

Kirlin Builders, LLC submits its response to the 17 August 2016 Request for Proposal (RFP), the Revised Scope of Work (SOW) dated 26 August 2016, and all Government RFI responses received to date.

A. Technical/Management Approach

1. Site Specific-Technical Plan

a. Project Narrative

General Overview: This project will be to replace all specified AHUs and perform all associated mechanical, electrical, plumbing and architectural repairs for associated departments affected by the government furnished AECOM 100% Design. To support the extensive mechanical repairs to Bayne-Jones Army Community Hospital as required by the design, complete transition planning and provision has been provided to support all departments during phasing as abatement, mechanical, electrical and architectural repairs are performed per the phasing scheme and design documents. Complete moving and relocation has also been provided to facilitate transitioning departments through each phase.

Numerous Betterments have been provided as part of our technical solution in the performance of phased renovations as specified by the government furnished design.

- Move-in duration has been reduced and department shut downs have been minimized for phasing into and out of transition by pre-outfitting the spaces with modular furniture to support versatility of each move.
- Approximately 16,500 gross SF of new transition space has been provided to house each clinic over the entire construction duration to support each phase. Proposed layout is efficient and organized to support transitioning clinical spaces for each phase, as well as to ensure maximum efficiency with appropriately sized transition pharmacy and lab.
- Moving will be performed by Certified Healthcare Designers/Planners that have logistics planning experience for complex hospital moves to ensure efficient furniture and equipment move-in/set-up and to coordinate vendor moves.
- Through an abbreviated engineering peer review during the pre-proposal period, design enhancements have been included as Betterments to the project including:
 - Adding PT plugs at controls, coils, strainers, gauges, etc. to facilitate calibration and proper back check during Commissioning.
 - Factory included access doors specified upstream of the reheat coil on VAV terminal units, located before the reheat coil for inspection and maintenance.
 - Raised base rail heights for AHUs will be coordinated with P-trap requirements and condensate drain exit locations to ensure sufficient clearance to meet the trap installation.
 - Drawings and Specifications don't indicate maximum cooling coil height and number of coils in schedules or specifications, therefore KB has included multiple coils with intermittent drain pans on large units – especially those with high percentage of outside air to avoid moisture carryover.
- As a Betterment, our on-site PM/Superintendent has open mechanical engineering resources at no additional cost to the government through our in-house engineering consultant, BMH Engineering to assist Mr. Mora on an as-needed basis with troubleshooting.

Phased Construction Approach:

1. Phase I:

- Clinical Lab, Outpatient (O/P) Pharmacy, Specialty Clinics (Ortho, Surgery, Internal Medicine, Pediatrics, Allergy/Immunizations) moves to Transition
- Emergency Department and Radiology phased in place

2. Phase 2:

- All Ph. 1 depts. go back to Hospital
- Family Practice and Admin/Records goes to Transition
- Lab back to hospital after AHU-7
- ED and Radiology phased in place through completion of work.

3. Phase 3:

- Family Practice and Admin/Records goes back to Hospital.
- Inpatient (I/P) Pharmacy moves to Transition
- Command, PTMS, PAD, Offices, IDES/VA moves to Transition
- Logistics and incidental areas phased on place
- CMS, Autopsy & Morgue phased in place

4. Phase 4:

- I/P Pharmacy, Command, PTMS, PAD and Offices move back to hospital.
- IDES/VA stays in transition
- CMS, Autopsy & Morgue phased in place through completion of work.
- IDES/VA moves back to hospital.

Transition Solution to support Phasing: Per the RFP requirements, a Transition Building built out versatile enough to support each phase will be built southwest of the hospital off the 1st Floor main entrance. A new modular transition building will be provided to support department requirements in transition for each given phase. As a Betterment, KB has performed extensive program analysis of the existing departments to provide appropriately functional space for all transitioning clinical services. Flow analysis was evaluated for all departments transitioning into the modular building, with a resultant layout developed to ensure that the program is efficient and organized to support transitioning clinical spaces for each phase, as well as to ensure maximum efficiency with appropriately sized transition pharmacy and lab. As a result of this analysis, we are providing approximately 16,500 gross SF of transition space to accommodate all phased clinical requirements.

Upon Notice to Proceed, KB will immediately schedule a pre-site visit teleconference to schedule a Site Investigation visit specifically for Transition planning – establish existing site conditions, validate specific department requirements in transition, and validate the program and layout that best suits all phases for all departments to be moved over each phase, and set Facilities Management expectations for Transition delivery. An Abbreviated Accident Prevention Plan (AAPP) will be submitted prior to the site visit for review and approval.

Transition Work Plan development: Once the Transition programmed floor plan is approved and all comments are reconciled from BJACH Facility Management, the multiple BJACH department users, and the Government from the Transition Site Investigation, the 65% Transition Work Plan will be developed and submitted for review and comment. A 14 calendar day review is anticipated as required by the Government, and a 100% Transition Work Plan will be provided following government review to finalize all drawings and specifications, and incorporate all review comments and/or user requests with the transition space. Also included will be all catalog data sheets and submittal information depicting actual components and systems proposed for use. This process

will reduce the amount of time required at the beginning of the project for submittal review since this information will be included in the Transition Work Plan. Following government review of the 100% Transition Work Plan, a final Corrected for Renewal Transition Work Plan will be released with approved plans for construction of the temporary modular facility to house each department through the phases for the AHU replacement at BJACH.

- Transition Civil/Site Work: Since the transition site has been used for previous transition buildings, many of the required utilities to support the building are co-located with taps near the property with access to mains. Water service, sanitary, fire protection, existing power and communications are all located adjacent to the site – with most utilities being routed underground, but electrical will be brought in via pole-mounted transformer and sanitary will require a lift station. Some additional site prep to extend the pad may be required and has been anticipated to support the final transition layout. Existing adjacent BJACH parking will be minimally impacted with fire lanes and most stalls kept intact.
- Build-out of Modular Buildings: Once the site prep is complete, new modular trailers will be brought to the site, set and anchored, skirted, then built out to the new layout. Specific key elements have been provided as part of our transition solution:
 - UFC compliant HVAC system meeting required air changes and filtration levels. Galvanized duct is also included as fiberglass duct will not meet the requirements of UFC 4-510-01.
 - Areas will be reinforced to support weight requirements for various clinical functions throughout phasing, and specific proper security requirements for the Pharmacy (including a vault will have expanded metal in the floors and walls).
 - All interior partitions will be moisture/mold resistant vinyl-wrapped gypsum board, with exam rooms insulated for patient privacy. The pharmacy will have additional sound deadening and safety glass.
 - Patient privacy will be maintained for dispensing windows and receptionist opening through use of partitions and layout considerations.
 - All interior finishes and fixtures will be selected for aesthetics, durability and infection control standards to meet clinical applications in transition.
 - Access to the Transition Buildings will be via ADA accessible ramps and stairs, with temporary pavement installed, extending from the ends of the ramps and stairs to the existing paved walkways.
 - Double-entry doors will be provided at the main entrance to facilitate equipment installation into the building. Access control is included at the main entrances. The transition roof and associated awnings will receive gutters/downspouts drained away from transition.
- Transition MEP systems: MEP systems will be built to the approved transition layout, with rough-in and trim-out as required to support approved equipment planning requirements and UFC compliance. Per UFC 4-510-01, section 11-5.7, we have included EMT for the branch circuitry and internal conduit as MC cable will not meet the requirements. Following completion, the HVAC system will be tested and balanced prior to Beneficial Occupancy.
- Communications & Low Voltage Specialties: Spaces will have all low voltage systems currently necessary to support proper department services – Public Address System, Nurse Call, Electronic Access Control System/Intrusion Detection, and CATV systems will be required, including salvage and reuse of existing pharmacy security cameras. A duress alarm system will be furnished, and electronic access control will be provided per UFC for pharmacy doors and pharmacy vault doors, with intrusion detection and security mesh for pharmacy, vault, and dispensing window and wall locations.
- Transition Fire Protection: Stand-alone fire alarm system and fire suppression will also be included in new transition space. Fire Alarm will be Siemens or equivalent compatible, and all systems will be monitored by post fire department utilizing a Monaco addressable radio transmitter and receiver system.

When the transition building is complete, cleaning will be performed and the building made ready for transitioning clinical operations move-in. As a Betterment to shorten move-in duration and minimize department shut down times during transition, KB will pre-outfit the spaces with modular furniture to support versatility. (Moving Plan referenced further in technical.) Once all equipment and furniture is in place to support transition clinical operations for the first phase, KB will move occupants, then begin subsequent phased repairs as outlined in our approach. Following completion of each repair phase, clinics will be moved back to the Hospital and the transition building reconfigured as required for next phase clinical operations, followed by re-balancing of HVAC systems, cleaning and move-in of follow-on phase occupants.

Once the Transition Space is built and ready for occupancy, each Phase will generally be approached in the same manner following movement to transition or interior re-location as required:

1. **Occupants move to Transition / Interior Relocation**
2. **Abatement of Phased Area** - Abatement will be performed in accordance with the HM Survey and Abatement required by the AECOM plans. Once all abatement is performed, AHU replacement/repairs for that phase, MEP repairs and Architectural work can be performed.
3. **Coordination of each AHU Replacement:** The following steps will be taken to replace each AHU addressed by the government furnished AECOM design:
 - a. Outages required for equipment changeover or for installation or removal of temporary equipment will be coordinated with BJACH FMB 30 days prior to start of work. Areas affected by each AHU will be field verified in order to ensure that spaces are not inadvertently affected by the work.
 - b. Necessary general trades work will be provided to accomplish all mechanical work for this Task Order – including supporting work such as infection control, relocation of sprinkler heads, removal and repair/reinstallation of ceilings, etc. in order to facilitate mechanical work required.
 - c. A pre-TAB of the existing AHU, return fan, and chilled water supply will be conducted prior to beginning work to confirm the existing supply, return, and outdoor air quantities, as well as chilled water flows.
 - d. Work Controls will be erected: A fire-retardant containment barrier with a HEPA-filtered negative-air machine will be built around each work area to contain dust and debris. Smoke control fans will be installed as required to vent any smoke outdoors while any smoke producing work is being performed to remove the old AHU or install the new AHU.
 - e. While it is assumed that each phased work will be within the AHU's footprint, precautions will be taken, following field verification of as-built conditions, for any temporary conditioning requirements. Temporary ventilation will be placed on-line as required and any area coverage gaps found for each AHU change-out, and will be accomplished by employing a temporary AC unit and return fans sized appropriately for the AHU being replaced. If required, once the temporary unit is in place and verified operational for all spaces served by the zone, we will remove the existing AHU and install the new replacement AHU. Otherwise, if the existing AHU requires no temporary cooling, and the phased construction area completely encompasses the AHU distribution, KB will take down the AHU and begin work.
 - f. Demolition of existing AHU: We will remove the existing AHU and return fan by cutting it up into manageable pieces. All oils will be drained and recycled at an approved recycling facility. All metals will be recycled and non-recyclable pieces will be disposed of at approved facilities. We intend to dismantle equipment to be demolished into manageable size and remove via an established route (using the service elevator as required). Installation of new AHUs will be accomplished in a similar manner using modular equipment.

- g. All new HVAC equipment will be provided with DDC devices and integrated with the existing BJACH BACnet DDC system.
 - h. Following the replacement of each respective AHU, the controls and VFDs will be installed, calibrated, and tested based on specified sequences, followed by performance of TAB work and commissioning for the unit(s) replaced under that phase. When each new AHU is operational, any temporary unit will be removed as required and the last of the ductwork replaced and insulated.
 - i. Performance verification tests (PVT's) will be conducted to ensure proper operation of replaced air distribution systems. Testing will include, but not be limited to: AHU's, return fans, control devices, sensors, dampers, and detectors (including smoke dampers/detectors). Once all work is complete, systems will be demonstrated to BJACH FMB for final acceptance.
 - j. Once the new replacement AHU is online and verified to be operating correctly, work controls will be collapsed, and the affected space restored.
4. Selective MEP demolition, to include ceiling and wall demolition as required, will be performed to support repairs for the phased area.
 5. Once phased demolition is complete, utility and equipment penetrations will be made, and MEP rough-in will be performed per the AECOM design plans and specifications. Mechanical and Controls work will be performed – with all ductwork, lines, louvers, diffusers/grills, fire and smoke dampers, fans, air distribution devices, air terminal units, condensing units, reheat coils, pumps, ductless split systems, and all other components and material as required for a complete mechanical installation – complete with new controls throughout by Siemens tied into existing BJACH BACnet DDC system. Lighting will be replaced as required. Electrical work will require VFD installation, reworking of power wiring/circuits with new as required by the design, including electrical panels, transformers, circuit breakers, as well as relocation of receptacles and removal/re-installation of lighting and new lighting as necessary to support mechanical work. Communications work will include cable clean-up to meet BJACH criteria with new cable as required, with identification and removal of unused cables encountered during renovation. Fire Alarm work will include relocation of devices as necessary, provision of duct detectors, ceiling mount devices, CO detectors as necessary to meet code compliance.
 6. Finish out with architectural and MEP trim-out, painting and all finishes and fixtures. New finishes including ceiling/wall repair/replacement will be provided where demolition for the HVAC work were performed to meet design criteria and BJACH standards. Minimal flooring replacement per government response on RFI #6645306.
 7. Following trim-out, cleaning and the punch for that area will be performed.
 8. After punch list completion, the complete mechanical distribution for the phased area will be 3rd Party tested & balanced prior to restoration for that phase, and each AHU and department MEP distribution will have fundamental commissioning by a qualified 3rd Party for all installed MEP systems repaired/installed once all work is complete for that area. This will ensure proper operation and functionality of the various newly installed and/or renovated MEP systems prior to restoration of that department to full functionality (e.g.: lab and pharmacy re-certifications) prior to occupancy – minimizing follow-on maintenance and operating costs, as well as reducing incidence of common occupant problems following BOD.
 9. All Furniture and Equipment will be moved back (and tested/certified as required) in accordance with logistical responsibility. Cleaning will then be performed, and the occupants moved back in for that phase.

10. KB will then proceed to the next follow-on phase in a similar sequence.

Once all phases are complete and following punch list completion of all floors of the renewal, a final tab will be performed and video-taped training will be conducted with BJACH Facility Management and Maintenance staff, and all O&M manuals will be turned over for maintenance use. All close out documents will be provided including As-Built record drawings detailing MEP renovations performed through this task order.

Upon completion of all interior BJACH repairs under this task order, the Transition Building will be removed – complete with removal of all foundations, parking lot will be repaired as required and demolition of site utilities back to the mains. Existing equipment within the transition space following final phase 4 occupant move-out upon completion of the renewal project will also be removed.

Moving/Relocation: KB specializes in design, space planning, installation, and move management for the healthcare industry having performed dozens of complex hospital phased moves for MEDCOM customers throughout the multiple USACE contracts it participates in. Our Planners, Engineers, and Consultants have provided design and product solutions in departments ranging from operating rooms to family health clinics.

Once the program for design for transition has been validated, KB will perform full programming and space planning throughout the transition phases as part of the Transition Space design.

Once the final plan/sign off is achieved, and installation of the Transition Building has been performed, KB will systematically perform move management and services throughout each phase to ensure minimum downtime of each department and minimal impact to the BJACH community.

Moving will be performed by Certified Healthcare Designers/Planners trained in the functional aspects of all clinical and administrative departments in a hospital. It is our belief that being able to understand the needs of departmental personnel results in developing a strong sense of trust. Developing good communication with the project's point of contact has been a key to successful projects – especially true during the transition phase into new environments. Our healthcare specialist will be on site during the transition phases to assure an efficient move.

- **Process:** The primary goal of moving throughout each phase of this project will be to maintain transparency to BJACH staff and patients. Per the SOW, work will occur after hours and on weekends. To advance expedite each move and promote transparency, KB offers the following as part of our moving solution:
- ***As a Betterment, once the staff has moved into the transition site, it is proposed that our crew tear down the offices, stage the product in the rooms during the day and transport to storage after hours.*** This process would result in a time savings while not disturbing staff or patients. This action would need approval from the appropriate hospital personnel.
- **Ingress/Egress routes:** The attached drawings show the proposed routes- pending approval. These routes will be closed to the staff and public. Precautions will consist of marking off work areas with yellow tape, posting of warning signs, and placement of safety cones. Safety procedures will be approved prior to starting work. Access to elevators and loading dock will be coordinated with KB and hospital staff.
- Our furniture & equipment installation crew has worked extensively at BJACH. They understand hospital procedures and protocol. Upon approval, the carts that our crew currently uses for installations at BJACH will be used in transport of all materials.
- **Infection Control:** Work areas including floors will be monitored to assure floors are dry and void of debris.
- **Inventory Control:** Prior to moving, an inventory will be taken for each room number. Items will be labeled to identify the point of origin and assure all items are returned to the proper room. This process eliminates

installation errors which eliminates lost time. Eliminating the back and forth of product from the transition space to the hospital will greatly reduce amount of time required for each phase. This process will also assure that the product which was placed into storage will be the same that is re-installed into a particular room.

- Phasing:

- Pre-outfitting all areas of transition space will minimize downtime of departments. The advantages include: less risk of damage to product being moved back and forth to the hospital, reduced time in moving departments. In addition, inventory control of stored product will be more accurate.
- Phasing schedule will be validated for what product will be required for the outpatient pharmacy and lab in the transition space, and the phased schedule adjusted accordingly.
- Prior to moving each phase, KB will provide a plan identifying the specific location of each staff member – this approach will significantly expedite the moving process for all concerned. A sign off of this plan will be received prior to commencement of work, to ensure a plan of action on moving is documented for execution with the users.
- Specific vendor moves will also be coordinated to include ScriptPro for Pharmacy moving.
- The physical process for all phases will be the same for each phase, consisting of moving non personal items from hospital to specific location in transition space. Product remaining in hospital will be inventoried and placed into storage.

b. Proposed Schedule (all dates are approximate): All dates are based off an assumption that award will be made by September 30th, with durations in calendar days, and based on phasing outlined in our technical approach. Proposed schedule is for typical design and renewal times, and during schedule development, phase availability and durations will be validated with Bayne-Jones Army Community Hospital FMB upon award for opportunities to fast-track and compress the schedule for accelerated project delivery.

ACTIVITY	DURATION	START DATE	FINISH DATE
Award	1 day	9/30/16	9/30/16
PRE-CONSTRUCTION / DESIGN PHASE	129 days	10/1/16	2/6/17
NTP / Receipt of Bonds	14 days	10/1/16	10/14/16
AAPP	3 days	10/5/16	10/7/16
Transition SI Start	10 days	10/17/16	10/26/16
Interim QC Plan	5 days	10/27/16	10/31/16
LEED Target Plan	5 days	10/27/16	10/31/16
65% Transition Space WP	21 days	10/29/16	11/18/16
Govt Review of 65% Transition Space WP	14 days	11/19/16	12/2/16
Submit Accident Prevention and Quality Control Plan (APP & QCP)	21 days	11/19/16	12/9/16
95% Transition Space WP	14 days	12/3/16	12/16/16
Govt Review of 95% Transition Space WP	14 days	12/17/16	12/30/16
100% Transition Space WP (inc Final QC Plan)	14 days	12/31/16	1/13/17
Govt Review of 100% Transition Space WP	10 days	1/14/17	1/23/17
CFR Transition Space WP	14 days	1/24/17	2/6/17
PHASED CONSTRUCTION	957 days	2/7/17	9/21/19
Pre-construction Meeting - Transition Only	1 day	2/7/17	2/7/17
Mobilization	14 days	2/8/17	2/21/17

Transition Phase	83 days	2/22/17	5/15/17
Site Prep Transition - Utilities and Pad Prep	21 days	2/22/17	3/14/17
Building Installation	40 days	3/15/17	4/23/17
Exterior decks, ramps and awnings	21 days	3/15/17	4/4/17
Building Punch & Tab	21 days	4/24/17	5/14/17
Transition BOD	1 day	5/15/17	5/15/17
Pre-construction Meeting - Repair/Replacement AHUs	1 day	5/15/17	5/15/17
Phase 1	201 days	5/16/17	12/2/17
Clinical Lab	187 days	5/16/17	11/18/17
Moving/Relocation to Transition	7 days	5/16/17	5/22/17
Phased MEP work & Lab Repairs	180 days	5/23/17	11/18/17
Outpatient Pharmacy	187 days	5/16/17	11/18/17
Moving/Relocation to Transition	7 days	5/16/17	5/22/17
Phased MEP work & Pharmacy Repairs	180 days	5/23/17	11/18/17
Specialty Clinics	157 days	5/16/17	10/19/17
Moving/Relocation to Transition	7 days	5/16/17	5/22/17
Phased MEP work & Clinical Repairs	150 days	5/23/17	10/19/17
Emergency Dept. - Phase 1	171 days	5/16/17	11/2/17
Relocation interior of clinic	21 days	5/16/17	6/5/17
Phased MEP work & Phased ED Repairs	150 days	6/6/17	11/2/17
Radiology - Phase 1	201 days	5/16/17	12/2/17
Relocation interior of clinic	21 days	5/16/17	6/5/17
Phased MEP work & Phased Radiology Repairs	180 days	6/6/17	12/2/17
Phase 2	245 days	11/3/17	7/5/18
Lab, Pharmacy & Specialty Clinics Transition back to Hospital	14 days	11/19/17	12/2/17
Reconfiguration & Rebalance Transition for Phase 2	21 days	12/3/17	12/23/17
Family Practice	194 days	12/24/17	7/5/18
Moving/Relocation to Transition	14 days	12/24/17	1/6/18
Phased MEP work & Family Practice Repairs	180 days	1/7/18	7/5/18
Admin Records	171 days	12/24/17	6/12/18
Moving/Relocation to Transition	21 days	12/24/17	1/13/18
Phased MEP work & Admin Repairs	150 days	1/14/18	6/12/18
Emergency Dept. - Phase 2	171 days	11/3/17	4/22/18
Relocation interior of clinic	21 days	11/3/17	11/23/17
Phased MEP work & Phased ED Repairs	150 days	11/24/17	4/22/18
Radiology - Phase 2	171 days	12/3/17	5/22/18
Relocation interior of clinic	21 days	12/3/17	12/23/17
Phased MEP work & Phased Radiology Repairs	150 days	12/24/17	5/22/18

Phase 3	266 days	5/23/18	2/12/19
Family Practice and Admin Records back to Hospital	14 days	7/6/18	7/19/18
Reconfiguration & Rebalance Transition for Phase 3	21 days	7/20/18	8/9/18
Command	171 days	8/10/18	1/27/19
Moving/Relocation to Transition	21 days	8/10/18	8/30/18
Phased MEP work & Command Repairs	150 days	8/31/18	1/27/19
Inpatient Pharmacy - Phase 3	187 days	8/10/18	2/12/19
Moving/Relocation to Transition	7 days	8/10/18	8/16/18
Phased MEP work & Pharmacy Repairs	180 days	8/17/18	2/12/19
PAD, Offices, IDES/VA - Phase 3	171 days	8/10/18	1/27/19
Moving/Relocation to Transition	21 days	8/10/18	8/30/18
Phased MEP work & Space Repairs	150 days	8/31/18	1/27/19
Logistics and incidental spaces - Phase 3	171 days	5/23/18	11/9/18
Relocation interior of spaces	21 days	5/23/18	6/12/18
Phased MEP work and Space Repairs	150 days	6/13/18	11/9/18
CMS, Autopsy & Morgue - Phase 3	141 days	5/23/18	10/10/18
Relocation interior of hospital	21 days	5/23/18	6/12/18
Re-balance work on AHU-2 & Space Repairs	120 days	6/13/18	10/10/18
Phase 4	201 days	10/11/18	4/29/19
Command, PAD, Offices & I/P Pharmacy spaces back to Hospital	14 days	1/28/19	2/10/19
CMS, Autopsy & Morgue - Phase 4	141 days	10/11/18	2/28/19
Relocation interior of hospital	21 days	10/11/18	10/31/18
Re-balance work on AHU-2 & Space Repairs	120 days	11/1/18	2/28/19
Logistics and incidental spaces - Phase 4	171 days	11/10/18	4/29/19
Relocation interior of hospital	21 days	11/10/18	11/30/18
Phased MEP work & Space Repairs	150 days	12/1/18	4/29/19
Re-balance work on AHU-10A	30 days	4/30/19	5/29/19
Re-balance work on AHU-10B	30 days	5/30/19	6/28/19
IDES/VA - Phase 4	134 days	1/28/19	6/10/19
Complete Phased MEP work & Space Repairs	120 days	1/28/19	5/27/19
Move back to renewed IDES/VA spaces	14 days	5/28/19	6/10/19
Repair/Renewal Action Substantial Completion	1 day	4/30/19	4/30/19
Commissioning	21 days	6/29/19	7/19/19
Punchlist Item Identification	14 days	6/29/19	7/12/19
Punchlist Item Correction	14 days	7/13/19	7/26/19
Final Cleaning and Beneficial Occupancy Date (BOD)	1 day	7/27/19	7/27/19
Removal of Transition Space/Building	45 days	6/11/19	7/25/19
Closeout	57 days	7/27/19	9/21/19

Closeout Documentation Submittal	14 days	7/27/19	8/9/19
End of Government Review of Closeout Documentation	14 days	8/10/19	8/23/19
Government Project Acceptance	14 days	8/24/19	9/6/19
Final Invoice Submitted	1 day	9/7/19	9/7/19
Government Payment of Final Invoice	14 days	9/8/19	9/21/19
Total Calendar Days	1087 Days		

c. Subcontracting

We intend to complete the project requirements in full with trusted subcontracting partners. Our subcontractors are all first-tier and were chosen using a Best Value approach. Some of the factors considered in selecting our subcontractor included past performance, **KB Small Business Plan Goals**, and the subcontractor's current backlog and inclusions/exclusions of their quote. The subcontractors and their trades are as follows:

- Transition Design – BMH Engineering, LLC
- Transition Modular Buildings – Sustainable Modular Management (SMM) (Small Business)
- Demolition & Abatement – Insul-tech Technologies, Inc. (Small Business)
- Finishes – Robbins Contracting
- Mechanical & Plumbing – Calcasieu Mechanical Contractors, Inc. (Small Business)
- Automation/Controls - Siemens
- Electrical & Communications – J&J Electrical & Instrumentation Service, Inc. (Veteran-Owned SB)
- Test and Balancing (TAB)– sys-tek (Small Business)
- Commissioning– Addison Energy Technologies, LLC (Small Business)
- General Trades, Site Work, Fire Suppression, Moving & Relocation – KB in-house Control Estimates

2. Site Specific Management Plan: To ensure a quality product, all KB onsite Project Managers are certified through the US Army Corps of Engineers (USACE) Construction Quality Management course. KB's own **Quality Control Program (QCP)** strives to achieve quality and productivity, with an emphasis put on employee focus and orientation into the QCP. We require all of our employees on a site to have proper and documented quality control training, including but not limited to Daily Reports, BMP's for task specific work, EP 415-1-261 review, Lessons Learned, and coordinated efforts to assist in a thorough communication process. We have developed innovative features for our QCP to help our field offices flourish in their projects, including Monthly Comprehensive Quality Control (QC) Auditing, Monthly QC Deficiency Tracking, QC Tracking and Jobsite QC Graded Auditing, and our QC Corner, which we use to solidify our Quality Control Program. Our field offices use this tool to maintain a level of quality that our clients want and should expect. Aspects within the QC Corner are detailed checklists for the Facility to ensure all aspects of the inspection are covered, specifically contract Quality Control requirements for each contract along with required attachments, specific quality control resources found on the Web. The QC Corner also includes training tools, quality control forms, and a complete set of standard construction specifications.

Leading up to the repair effort, our management team will coordinate with the facility and develop a preliminary schedule/plan with the facility, then identifying and scheduling the activities with subcontractors who will be performing the activities.

a. On-site Project Manager/Site Superintendent – Javier Mora: Mr. Javier Mora has more than 20 years' experience working in design and specifically with Mechanical systems which pertains to the design and construction efforts required by the Plans & Specifications. *Mr. Mora is a degreed mechanical engineer* with extensive design & construction experience with HVAC Equipment, Distribution, Controls and Piping projects having supervised the completion of numerous complex mechanical projects within the hospital and clinical environment for US Army MEDCOM and Corps of Engineers customers. As a Mechanical Designer, he has worked with customers in the design/training of HVAC installations & upgrades, assisted with troubleshooting of complex HVAC and controls during those installations, and understands the engineering behind properly specified equipment, efficient HVAC distribution and controls for a high quality installation.

As the dedicated Project Manager / Site Superintendent for this project, Mr. Mora's responsibilities will include but not be limited to: management of trade subcontractors; enforcing site safety and quality control procedures; performing daily quality control and safety inspections; communicating with facility management; managing the schedule and coordinating work; negotiating and approving contractual agreements. He will perform all these tasks as part of his Site Supervisor responsibilities. Mr. Mora will collaborate with the Facility Management Branch (FMB), review and approve submittals for contract compliance, monitor job progress, update AutoCAD as-built drawings as necessary, and monitor any adjustments made to complete the project on time and within budget. Mr. Mora will also have corporate decision making authority for day-to-day operations for this project.

Project Manager/Superintendent Javier Mora's Summary Experience and Certifications:

Education: BS Mechanical Engineering

Firm Experience: 9 years

Total Experience: 24 years

Certifications:

- Construction Quality Management for Contractors USACE certified
- ASHE - Healthcare Construction Certificate
- First Aid/CPR/AED
- OSHA 30 Hour Certificate
- Certified Safety Auditor
- Lead and Asbestos Safety Awareness
- Trenching/Excavation/Fall Protection/Scaffold Safety Technician
- Confined Space Training
- Globally Harmonized System
- OPSEC Awareness Training

Javier Mora's Previous Construction Projects:

U. S. Army Corps of Engineers, Repair Building Envelope Systems & Lightning Protection, Aviano Airbase, Italy Hospital (2014-2016; \$3,306,847): Mr. Mora was the Project Manager for the renewal and construction of the 31st Medical Group repairs. This included reseal and repair of all exterior walls, replace lightning protection system and install Safety Ladders. Window joints and wall to window frame sealant were repaired and resealed, along with the door to wall and repair damage to exterior envelope. This project also included the replacement to the Veterinary Clinic mechanical system and Operating Room walls. This Project resulted in an Exceptional CCASS Rating for our work on this project.

U. S. Army Corps of Engineers, Renew Soldier Family Medical Center, Ft. Bliss, Texas (2011-2014; \$10,894,667): Mr. Mora was Project Manager for the design and construction of the Soldier Family Medical Clinic, Building 2496. The four end-state clinics are: Garrison and Optometry, Clinics B & C, Clinic A and Immunizations and the Traumatic Brain Injury (TBI) Clinic. The majority of the repair work occurred within Garrison/Optometry, Clinics A, B, and C and immunizations. The core support areas received cosmetic upgrades and the exterior of the building received a new roof and resurface of some parking areas. The repair of this clinic required the construction of transition space. The project incorporated appropriate design, demolition, abatement, construction, infection control, life safety and other requirements to renovate the occupied facility. The abatement of required hazardous materials was included in the renovation. KB produced a Type III Work Plan to facilitate the renovation. Approximately 24,800 sq. ft. of the building received a complete renewal. This area houses Clinics A, B, C, Garrison, Optometry, and Immunizations.

The new layout of these clinics was designed to meet the MEDCOM requirements in support of the Primary Care Medical Home (PCMH) Model. These clinics were provided with new HVAC System consisting of new rooftop air handling units with Variable Air Volume (VAV) terminal units, electrical infrastructure, phone/data cabling and cable TV. A new telecommunications room was provided to support the Garrison, Optometry and Clinics B and C. Project resulted in Very Good CCASS Rating for our work on this project.

U. S. Army Corps of Engineers, Boiler Replacement, Ft. Huachuca, Arizona (2011-2012; \$1,384,511): The boiler and equipment replacement project consisted of several parts. First the replacement of existing tank heating hot water boilers with three new Harsco on-demand HHW boilers. With the new system the efficiency of the entire facilities heating demands has been greatly improved while improving overall comfort of the customers. For improved heating efficiency, six steam heating coils were replaced with new hot water heating coils and new two way valves. By closing the bypass all the remaining three way valves we are able to greatly reduce the operating speed of the large secondary pumps again increasing pump life and improving efficiency. The second part of this project was to replace the existing tank domestic water heaters with new high efficiency tank-less on demand AERCO water heater. All the new systems are LON converted to work with the facilities BAS and provide superior convenience and controls for the facility maintenance staff. With the LON controls it will allow for much greater control and monitoring capabilities allowing the facility to watch for trends and adapt the equipment accordingly.

U. S. Army Corps of Engineers, FY II Projects, Ft. Bliss, Texas (2011-2012; \$177,008): Mr. Mora was project Manager for the repair of the Wellness center. He coordinated all activities to be adjusted as needed to allow the Wellness Center clinic to continue to function with minimal disruption to their respective operating procedures. Demolition of the existing evaporative cooling system, associated ductwork, and pneumatic controls was completed for the mechanical HVAC renewal at Building 2402. The existing water lines feeding the evaporative coolers were capped at the roof and remained active since they also supplied a hose bib. Removal of the existing heating system in its entirety to include the heating, boiler, pump, piping, flue, controls and base-board heaters. Two new packaged refrigerated air conditioning units with natural gas heat, supply diffusers and return grilles were installed throughout Building 2402 to serve the offices and corridor on the west end of the building and the common office areas. Each unit is controlled by a 7-day electronic programmable thermostat. New ductwork runs were installed throughout and exposed runs were painted to match the existing interior décor of the Wellness Center. We also added two new exhaust fans. One exhaust fan serves the unisex restroom and the other exhaust fan serves the janitor's closet. The airflow of the clinic was re-balanced to ensure that adequate heating, ventilation, and cooling were distributed within the clinic. The electrical trades portion of this renovation included the installation of two electrical service disconnects and the addition of a circuit breaker for each roof top unit of the mechanical HVAC equipment. Project resulted in an Above Average CCAS Rating for our work on this project.

2001 – 2011: Javier Mora served as Mechanical Engineer/ Project Management responsible for managing Healthcare design & construction projects at William Beaumont Army Medical Hospital performing design, cost estimates, vetting subcontractors and coordinating with them directly through supervision to complete the work according to plans/specs.

1990 – 2001: Javier Mora began his career as a Mechanical Designer responsible for designing HVAC and plumbing systems, calculation of building heating and cooling loads, selection of equipment, drafting plans, and directly involved with site observation to ensure proper installation per construction documents.

Additional Project Manager Attributes to Javier Mora include:

- Quality Inspections of Mechanical Work: As a Mechanical Engineer and Construction Project Manager, Javier Mora approaches installation of work beyond the typical USACE 3-phase process for Contractor Quality Control,

by utilizing his understanding of the design (and through thorough review & submission of the shop drawing and equipment submittals) to ensure that field installation can be met without unforeseen issues typically experienced by less experienced project managers. This due-diligence with mechanical submittals and scrutiny with the installation of equipment and systems yields for a much more successful project installation with predicted results and minimal unforeseen issues. By keeping a questioning attitude in reviews and verifying all equipment/materials received meet performance specification criteria and design requirements, Javier Mora promotes an atmosphere of “Forceful Back-up” when in construction that has proven to provide superior results. Javier follows American Society of Heating, Refrigeration and Air Conditioning Engineers (ASHRAE) updates to keep up with current issues. With his experience in HVAC design for laboratory and medical institutions in collaboration with experience in project engineering/management of multiple projects in hospitals, he is able to identify design and installation errors. With his mechanical engineering education and experience, Javier is able to give guidance and solution to obstacles/challenges that are encountered in the field.

- Assistance in Troubleshooting HVAC/Controls/Piping problems: Javier is adept in troubleshooting mechanical installations when quality inspection results or the functional performance testing of installed systems are not as expected. By understanding the equipment and how each component functions through his depth of mechanical engineering experience and expertise, Javier assists mechanical and controls subcontractors by providing educated leadership and guidance throughout the troubleshooting process for a methodical and expeditious resolution to any installation problems that may arise. Keys to troubleshooting HVAC include identifying the problem (or unwanted result) and the specific related sub-system(s) that control those functions, then half-splitting through those components or sub-systems to isolate the component, and finally component replacement or system adjustment to correct the problem with follow-on re-testing of the entire system to ensure the problem is resolved. *As a **Betterment**, Javier Mora has open mechanical engineering resources at no additional cost to the government through our in-house engineering consultant, BMH Engineering.* BMH Engineering has four (4) mechanical engineering and two (2) electrical engineering Professional Engineers on staff with over 30 years of healthcare renovation engineering experience to assist Mr. Mora on an as-needed basis with troubleshooting.
- Assistance in early identification and resolution of mechanical issues: Javier Mora uses his mechanical engineering background during the pre-construction stage to perform an abbreviated peer review to verify calculations are accurate for the design, back-checking to ensure code compliance is met and conflicts identified are identified for correction by either the DOR or resolved with the subcontractors. Javier also uses his mechanical construction background in pre-construction to ensure constructability standards are met with all issues identified & detailed through the RFI process to the designer, to include a common-sense recommended resolution leveraging his intimate understanding of the mechanical systems and project budget requirements with his mechanical engineering education & experience.

Current Workload & Availability: Javier Mora is in the process of completing his current project for the AHU, Chiller and VAV replacement of 30th Medical Group Clinic at Vandenberg Air Force Base, and will be available by end of December for immediate re-location to Ft. Polk, LA to man this project exclusively as the On-site Project Manager/Site Superintendent.

b. On-site Safety Manager – Suzette Cormier: Suzette Cormier is an experienced safety manager with OSHA 500 and 510 certifications. She has been a dedicated SSHO and Quality Control Manager on projects at Fort Campbell for over a decade, conducting safety meetings, toolbox talks, drafting APPs, and documenting onsite safety protocol. As Safety Manager for the tower façade repair, Miss Cormier will conduct pre-planning safety meetings with subcontractors to establish safety procedures, ensure proper training of subcontractors as mandated by OSHA standards, review subcontractor Safety Program to ensure it aligns with Kirlin's and Government's expectation, ensure a subcontractor safety representative is designated and properly trained, conduct regular job walks and work inspections and complete a safety checklist documenting findings, stop at once any unsafe practices, and document and record all meetings, reports, walkthroughs, and correspondence regarding safety.

In her career, Suzette has overseen the safety program for bridge construction projects in Manhattan as well as entire ground up building construction projects for the Government. She is well versed in the proper crane and fall protection safety standards that will need to be applied to execute a project of this complexity and magnitude.

c. Corporate Safety Program: A National Safety Council Member, KB is committed to a continuous effort of preventing unintentional workplace injuries by providing knowledge and resources which enables our employees and subcontractors to engage employees, measure progress, and reduce risks. Compliance with USACE EM385-1-1 guidelines and OSHA CFR1926 safety compliance and supervision of all participating personnel during the duration of this project are responsibilities of our On-site Safety Manager, Suzette Cormier.

Suzette Cormier's Experience & Certifications

Total Experience: 13 years

Kirlin Builders Experience: 2 years

Certifications:

- ASHE Healthcare Construction Certificate
- First Aid/CPR
- OSHA 510
- OSHA 500
- OSHA 29 Confined Space
- OSHA 29 Excavation/Trenching
- OSHA 29 Fall Protection
- OSHA 29 Fire Safety
- OSHA 29 Scaffold Safety
- Global Harmonized System
- OSHA 30 Hour Certificate
- MSHA 46 New Miner Training
- COECQMC
- Grade I ASTM Concrete



Proud Member

We take special pride in our comprehensive safety program led by Safety Director Mr. Mustafa "Moose" Hamid, ASP, CSM, CHST, CSHM. Under Mr. Hamid's guidance and leadership, the environmental, safety, and health obligations are carried out by every member of Kirlin Builders. Every employee of KB has a full authority to stop work if imminent danger/serious unsafe/unhealthful conditions or practices exist in performance of any work. The strong safety culture is achieved through management commitment and employee involvement, and through the ownership of safety by every member of KB. The environmental, health and safety policies are communicated via the KB intranet "Safety Corner" and through Safety Grams published by the Director of Safety. The various safety management tools are implemented to help maintain a safe and healthy work environment. This includes preplanning for safety and health prior to work commencement.

Every project will require the development of Accident Prevention Plan (APP), Activity Hazard Analysis (AHA), site-specific safety plan, and the Pre-Task Planner (PTP). The PTP is prepared by the subcontractors on a weekly basis. Safety audits are conducted to assess the degree of compliance with all applicable safety regulatory requirements and the KB safety program. Mr. Hamid conducts regular and routine safety audits of various project sites to ensure full safety compliance, adequate staffing and safety coverage, personnel competency and training, and properly maintained equipment and tools. The Joint Safety Audits (JSA) are conducted by involving the subcontractors and ensuring the team buy-in concept. Daily safety inspections are conducted by the onsite Safety

Manager. Every member of KB undergoes the mandatory OSHA-30 course every three years and CPR/FA/AED course every two years. Furthermore, our employees undergo various continuing education courses for environmental, safety, and health to maintain competency and to keep abreast with the latest safety procedures and regulations. Weekly safety toolbox talks are conducted to maintain safety focus and knowledge. KB is dedicated to the success and positive partnering of our projects, and approaching site safety as more than a requirement, but a real and heavily emphasized component on every project.

KB has maintained a zero Lost Time Incident Rate and currently Incident Rate of zero. KB is a 2015 recipient of the Construction Industry Safety Excellence Award from the Construction Users Roundtable in the <500,000 Man Hours category, Safety Training Evaluation Process Platinum Award by the Associated Builders and Contractors, Inc. (ABC), as well as a 2015 recipient of the ABC Paragon Award in Commercial & Institutional Building Construction and an Award Honoree by the Chesapeake Regional Safety Council, a National Safety Council chapter member.

e. Hours of Operation: Our goal and stated promise to the Government is that we will ensure that work does not occur without KB representation. Mr. Javier Mora and Ms. Cormier will be dedicated on-site during any time work is being performed for this project. In the event that any unforeseen issue occurs with Mr. Mora's or Ms. Cormier's availability dedicated to the entire duration of this project, fully-qualified Les Crenshaw and John Fawbert are available as needed for any position. We understand the changing dynamic of construction and the need to coordinate certain site activities with the facility, and both Mr. Crenshaw and Sr. Project Manager John Fawbert are available to assist with the project on an as needed basis to support critical tasks. Tasks will be completed at times that are most beneficial to our stakeholders, and we will work with the Facility and end user to minimize disruption to facility missions at all times. At no time will our subcontractors be left unsupervised by KB. When subcontractors are on-site, Mr. Mora and Ms. Cormier will also be on-site.

3. Risk Management Plan:

KB Risk Management Plan (RMP):

Objective: Complete each project successfully and to the satisfaction of our customers. KB's RMP is a process tailored to each task order and used both before and during the performance of the project. The RMP consists of four main tasks:

- Risk Identification
- Risk Analysis
- Risk Mitigation
- Risk Reporting

To track each risk, our Project Manager will prepare a Risk Report; the report is maintained and updated until there is a successful resolution of each risk. Additionally, a Lessons Learned Journal is prepared by the Project Manager for future reference. The Risk Report is reviewed with all of the stakeholders and updated weekly.

RISK ASSESSMENT AND MITIGATION PLAN

Risk #1:	Possible access/phasing concerns with maneuvering AHU 6A & 6B in the 3 rd Floor Penthouse
Mitigation:	Although the entire wall comes out, it is filled with VFDs and controls and will require significant coordination to replace AHUs without impacting controls and other AHUs. We will have to disassemble existing and go back with modular units that can be broken down. We will utilize the anticipated new AHU component lengths for each AHU (such as the mix box, access, angled pre-filters, air blender, preheat coil, cooling coil, supply fan and final filter sections) for field verification with the manufacturer to determine whether the smaller pieces of modular equipment

	will be problematic or not in terms of getting them in and out. These issues will be resolved prior to placing units on order so that we mitigate unforeseen problems with field installation in the 3 rd Floor Penthouse as much as possible.
Risk #2:	Impact to LDRP with replacement of AHU-13
Mitigation:	AHU-13 in the 3 rd Floor Machinery Room serves LDRP, and is a major impact to the 4 th Floor. Therefore, to support replacement with minimal risk, a temporary AHU will be provided to ensure LDRP services are not impacted. We are going to have temporary AHUs that will be piped in to chiller and boiler systems to serve those areas requiring temporary conditioning.
Risk #3:	2nd floor phasing and ductwork plans for areas served by AHU 6A/B. Since the demo plans indicate replacing all of the dual-duct systems with new single-duct systems, there will be conditioning coverage gaps with replacement of the cold deck running down the corridor east and west, since that ductwork serves both north and south under different phases.
Mitigation:	To keep each area active, we anticipate we would need a rather large temporary duct to parallel it to feed the terminal units fed by a temporary unit. The hot deck replacement is less disruptive as it is arranged North-South at the base of the feed from the AHU above. Temp unit and ductwork ties into Area C and would be kept going until we finish work in Area B. Once Area B is done, we would blank off air to Area C, cool Area B with the existing unit (or new if we have replaced it already) and demolish Area C.
Risk #4:	Delivery of Long Lead Materials – MEP Equipment
Mitigation:	KB has developed a detailed schedule and will ensure the new MEP and LOGCAT A equipment is ordered early in the project in order to allow sufficient time for the manufacturer to fabricate and deliver long lead units before the scheduled installation date. The KB team will ensure that the long lead LOGCAT A and/or MEP equipment will be submitted within 30 days of award for Government review/approval to ensure equipment delivery meets the schedule requirements of the project. Additionally, KB will follow up with our subcontractor and various manufacturers/vendors on a semi-weekly basis to ensure long lead items are on track to meet the delivery dates required for installation.
Risk #5:	Risks to move planning/logistics and storage accommodations
Mitigation:	As part of the programming phase, product going into the transition vs. storage will be identified. KB will inventory and move the casework/furniture going into each area, which will be placed into Conex containers. It is estimated that 5,000 sq. ft. of storage space will be required for the casework/furniture. Sensitive medical equipment will be stored as required by the manufacturer's representative. Remaining items will be covered for protection.

The following are Value Added Items or Differentials KB feels will add value to the project by way of presenting the Government a cost savings, improving the end product for the User, or providing an intangible advantage to successfully complete and execute the Scope of Work in ways we feel our competitors cannot match:

<u>VALUE ADDED DIFFERENTIALS</u>	
Item #1:	Right-Sized Transition solution programmed to maintain BJACH's operations without shutting down or unnecessarily inhibiting any one department's continuing mission to the Ft. Polk community.
Impact:	Our 16,500 SF of Transition Space proposed under our base bid meets the net program to allow for sufficient circulating space in order to accomplish each phase of operations during the renewal. Any less space would inhibit BJACH operations potentially compromising critical Phase 1 functions for Pharmacy and Lab, and the greater mission to the Ft. Polk medical community that it serves. Each

	space has been designed for efficient clinical functionality per the government's requirements as set forth in the furnished Transition PFD, this will provide more functionality to the transition space without size limitations, as well as compartmentalization to enhance operational efficiency of each phased occupation. This adds value to the project, substantially allowing each respective BJACH department's occupants to continue their vital mission without compromising their functionality during transition.
Item #2:	Extensive Move Planning designed to minimize departmental downtime, and maximize schedule efficiency through expedited transition delivery.
Impact:	During Transition Space design, KB will place buildings into manufacturing as soon as the layout is approved to ensure on-time delivery and immediate start of transition building construction & build-out. This fast-track approach to transition planning and delivery will provide a gain to the project schedule by not losing time with long lead submittals. To minimize departmental downtime, KB will pre-outfit the transition space with functional modular casework – greatly reducing the move time for Phase 1 and subsequent phases. These schedule gains through reduced moves will ensure almost immediate department availability in transition to ensure the least amount of impact to the BJACH mission, and result in overall gains with the project schedule.
Item #3:	KB will have a certified Herman Miller designer/planner as part of the project
Impact:	There is a significant amount of Herman Miller product throughout the hospital. KB's healthcare designers are certified in the design of this brand of product. • Understanding the type of products, how they can be used, reconfigured, and installed will save time during the transition phases and would be a major advantage to KB and BJACH. • Another advantage is having the certified designer confirm that the installation of product is performed per specification. This action combined with the use of Herman Miller certified installers will assure the safety of the installation and maintain product warranty. • The adverse effects of not using appropriate planning/moving personnel can result in loss of warranty, damage to product, incorrect installation, and project delays.
Item #4:	Pre-proposal Abbreviated Engineering Peer Review was performed to resolve anticipated Risks and reveal Betterments for a more successful Project Outcome.
Impact:	During the pre-proposal period, the KB's in-house engineers and construction team reviewed the Government-furnished AECOM design extensively as part of our due-diligence in bidding the project. As BEST VALUE, KB proposes to recommend improvements to the existing design including: 1. KB has included the addition of an air filter which is missing upstream of the air flow measuring stations in the outside air duct, due to being a UFC 4-510 requirement. 2. KB recommends adding PT plugs at controls, coils, strainers, gauges, etc. as a Betterment to facilitate calibration and proper back check during Commissioning. 3. Factory included access door do not appear to be shown, scheduled, or specified upstream of the reheat coil on VAV terminal units. KB proposes as a Betterment to provide VAV terminal reheat boxes with access door before the reheat coil for inspection and maintenance. 4. AHU 13 and AHU 14 call for a 6-inch base rail and the unit set on a 6 inch pad. If cooling coil drain pans are sloped down within the 6-inch base rail there may not be enough height to meet the trap installation, therefore to mitigate this risk KB plans on coordinating P-Trap requirements with base rail height and condensate drain exit locations. 5. Drawings and Specifications do not indicate maximum cooling coil height and number of coils in schedules or specifications. KB recommends as a Betterment multiple coils with intermittent drain pans on large units, especially those with high percentage of outside air to avoid moisture carryover.

Item #5:	Indoor Air Quality Management Plan to support Infection Control
Impact:	In addition to standard interior hospital infection control means and methods typically used for interior hospital renovations within the clinical environment, we will advance BJACH infection control by performing routine indoor air quality monitoring and analytical characterization to assure the customer that project activities do not impact the environment of the customer's on-going medical mission in areas adjacent to the project work area footprint. This added value feature further supports BJACH's goal of Infection Control and improve the transparency of construction within the Building.
Item #6:	VALUE ADD Alternate for a Covered Walkway to connect Transition to the Hospital
Impact:	A covered walkway approximately 150 LF in length with an Aluminum Bronze colored metal canopy to match BJACH aesthetics will be constructed to connect the Transition Building to the Hospital. See Part 2 Price Proposal for Pricing.

4. Subcontractor's Past Performance Information:

Subcontractor Name:	BMH Engineering, LLC
Agency/Government Entity:	U.S. Army
Project Title / Location:	Repair Deteriorated AHU's
Project Value:	\$255,770
Period of Performance:	October 2012-Septemeber 2015
Facility Type & Services Performed:	WP & CA Services
Subcontractor Name:	Sustainable Modular Management (SMM)
Agency/Government Entity:	U.S. Army Corps of Engineers, Huntsville District
Project Title / Location:	Soldier Family Medical Center / Fort Bliss, TX
Project Value:	\$705,054.00
Period of Performance:	November 2011 – April 2012
Facility Type & Services Performed:	Provided approximately 10,000 SF Medical Clinic to be used as transitional space during modernization to the Soldier Family Medical Center at Ft. Bliss.
Subcontractor Name:	Insul-tech
Agency/Government Entity:	225 Barone
Project Title / Location:	225 Barone Street Complex
Project Value:	\$4,900,000
Period of Performance:	November 2013-April 2015
Facility Type & Services Performed:	30 Story office building-Asbestos abatement & demolition
Subcontractor Name:	Robbins Contracting
Agency/Government Entity:	U. S. Army Corp of Engineers
Project Title / Location:	Bldg. 7679 HVAC Renovations / Ft. Polk, La.

Project Value:	\$ 258,840.00
Period of Performance:	5/1/2015 thru 5/20/2016
Facility Type & Services Performed:	Acoustical Ceilings Removal and Replacement
Subcontractor Name:	Calcasieu Mechanical Contractors, Inc.
Agency/Government Entity:	U.S. Army
Project Title / Location:	Ft. Polk Buildings 701/1563 / Ft. Polk, LA
Project Value:	\$3,209,045
Period of Performance:	06/2015 – 03/2016
Facility Type & Services Performed:	Complete HVAC work for Army Base Offices and Child Development Center
Subcontractor Name:	Siemens
Agency/Government Entity:	U.S. Army
Project Title / Location:	EMC Controls Upgrade-Ft. Polk, LA
Project Value:	\$3,000,000
Period of Performance:	September 2012-June 2014
Facility Type & Services Performed:	BAS Upgrade for the whole Hospital and an added Chiller in plant
Subcontractor Name:	J&J Electrical & Instrumentation Service, Inc.
Agency/Government Entity:	Sauer, Inc.
Project Title / Location:	Volar Barracks Renovation Building 2042 / Ft. Polk, LA
Project Value:	\$2,040,747.00
Period of Performance:	5/20/2014 – 12/20/2015
Facility Type & Services Performed:	Electrical power and lighting, communications, fire alarm, mass notification, solar power, CATV, lightning protection, replacement of site transformer
Subcontractor Name:	Sys-tek
Agency/Government Entity:	U.S. Army Corps of Engineers
Project Title / Location:	3 rd Quarter Misc. Building Repairs / GLWACH, Ft. Leonard Wood, MO
Project Value:	\$54,200
Period of Performance:	5/2015 – 2/2016
Facility Type & Services Performed:	HVAC TAB & System commissioning for a large hospital
Subcontractor Name:	Addison Energy Technologies, LLC
Agency/Government Entity:	U.S. Army

Project Title / Location:	Design Repair Building Automation Systems-WRAMC, MD
Project Value:	\$1,591,051
Period of Performance:	September 2014-June 2016
Facility Type & Services Performed:	Testing & Balance & Commissioning

Kirlin Builders' Experience:

Project Title:	Replace AHUs 6000 & 8000
Project Location:	Fairchild Air Force Base, Washington
KB Role:	Prime Contractor
Cost:	\$8 Million
Completion Date:	April 2016
Project Description:	Just earlier this year Kirlin Builders under our 8a Joint Venture oversaw the design and replacement of two new air handling units within the occupied 92nd Medical Group at Fairchild AFB in Washington. Kirlin Builders replaced the existing AHU 8000 with a 22,500 CFM AHU, new 21,700 CFM roof top unit, and a 20,000 return air fan with new supply ductwork and return air ductwork. For AHU 6000, with was a 100% makeup unit, KB installed a run around coil system and a coil in the outside air intake with a water/glycol closed loop system between the two coils complete with circulation pump. This new energy allowed the already conditioned air being exhausted by EF-7 to heat or cool the closed loop water piping now provides pre-heating or pre-cooling of the incoming outside air to AHU 6000. KB installed all associated control systems, ductwork, VAV boxes, and control valves to provide a completely functional system. During replacement activities, KB furnished swing spaces in unused areas of the clinic to house displaced staff so their day-to-day operation could proceed uninterrupted.



Donley-Kirlin Joint Venture

MEMORANDUM

TO: DISTRIBUTION
FROM: Lekethia Cross
RE: Contractor Performance Assessment Report (CPAR)
Date: May 16, 2016
Project: 702025 Fairchild AFB Replace AHUs 6000 & 8000
Rating: Exceptional

Please find attached the above referenced Performance Assessment Report. A response is required to be entered into the system by: July 8, 2016.

I have attached a copy of the Contractor's Response screen from CPAR. Please review and make any comments that you would like to be sent to the evaluator, sign, date and return to me by: May 31, 2016.

Thank you

Sign

Date

FOR OFFICIAL USE ONLY / SOURCE SELECTION INFORMATION - SEE FAR 2.101, 3.104, AND 42.1503

CONTRACTOR PERFORMANCE ASSESSMENT REPORT (CPAR)
INCOMPLETE-RATED**Construction****Name/Address of Contractor:**

Company Name: DONLEY-KIRLIN JV
 Division Name:
 Street Address: 716 S PHILADELPHIA BLVD
 City: ABERDEEN
 State/Province: MD Zip Code: 210013602
 Country: USA
 CAGE Code:
 DUNS Number: 111192857
 PSC: Z2DA NAICS Code: 236220

Evaluation Type: Final**Contract Percent Complete:** 100**Period of Performance Being Assessed:** 09/16/2015 - 04/20/2016**Contract Number:** W912DY12D0005 0025 **Business Sector & Sub-Sector:** Construction**Contracting Office:** W2V6 USA ENG SPT CTR HUNTSVIL **Contracting Officer:** KATRENA H. WINCHESTER **Phone Number:** (256)895-1145**Location of Work:**

92d Medical Group, Fairchild AFB, WA (LAWTON)

Award Date: 09/16/2014 **Effective Date:** 09/16/2014**Completion Date:** 04/20/2016 **Estimated/Actual Completion Date:** 04/20/2016**Total Dollar Value:** \$8,178,888 **Current Contract Dollar Value:** \$8,178,888**Complexity:** Medium **Termination Type:** None**Competition Type:** Full and Open Competition after Exclusion of Sources **Contract Type:** Firm Fixed Price**Key Subcontractors and Effort Performed:****DUNS:****Effort:****DUNS:****Effort:****DUNS:****Effort:****Project Number:** W912DY12D00050025**Project Title:**

Replace AHUs 6000 & 8000, 92nd Medical Support Group, Fairchild AFB, WA

Contract Effort Description:

Replace AHUs 6000 & 8000, 92nd Medical Support Group, Fairchild AFB, WA

Small Business Utilization:

Does this contract include a subcontracting plan? No

Date of last Individual Subcontracting Report (ISR) / Summary Subcontracting Report (SSR): N/A

Evaluation Areas**Past Rating****Rating**

Quality:	Very Good	Exceptional
Schedule:	Very Good	Very Good
Cost Control:	Very Good	Exceptional
Management:	Very Good	Exceptional
Utilization of Small Business:	N/A	N/A
Regulatory Compliance:	N/A	N/A
Other Areas:		
(1) :		N/A
(2) :		N/A
(3) :		N/A

Variance (Contract to Date):

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Current Cost Variance (%): 0 Variance at Completion (%): 0

Current Schedule Variance (%): 0

Assessing Official Comments:

QUALITY: DKJV performed Excellent work quality on very complex work. DKJV's quality assurance program self identified and performed rework as needed without prompting. DKJV took additional steps to with regards to area cleanup. Cleanup was exceptional and allowed the work and patient care to continue without disruption.

SCHEDULE: DKJV took extra efforts to coordinate work schedules with the facility management team. Most of the work was done during weekends and nights with patient care the following day. The schedule was challenging and complex with major renovation being completed in active patient care areas. The work was performed without disruption to patient care. All delays were for unforeseen site conditions that would have been nearly impossible to identify during design.

COST CONTROL: DKJV maintained excellent cost control as reflected with their schedule of values. DKJV only billed in accordance with appropriate costs as reflected in percentage of complete rates. DKJV found savings in certain aspects of the project and provided for credit modification to the government.

MANAGEMENT: DKJV management was very knowledgeable overall. The onsite expertise in supervising the trades being used on the project was excellent. The Kroeschell superintendent had decades of duct work/sheet metal experience.

ADDITIONAL/OTHER: DKJV turned in an overall excellent performance as discussed in each of the rating elements. DKJV executed Superb performance in all aspects of the contract. Comments from the FM were "I wouldn't hesitate to use them again for any project work". As always, DKJV performed phenomenally.

RECOMMENDATION:

Given what I know today about the contractor's ability to perform in accordance with this contract or order's most significant requirements, I would recommend them for similar requirements in the future.

Name and Title of Assessing Official:

Name: KATRENA WINCHESTER

Title: Contract Specialist

Organization: U.S. Army Corps of Engineers, HNC

Phone Number: 256-895-1145 Email Address: katrena.h.winchester@usace.army.mil

Date: 05/09/2016

Contractor Comments:

Name and Title of Contractor Representative:

Name:

Title:

Phone Number: Email Address:

Date:

Review by Reviewing Official:

Name and Title of Reviewing Official:

Name:

Title:

Organization:

Phone Number: Email Address:

Date:

FOR OFFICIAL USE ONLY

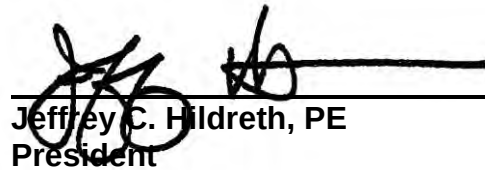


LETTER OF COMMITMENT

30 August 2016

Reference: **Repair/Replace AHUs
Bayne-Jones Army Community Hospital
Fort Polk, LA**

Please be advised that should Kirlin Builders, LLC, be awarded the above-named project, we agree to perform the work as outlined in the Government-provided Scope of Work. Work will include development of Transition Design Documents as described in the SOW.

A handwritten signature in black ink, appearing to read "JCH", is written over a horizontal line.

**Jeffrey C. Hildreth, PE
President
BMH Engineering, LLC**

August 26, 2016

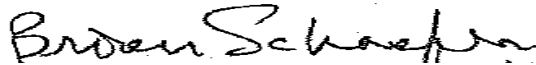
John J. Kirlin
Jerome Schoffler

RE: Repair/Replace Air Handling Units (AHU's), Bayne-Jones Army Community Hospital, Ft. Polk, LA

Dear Mr. Schoffler:

Please be advised that should John J. Kirlin – Special Projects, LLC be awarded the above-named project, we agree to perform the work as outlined in the Government-provided Scope of Work dated August 26, 2016.

Sincerely,



Brian Schaefer
Executive Vice President

September 2, 2016

Kirlin Builders, LLC

Re: Fort Polk Repair / Replace Air Handling Units

Gentlemen:

Please be advised that should John J. Kirlin – Special Projects, LLC be awarded the above named project, we agree to perform the work as outlined in the Government provided Scope of Work.

Sincerely,

INSULATION TECHNOLOGIES, INC.

Nathan Dubois/md

Nathan Dubois

ND:md

Robbins Contracting

8-30-2016

Reference: **Ft Polk – Repair/ Replace Air Handling Units, BJACH**

Please be advised that should Kirlin Builders, LLC be awarded the above-named project, we Robbins Contracting, who is a

(If not a Large Business, you must check ALL Small Business categories that apply)

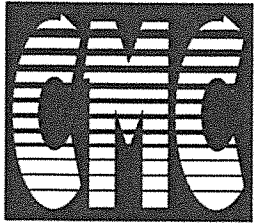
X	Large Business (LB)
	Small Business (SB)
	Small Disadvantaged Business (SDB)
	Woman-Owned Small Business (WOSB)
	Veteran-Owned Small Business (VOSB)
	Service-Disabled Veteran-Owned Small Business (SDVOSB)

agree to perform the work as outlined in the Government-provided Scope of Work.

Trade/Discipline of Work: Architectural

Ken Robbins

Ken Robbins, owner



CALCASIEU MECHANICAL CONTRACTORS, INC.

August 29, 2016

Reference: **Repair/Replace Air Handling Units, BJACH**

Please be advised that should Kirlin Builders, LLC be awarded the above named project, we Calcasieu Mechanical Contractors, Inc., who is a

(If not a Large Business, you must check ALL Small Business categories that apply)

☐	Large Business (LB)
☒	Small Business (SB)
☐	Small Disadvantaged Business (SDB)
☐	Woman-Owned Small Business (WOSB)
☐	Veteran-Owned Small Business (VOSB)
☐	Service-Disabled Veteran-Owned Small Business (SDVOSB)

Agree to perform the work as outlined in the Government-provided Scope of Work.

Trade/Discipline of Work: HVAC

Ray J. Blanchard, Jr. - President]

September 2, 2016

Reference: BJACH AHU Replace

Please be advised that should John J. Kirlin – Special Projects, LLC be awarded the above-named project, we agree to perform the work as outlined in the Government-provided Scope of Work.

[Signature]

Jody Bourque

Trade/Discipline of Work: Building Automation System/Controls _____

Sincerely,

Jody Bourque

Jody Bourque

SIEMENS Industry Inc.

104 Annonce St.

Lafayette, La. 70507

(337) 233-7431 Office

(337) 233-7518 Fax

(337) 371-2458 Cell

jody.bourque@siemens.com

J & J ELECTRICAL & INSTRUMENTATION SERVICE, INC.

4120 JEFFREY DRIVE • BATON ROUGE, LOUISIANA 70816

(225) 248-6159 • FAX (225) 300-8629

DATE: SEPTEMBER 2, 2016

Attn: Jerome Schoffler
Kirlin Builders, LLC
515 Dover Road, Suite 2400
Rockville, MD 20850

Re: Repair/Replace AHU's, Bayne Jones Army Community Hospital

Dear Mr. Schoffler:

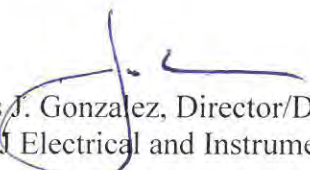
Upon award of this project to Kirlin Builders, LLC, J & J Electrical and Instrumentation Service, Inc. is committed perform the following Divisions (Features of Work) as your major subcontractor:

- 1) Electrical
- 2) Communications
- 3) Electronic Safety and Security
- 4) Electrical Power Generation

Our bid for this work is based on the information provided to us via the scope of work dated August 26, 2016 from Corps of Engineers and the project site visit.

Thank you for giving us this opportunity to do this project with you. We look forward to working with you and your staff.

Respectfully,


Luis J. Gonzalez, Director/Division Manager
J & J Electrical and Instrumentation Service, Inc.

Business Classification (check as many as applicable):

- | | | |
|--|---|---|
| ☒ Small Business | ☒ Veteran-Owned | ☐ SBA Approved Small |
| ☐ Women-Owned Business | ☐ Service Disabled Veteran-Owned | ☐ Disadvantaged Business |
| ☐ Hub Zone Business | ☐ Large Business | |



816-229-9009

www.sys-tek.com

Blue Springs, MO 64014

2801 NW State Route 7 Hwy

August 24, 2016

RE: Repair/Replace AHU's – Ft. Polk, LA

Please be advised that should Kirlin Builders, LLC be awarded the above named project, we sys-tek
P.A. _____, who is a

(If not a Large Business, you must check ALL Small Business categories that apply)

	Large Business (LB)
X	Small Business (SB)
	Small Disadvantaged Business (SDB)
	Woman-Owned Small Business (WOSB)
	Veteran-Owned Small Business (VOSB)
	Service-Disabled Veteran-Owned Small Business (SDVOSB)

Agree to perform the work as outlined in the Government-provided Scope of Work.

Trade/Discipline of Work: Testing, Adjusting, Balancing (TAB)

Respectfully,

Travis Short, P.E. | Vice President
sys-tek



Addison Energy Technologies, LLC

45 Cannon Road
Toccoa, GA 30577
Office (706) 886-5719
Fax (706) 297-0156

September 2, 2016

Mr. Jerome Schoffler
Kirlin Builders, LLC
515 Dover Road, Ste. 2400
Rockville, MD 208050

RE: Bayne Jones Army Community Hospital

Please be advised that should John J. Kirlin – Special Projects, LLC be awarded the above-named project, we agree to perform the work as outlined in the Government-provided Scope of Work.

Sincerely,

Addison Energy Technologies, LLC

Eddie Addison
706-244-0383 Cell
706-297-0156 Fax
eddie@addisonet.com

Trade/Discipline of Work: Test, Adjust & Balance, Commissioning