Design Development Documents pursuant to section 2.3.3 of this Agreement and any references and requirements therein;

(e) Completion of 100% Design Development Documents pursuant to section 2.3.3 of this Agreement and any references and requirements therein;

(f) Completion of 60% Construction Documents pursuant to section 2.3.4 of this Agreement and any references and requirements therein;

(g) Completion of 100% Construction Documents pursuant to section 2.3.4 of this Agreement and any references and requirements therein; and

(h) Contract Administration pursuant to section 2.11 of this Agreement and any references and requirements therein.

The Guaranteed Maximum Price for each phase identified above is listed in Exhibit J to this Agreement and made part of the Project Contract. If Architect does not reach the Guaranteed Maximum Price for any one phase of the Project the difference between the amount billed and the Guaranteed Maximum Price for that prior phase can be invoiced against for another phase of work where Architect exceeds the Guaranteed Maximum Price. All changes to Architect's services, and changes to the Construction documents, that may affect the value or functionality of the Project, must be approved by the Owner, in writing, and in advance, whether proposed prior to or after development of the Construction Documents. For purposes of invoicing against the Guaranteed

Maximum Price for the Contract Documents Phase, the completion of such phase will be completion of plan review and the issuance of the related permit(s).

8.2.3 Owner shall make payments to Architect in accordance with the invoices submitted by Architect for each phase of Architect's services identified in section 8.2.2 above. Architect shall segregate, within each payment applications, the portion of its hourly rates and any "Reimbursable Expenses" over and above the Guaranteed Maximum Price as provided in Exhibit K that are allotted to each phase. Owner's obligation to make such payments shall be conditional on Architect's submission to Owner of a fully completed application for payment, which shall be in a form and contain such information as Owner may prescribe. Owner shall review each application for payment and promptly notify Architect in writing of any deficiency of exception to the pay application. Owner shall pay any validly invoiced amount for properly completed services that are properly due under the Project Contract and not subject to a good faith dispute or offset within sixty (60) days of Architect's submission of the fully completed application and lien waivers from Architect and its consultants. Prior to taking a withhold or an offset against a pay application, Owner shall (1) provide Architect fifteen days advance written notice (unless such period of notice is impractical, in which case Owner shall give as much notice as is practical), and (2) such notice will describe with reasonable detail the basis for the offset or withhold, any actions requested by Architect, and the cure (if any) that would be acceptable to Owner. Within fifteen (15) days of curing to Owner's satisfaction any withhold or grounds for offset where such withhold or offset is subject to cure, Owner shall pay such amounts withheld or offset less any adjustments as may be warranted. If the withhold or offset is not resolved, Architect may pursue the matter as a "Dispute" in accordance with Article 5. This process does not apply to deficiencies in pay applications, or deficiencies that result in rejection or reduction of a pay application whether in whole or in part, which issues shall be addressed directly by the Parties. As reasonably requested by Architect, Owner shall meet with Architect to address any deficiency or exception to a pay application.

8.2.4 Not Used.

8.3 Hourly Rates and Reimbursable Expenses

8.3.1 The hourly rates provided for under the Project Contract shall constitute full and complete compensation for all services, work, costs, expenses and profit of Architect except for Reimbursable Expenses as allowed by Exhibit K. (Exhibit A identifies the allowable rates.)

8.3.2 Reimbursable Expenses for which Owner will separately reimburse Architect over and above the Guaranteed Maximum Price are identified in Exhibit K. No Reimbursable Expenses shall be reimbursed and no such expenses will be paid if submitted to Owner more than ninety (90) days after they are incurred. Reimbursable expenses shall be billed at 1.0 times Architect's cost and submitted with Architect's monthly application for payment.

8.3.3 Owner shall pay Architect, subject to the Guaranteed Maximum Price for each phase of the work identified in section 8.2.2, for services of Project personnel at the fully burdened rates for such personnel set forth in the Table of Hourly Rates in Exhibit A to this Agreement. Architect shall bill its time to Owner in half hour increments and include descriptions of the services rendered in a form acceptable to Owner. Services of Architect's Consultants shall be billed at 1.0 times the amounts billed to Architect.

8.4 Additional Services

8.4.1 Owner will compensate Architect for services beyond the scope of the Project Contract, ("Additional Services"); provided that Architect shall only be entitled to compensation for Additional Services if Architect notifies Owner in accordance with Paragraph 8.4.4 and if Owner approves performance of such Additional Services by Architect in writing, including the compensation payable to Architect.

8.4.2 Architect shall, at the sole discretion of Owner, be compensated for Additional Services either on the basis of a fixed fee for the Additional Services if the cost of providing such services can reasonably be estimated or on the basis of hourly rates and Reimbursable Expenses as provided above.

8.4.3 Unless otherwise agreed by Owner, where compensation for Additional Services is based on a fixed fee, Architect may invoice Owner for such services upon their completion in Architect's next monthly application for payment based upon a percentage of the prescribed work that has been completed at the time of the payment application. Where compensation for Additional Services is based on hourly rates, Architect may invoice Owner for such services as Architect incurs time but no more frequently than a 30 day billing period.

8.4.4 Architect shall, within 10 days of becoming aware of the need for Additional Services to complete the Project, or within 10 days of the date that the Architect, acting reasonably, should have become aware for the need of Additional Services to

complete the Project, inform the Owner **in writing** that Additional Services are required by Architect and/or its Consultants. Any such notice regarding Additional Services shall provide a description of the Additional Services, an estimated cost of the Additional Services, any impact the Additional Services will have on the Schedule, and identify the staff Architect intends to use to perform the Additional Services. If Architect fails to provide such notice it shall waive all fees and expenses associated with the Additional Services, even where Architect can show that Owner had notice of the need for, or the performance of, the Additional Services. Any agreed upon Additional Services shall be documented using the format in Exhibit P, Agreement Forms – Architect's Change Order Form.

8.5 Payment

8.5.1 Architect shall pay when due the charges of all Consultants in conformance with the terms of their respective agreements with Architect, and shall require that all of Architect's Consultants likewise pay when due the charges of their Consultants in conformance with the terms of their respective agreements.

8.5.2 Each application for payment shall constitute a certification in a format acceptable to the Owner that all amounts requested in the pay application are due and payable in accordance with the terms of the Project Contract and shall, at the end of the application for payment, include a specific statement that the Architect formally certifies that the payment application is an accurate representation of work that has been completed, expenses that have been incurred, and deliverables that have been provided to the Owner and is properly invoiced under the terms of the Project Contract. Architect shall also include a certification that it has been paid for undisputed services invoiced with any pervious payment applications and an executed conditional (for current payment application) and unconditional (for prior payment applications) lien release (Exhibit P Lien Release Forms). Payment of any sum by Owner to Architect shall not constitute a waiver or estoppel of, or otherwise preclude, restrict or limit, Owner's right to later contest Architect's entitlement to payment of all or any part of the compensation paid to Architect.

8.5.3 Each application will include an itemization of amounts that are due for work performed by Consultants. Where applicable, Architect shall also include a certification that its Consultants have been paid for services invoiced with any pervious payment applications and an executed conditional (for current payment application) and unconditional (for prior payment applications) lien release (Exhibit P Lien Release Forms) from each such Consultant who can record a lien as a design professional or otherwise under the Georgia Civil Code.

8.5.4 If, in Owner's opinion, the percentage of the work is less than claimed by Architect or the costs incurred by the Architect are not adequately substantiated, Owner shall notify the Architect within twenty (20) working days of receipt of Architect's application for payment. Pending final resolution, Owner shall pay Architect the amount substantiated and approved by the Owner. Notwithstanding any provision of this Agreement to the contrary, Owner shall not be obligated to make any payment to the Architect, and may withhold its approval of any invoice or nullify in whole or in part any invoice, to the extent reasonably necessary to protect the Owner from loss due to a breach of the Contract or default on the part of the Architect in the performance of Architect's services.

8.5.5 Architect shall invoice for services or Reimbursable Expenses, approved under the Project Contract no more frequently than every thirty (30) days but in each instance, within ninety (90) calendar days from the date that the services were provided or the expenses were incurred unless mutually agreed in writing to do otherwise. If Architect bills for services provided, or Reimbursable Expenses incurred, more than ninety (90) days prior to the invoice used to request payment for such services or expenses, Owner may, at its sole discretion, refuse payment to Architect for the services or the expenses delinquently billed and Architect shall waive any rights to collect for such services or expenses, either through the Project Contract or separately through principles of equity. Architect will submit its final invoice within ninety (90) days following final completion of the services.

8.5.6 Acceptance of final payment shall constitute a waiver of all claims by Architect for compensation for its Services.

8.6 Records

8.6.1 Owner shall have the right, in its sole discretion and at such times as Owner may elect, to (i) audit all services provided and all time charges submitted by Architect related to the Project, Architect's services, and the performance of the Project Contract; and (ii) inspect all of Architect's and Architect's Consultants' records, books, correspondence, instructions, drawings, receipts, vouchers, memoranda, electronic files and any other information relating to the services and the Project ("Project Documents"). Owner's audit and inspection rights shall include but not be limited to the inspection and copying of Project Documents,

including electronic documents and files, and interviews of Architect's personnel and its Consultants. Architect shall provide access for inspection and copying, and make personnel available for interview, within a reasonable time after Owner's request but in no event later than seven (7) business days from the date of Owner's request. Architect shall ensure that its Consultants specify that Owner may audit, inspect and copy Project Documents and interview personnel to the same extent as Owner may do so as to Architect and that section 8.6.1 flows down to Architect's Consultants. In connection with the exercise of its rights under this section 8.6.1, Owner will not have access to and will not copy records containing confidential information of Architect, its employees, and other clients except Architect's and its Consultants' time reports substantiating hourly billings on the Project.

8.6.2 Architect shall keep one complete set of records and books of accounts on a recognized cost accounting basis satisfactory to Owner showing all fees and expenditures made in connection with the Project Contract. Such records and books of account shall include, without limitation, all time sheets, invoices, work logs, accounting records, written policies and procedures, Consultant files, original estimates, estimating worksheets, correspondence, change order files (including documentation covering negotiated settlements) and any other supporting material necessary to substantiate Architect's performance of services and charges related to such performance.

8.6.3 Until the expiration of seven (7) years after the performance of services pursuant to the Project Contract, Architect shall make available, upon written request by the Health and Human Services Secretary, or upon request by the Controller General, or their duly authorized representatives, the Project Contract and all books, documents and records of Architect, which are necessary to certify the nature and extent of charges made by Architect in connection with the Project Contract. If Architect carries out any duties of the Project Contract through a subcontract with a value or costs of ten thousand dollars ($10,000) or more over a twelve (12) month period, such subcontract shall contain a clause to the effect that until the expiration of seven (7) years after furnishing such services pursuant to such subcontract, the Consultant shall make available, upon written request by the Health and Human Services Secretary, or upon request by the Controller General, or their duly authorized representatives, the subcontract, books, documents and records of such organization which are necessary to verify the nature and extent of such costs.

8.6.4 With each application for payment in which compensation is based, in part or in whole, on hourly rates and Reimbursable Expenses, Architect shall submit time records and/or billing back up reports to substantiate hourly time charges and Reimbursable Expenses. Architect will provide documented petty cash accounts, receipted invoices or invoices with payment vouchers attached, and any other evidence required by the Owner to verify payments owed to Architect.

ARTICLE 9: MISCELLANEOUS PROVISIONS

9.1 The Project Contract, and all disputes arising under or relating to the Project Contract shall be governed by the substantive laws of the State of Georgia without regard for its rules regarding conflicts of laws. Any litigation between the Parties arising under or related to the Project Contract, their interpretation, and/or any Dispute, shall be initiated and maintained in the Superior Court for the County of Fulton, such court shall have sole and exclusive jurisdiction over such litigation and any right of removal to federal court shall be waived.

9.2 Where the Project Contract provides Owner a remedy, such remedy shall be deemed cumulative and not exclusive, and Owner's pursuit of a particular remedy shall not foreclose Owner from pursuit of other remedies that are available under the Project Contract or at law. The Architect's remedies under the Project Contract, however, shall be deemed to be the exclusive remedy or remedies available to Architect notwithstanding the availability at law of other remedies unless the foreclosure would be contrary to law in which case such remedy remains.

9.3 Owner's failure to enforce performance when due of any duty or obligation under the Project Contract shall not operate as a waiver or estoppel of, or otherwise prevent, Owner's right to demand performance strictly in accordance with the terms of the Project Contract, to assert a default on the part of the Architect or to seek damages and any other legal or equitable remedy against the Architect.

9.4 No approval by Owner of Architect's deliverables, services or other work shall relieve Architect of its duties and obligations under the Project Contract. Owner only shall be deemed to have waived Architect's performance of a duty or obligation by a written amendment to this Project Contract in accordance with Paragraph 9.7, and no verbal, electronic or written communication, or words, actions or inactions, shall substitute for such written consent.

9.5 Architect acknowledges that it is an independent contractor engaged by Owner to

perform the services. As an independent contractor, Architect acknowledges that Owner will not withhold any taxes from the compensation it pays to Architect, and that Architect is entirely responsible for all tax reporting and payment. Nothing contained in the Project Contract shall entitle Architect, or its agents, employees or Consultants, to the status or benefits of an employee of Owner or entitle Architect to make any representation on behalf of or bind Owner in any manner, except as herein specifically provided. Nothing contained in the Project Contract shall be construed to create any type or manner of partnership, joint venture or enterprise with or between Architect and Owner, or to give rise to any fiduciary duty by Owner to Architect.

9.6 Owner and Architect, respectively, bind themselves, their successors and assigns to each other and to the successors and assigns of such other Party with respect to all terms and conditions of the Project Contract. No partner of Architect will have personal liability to Owner under the Project Contract except for willful misconduct or fraud or as otherwise provided by law, and under such circumstances only the individual partner(s) who were responsible for the willful misconduct or fraud may be held personally liable except as otherwise provided by law.

9.7 The Project Contract is for the professional services of Architect and Architect shall not assign its rights, duties or obligations without Owner's prior written consent, which Owner may withhold in its sole discretion.

Owner shall have the absolute right to assign the Project Contract, or parts thereof, to any successor or affiliate of Owner, or for the purpose of financing, or to tenants of the facilities. Provided, however, Owner, or, if applicable, its successor or affiliate, shall remain responsible for any payments due to Architect. Architect shall execute all consents reasonably required to facilitate such assignment.

9.8 The Project Contract may be amended or modified only by written instrument signed by both Owner and Architect.

9.9 Nothing contained in the Project Contract shall create a contractual relationship with or a cause of action in favor of a third party against either Owner or Architect.

9.10 TO THE FULLEST EXTENT PERMITTED BY LAW, ARCHITECT SHALL INDEMNIFY AND HOLD OWNER AND ITS OFFICERS, DIRECTORS, AGENTS, AND EMPLOYEES, HARMLESS FROM AND AGAINST ANY AND ALL ACTIONS, CLAIMS, DEMANDS, EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES) AND LIABILITIES FOR DEATH, INJURY, OR PROPERTY DAMAGE, TO THE EXTENT ARISING OUT OF OR RESULTING FROM THE NEGLIGENCE, ERRORS OR OMISSIONS NOT WITHIN THE STANDARDS OF CARE, VIOLATION OF LAW, OR WILLFUL MISCONDUCT OF ARCHITECT, EXCEPT THAT ARCHITECT SHALL HAVE NO OBLIGATION TO INDEMNIFY OWNER FOR SUCH CLAIMS THAT ARISE OUT OF OR RESULT FROM OWNER'S SOLE NEGLIGENCE OR WILLFUL MISCONDUCT. EACH OF THE INDEMNITIES SHALL HAVE THE RIGHT TO CONTROL HIS/HER/ITS OWN DEFENSE AS TO ANY OF THE FOREGOING MATTERS THROUGH COUNSEL OF THEIR OWN CHOOSING. FOR CLAIMS SUBJECT TO THIS INDEMNITY OBLIGATION, ARCHITECT HAS NO UPFRONT DUTY TO DEFEND AND ITS OBLIGATION FOR DEFENSE COST IS LIMITED TO REIMBURSEMENT OF ANY EXPENDITURE, INCLUDING REASONABLE ATTORNEY'S FEES, EXPERT AND LITIGATION CONSULTANT FEES, AND COSTS, INCURRED BY AN INDEMNIFIED PARTY IN DEFENDING CLAIMS OR ACTIONS THE EXTENT ULTIMATELY DETERMINED TO BE WITHIN THE SCOPE OF THE ARCHITECT'S INDEMNITY OBLIGATION AND ONLY FOR THE PROPORTIONATE SHARE OF SUCH DEFENSE COSTS.

FOR THE LIMITED PURPOSE OF EFFECTING ARCHITECT'S INDEMNIFICATION OBLIGATIONS UNDER THE PROJECT CONTRACT, AND NOT FOR THE BENEFIT OF ANY INJURED EMPLOYEES OR WORKER, ARCHITECT WAIVES ANY IMMUNITY GRANTED TO ARCHITECT UNDER THE WORKERS' COMPENSATION LAWS OF THE STATE OF GEORGIA, OR SIMILAR LAWS UNDER THE STATE OF GEORGIA.

9.11 No principal, director, officer, agent or employee of Owner shall have any liability to Architect under the Project Contract or at law. Owner's liability to Architect arising from the Project Contract for death, injury or property damage shall be limited to the insurance coverage available from Owner's policies of insurance.

9.12 Not Used.

9.13 Architect shall acquire no right to use, and shall not use without Owner prior written approval, the name of the Owner, Grady Health System or its

affiliated, or related companies, (i) in any advertising, publicity or promotion, to express or imply any endorsement of the Architect's services or work, or (ii) in any other manner whatsoever (whether or not similar to the foregoing uses hereinabove specifically prohibited).

9.14 The Architect may, during the course of its engagement hereunder, have access to and acquire knowledge of confidential material, data, strategies, systems or other information relating to the work, the Project or the Owner or its parent, affiliated, or related companies, which may not be accessible or known to the general public. Any such knowledge acquired by the Architect shall be kept confidential and shall not be used, published or divulged by the Architect to any other person, firm or corporation, or in any advertising or promotion regarding the Architect or its work or services, or in any other manner or connection whatsoever without first having obtained the written permission of the Owner, which permission the Owner may withhold at its sole discretion.

9.15 Neither Architect nor any of its agents, employees or Consultants shall discriminate in the provision of services to Owner on the basis of race, age, sex, national origin, color, disability, religion, or veteran status.

9.16 The Parties have entered into this the Project Contract in good faith and acknowledge their respective ethical and legal obligations to fulfill said the Project Contract until their expiration, subject to the provisions for termination contained herein.

9.17 The Owner is committed to its mission. Grady improves the health of the community by providing quality, comprehensive healthcare in a compassionate, culturally competent, ethical and fiscally responsible manner. Grady maintains its commitment to the underserved of Fulton and DeKalb counties, while also providing care for residents of metro Atlanta and Georgia. Grady leads through its clinical excellence, innovative research and progressive medical education and training. Such commitment is embodied in all of its services. As such, Architect understands and agrees that it will apply the Standards of Care to services performed so that Architect's involvement in the Project shall not conflict with the Owner's mission statement.

9.18 All formal notices necessary or appropriate under the Project Contract, including notices of claims, default and termination, shall addressed as set forth below in Section 9.19 and be given in a manner that assures that the person to whom the notice is directed receives such notice preferably within one (1) day and no later than two (2) business days following the sending of the notice and such notices shall not be effective until received. Notices sent electronically shall be sent through eBuilder and are deemed received the same day and must be simultaneously sent to Owner at the address indicated in Section 9.19. Architect and Owner may from time to time identify persons authorized to receive notices on their behalf and shall be free upon written notice to the other Party to change such recipients.

9.19 Subject to section 9.18 above, notices directed to Architect shall be addressed to:

If to Owner, notices shall be addressed to:

Grady Health System
80 Jesse Hill Jr. Drive, SE
Atlanta, Georgia 30303
To: John Haupert, President and CEO

9.20 Architect will require its employees visiting the Project site to obtain ( ) as outlines in Exhibit M and fill out an application for a badge as determined to be necessary by the Owner. Architect will require its Consultants to require both their employees and their subconsultants to also obtain ( ) and complete a badging process before they visit the Project site. Architect and its Consultants are permitted to perform the health screenings using a confidential independent vendor acceptable to the Owner and will provide the Owner with a report indicating "pass" for any personnel obtaining badges.

9.21 Unless otherwise noted in the Project Contract the term "day" shall refer to calendar days.

9.22 The Project Contract is the product of joint drafting by each party and each party's counsel. Accordingly, the normal rule of Construction to the effect that any ambiguities are to be construed against the drafting party shall not be employed in the interpretation of the Project Contract.

9.23 If any term or provision of the Project Contract shall be found to be illegal, unenforceable or in violation of the laws, statutes, ordinances or regulations of any public authority having jurisdiction thereof, by a court or forum of competent jurisdiction, then, notwithstanding such term or provision, the Project Contract shall remain in full force and effect and such term shall be deemed stricken; provided, however, that the Project Contract shall be interpreted, when possible, so as to reflect the intention of the parties as indicated by any such stricken term or provision.

9.24 This Agreement may be executed in counterparts and facsimile and/or e-mail pdf image signatures have the same force and effect as original signatures. A copy of the signed original of the Agreement may be used for all purposes for which a signed original can be used.

9.25 Owner agrees that the Consultant is not responsible for damages arising from any circumstances beyond the Consultant's reasonable control. For purposes of this Agreement, such causes include, but are not limited to, strikes or other labor disputes; severe weather disruptions, natural disasters, fire or other acts of God; riots, war or other emergencies; failure of any governmental agency to act in timely manner; failure of performance by Owner or Owner's other consultants, it's contractor or any of their subcontrators; or discovery of any hazardous substances or differing and unforeseeable site conditions.

9.26 In recognition of the relative risks and benefits of the Agreement to both the Owner and Consultant, to the fullest extent permitted under applicable law, Owner agrees that Consultant's total liability for any and all claims, losses, costs, damages, or expenses including, without limitation, reasonable attorneys' fees and costs, of any nature whatsoever, shall not exceed three time's Consultant's total fee under this Agreement. It is intended that this limitation of liability shall apply to any and all liability or cause of action, whether in contract, warranty, tort, or otherwise, however alleged or arising.

This Agreement entered into as of the Effective Date.

By: _____

Its:
Architect's License No.:

Date: _____

GRADY HEALTH SYSTEM

By: _____

Its:

Date: _____

SECTION 7: SUPPLIER DIVERSITY

Please refer to Appendix E

(under separate cover)

APPENDIX A

REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS OF PROPOSERS

****REQUIRED INPUT WITH SUBMISSION****

CERTIFICATION

The undersigned certifies that he/she has read, understands, and agrees to be bound by the terms and conditions of the Request for Proposal **(RFP#F2017032_AE)**. The undersigned further certifies that he/she is legally authorized by the Proposer to make the statements and representations on this form, and that said statements and representations are true and accurate to the best of his/her knowledge and belief. The undersigned understands and agrees that if the Proposer makes any knowingly false statements, or if there is a failure of the successful Proposer (i.e., contractor) to implement any of the stated agreements, intentions, objectives, goals, and commitments set forth herein without the prior approval of GHS, then the Proposer's act or omission shall constitute a material breach of the contract. The right to terminate shall be in addition to and not in lieu of any other rights and remedies GHS may have for defaults under the contract. Additionally, the Proposer may be prohibited from obtaining future contracts awarded by GHS. GHS reserves the right to terminate any contract where a material breach has occurred.

NAME: Avery Sarden

TITLE: Vice-President, Director of Operations

COMPANY: LEO A DALY Company

ADDRESS: 10 Tenth Street, N.E., Suite 200, Atlanta, GA 30309

TELEPHONE: (404) 874-8333

FACSIMILE: (404) 874-8330

E-MAIL: AMSarden@leoadaly.com

(SIGNATURE)

03/30/2018
DATE

Appendix B

BID FORM

To: Grady Health System

Project: **ARCHITECTURAL and ENGINEERING DESIGN SERVICES for THE CENTER FOR ADVANCED SURGICAL SERVICES**
RFP Number: ***F2017032_AE***

Date: 03/30/2018

Submitted by: LEO A DALY Company
(Full name)
(Full address) 10 Tenth Street, N.E. Suite 200, Atlanta, GA 30309

.....

1. OFFER

Having examined the Place of the Work, all matters referred to in the Invitation For Bids, and the sample General Conditions of Contract Between Owner and Architect including the Engagement Letter in Exhibit A prepared by Grady Health System Facilities Development for the above mentioned project, we, the undersigned, hereby offer to enter into a Contract to perform the professional services requested for:

ARCHITECTURAL AND ENGINEERING DESIGN SERVICES for THE CENTER FOR ADVANCED SURGICAL SERVICES (RFP#: F2017032_AE)
for the GMP of:

Eight million, seventy four thousand, six-hundred and ten dollars, and 00/100
in lawful money of the United States of America, $ 8,074,610 .00

2. ACCEPTANCE

This offer shall be open to acceptance [and is irrevocable] for sixty [60] days from the bid closing date.
If this bid is accepted by Grady Health System- Facilities Development within the time period stated above, we will:

-Execute the Agreement within two [2] days of receipt of Notice of Award.
-Furnish the required Insurance within two (2) days of receipt of Notice of Award.
-Commence work within five [5] calendar days after written Notice to Proceed of this bid.

3. CONTRACT TIME

All professional services will be completed in accordance with the Architectural Services Agreement EXHIBIT E including all due dates that will be set forth in the Engagement Letter upon project award.

4. ADDENDA

The following Addenda have been received, and the associated modifications considered and all costs are included in the Bid Lump Sum Price.

Addendum #1	Dated. 03/07/2018	Addendum#2	Dated: 03/09/2018
Addendum#3	Dated: 03/13/2018	Addendum#4	Dated: 03/14/2018
Addendum#5	Dated: 03/19/2018		

5. APPENDICES

The following documents are attached to and made a condition of the Bid:

Item 1: Appendix A:
Representations, Certifications, and Other Statements of Proposers

Item 2: Appendix B:
Bid Form

Item 3: Appendix C:
Solicitation/Contract Form

Item 4: Appendix D:
Intent to Submit **RETURNED TO THE HEALTH SYSTEM BY 3:30 P.M. ON THE DAY OF THE MANDATORY PRE-BID MEETING**

Item 5: Appendix E:
Supplier Diversity

Item 6: Experience, Approach, Work-plan, Staffing Plan and Credentials, and Previous Experience

Item 7: Proof of ability to provide specified insurances

Item 8: Cost Proposal including work plan

Item 9: Technical Design, Conceptual Design, Project Approach and Innovation

Item 10: Design Schedule

6. BID FORM SIGNATURES

The Corporate Seal of

LEO A DALY Company
(Bidder - print the full name of your firm)
was hereunto affixed in the presence of:

_____ Vice-President / Director of Operations
(Authorized signing officer (Seal)) (Title)

If the Bid is a joint venture or partnership, add additional forms of execution for each member of the joint venture in the appropriate form or forms as above.

APPENDIX "B"

COST PROPOSAL AND ALL ASSOCIATED DOCUMENTATION MUST BE SUBMITTED UNDER SEPARATE COVER AS INSTRUCTED

APPENDIX C: SOLICITATION/CONTRACT FORM

REQUEST FOR PROPOSAL NUMBER: F2017032_AE

RFP DESCRIPTION: ARCHITECTURAL and ENGINEERING DESIGN SERVICES for THE CENTER FOR ADVANCED SURGICAL SERVICES

PROPOSAL RESPONSES MUST ARRIVE NO LATER **THAN 3:00 p.m. EDT, March 28, 2018.**

NOTE: Mark the outside lower-left corner of your submission with the RFP number shown above.

Questions regarding RFP**#F2017032_AE** should be directed to **George Smith no later than 3:00 p.m. EDT, March 15, 2018.**

You are invited to submit your Proposal for the services listed within this RFP.

Deliver responses to:

HAND DELIVERY/ COURIER ADDRESS
Grady Health System
Facilities Development
22 Piedmont Avenue | Suite 300
Atlanta, GA 30303

MAILING ADDRESS
Grady Health System
Facilities Development 80 Jesse Hill, Jr., Drive SE
Atlanta, GA 30303

NOTE: FAXED OR E-MAILED RESPONSES *WILL NOT BE ACCEPTED.

Director, Facilities Development

_____

Date: 03/30/2018

PLEASE BE ADVISED: Proposers must **complete and return all pages** required with Proposal submission. Failure to return these completed pages with responses may result in non-consideration of Proposal submission.

Please acknowledge receipt of the following Addenda to the solicitation documents below by entering the number and the date of each:

Addendum No.: 01 **Date:** 03/07/2018

Addendum No.: 02 **Date:** 03/09/2018

Addendum No.: 03 Date: 03/13/2018

Addendum No.: 04 Date: 03/14/2018

Addendum No.: 05 Date: 03/19/2018

NAME OF RESPONDING FIRM: LEO A DALY Company

NAME OF COMPANY OFFICER: Avery Sarden
(Company officer must have authority to legally bind the company)

TITLE: Vice-President, Director of Operations

DATE: 03/20/2018

(**MANDATORY) SIGNATURE OF COMPANY OFFICER BELOW (Certifying agreement with specifications, terms and conditions unless otherwise noted).**

Signature

Appendix D: INTENT TO SUBMIT

This letter serves as notification of intent to submit or not to submit a proposal for the Request for Proposal Number: F2017032_AE

Please scan a copy before 3:30 pm, the day of the mandatory pre-bid meeting on March 6, 2018 to:

George C. Smith
Senior Architectural Project Manager
Grady Health System
Facilities Development
22 Piedmont Avenue
Suite 300
Atlanta, Georgia 30303
e-dress: gcsmith@gmh.edu

Leslie Saunders
(Name of Representative)

acting as representative of Leo A Daly
(Name of Firm)

hereby offer our intent to:

☑ Submit a response to the request for services in this RFP.

☐ Decline to submit a response to the request for services in this RFP.

Reason: _____

Leslie Saunders
(Print Name)

(Signature)

Vice-President
(Title)

03/06/18
(Date)

(404) 885-7924/(404) 874-8333
(Telephone / Fax Numbers)

LMSaunders@leoadaly.com
(e-dress)

LEO A DALY

LEO A DALY

PLANNING

ARCHITECTURE

ENGINEERING

INTERIORS

LEO A DALY - Atlanta
10 Tenth Street NW, Suite 200
Atlanta, GA 30309
P 404.874.8333
F 404.874.8330

Avery M. Sarden
AMSarden@leoadaly.com
D 404.874.8333

Leslie M. Saunders
LMSaunders@leoadaly.com
D 404.874.8333