



ROBINS & MORTON

RESPONSE FOR REQUEST FOR PROPOSAL

Buncombe County - New Hospital

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Thank you for the opportunity to partner in your mission to improve patient outcomes in Western North Carolina. With the Asheville area's population growth and the need for more acute care resources, it is important to have an experienced forward-thinking delivery team for your upcoming project. We are excited about the new AdventHealth Buncombe County Hospital in Weaverville and feel Robins & Morton is the best construction partner to help you succeed in your mission to bring new healthcare services to the area. We pride ourselves on listening to the client, challenging our partners, and helping the team to exceed expectations.

Experience

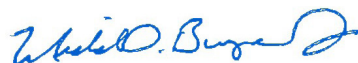
Through Target Value Delivery, our field team will be fully engaged during preconstruction, setting the stage for a successful build. They are completely integrated into the planning and budgeting to provide leadership and leverage experience that is focused on how we build as much as what we are building. Robins & Morton has completed more than **1,700 healthcare projects**, including more than **125**

greenfield hospitals, many of which required a Certificate of Need. This company experience paired with extensive **North Carolina healthcare experience** from the proposed construction team brings a unique expertise, knowledge, and winning culture to your project. Our integrated approach launches from the bottom up; "at the source" management facilitates timely decision-making and critical problem-solving. Additionally, we have considerable experience building for AdventHealth, which ensures ownership, buy-in, and familiarity. Those attributes lead to confidence in our team to assist you in meeting all of the project goals.

Commitment

Our **integrated delivery approach** involves continuously monitoring and reporting costs through design, which enables a "design to budget" path utilizing fully vested design-assist trade partners versus a traditional reactionary approach. Integration of the entire project team sets us apart from other contractors and adds value for AdventHealth, allowing us to **command the budget**. At Robins & Morton, projects start with openness, commitment, and collaboration to forge engagement by all stakeholders. Our approach creates an environment for success where goals are clearly understood and the team aligns to meet them. By engaging the best combination of local, regional, and national trade contractors, we will **achieve all of the schedule and quality objectives** and will continuously measure our progress and maintain accountability from start to finish, delivering you the most value.

We are committed to putting your needs first, serving as a strong partner to make your project a success. Please let us know if you have questions or feedback regarding our proposal. I can be reached at 704-582-3136 or mbugardner@robinsmorton.com.



Mike Bumgardner
Project Executive

We have completed
180+ Projects
and more than
\$2.1 Billion
in AdventHealth
work since 1999

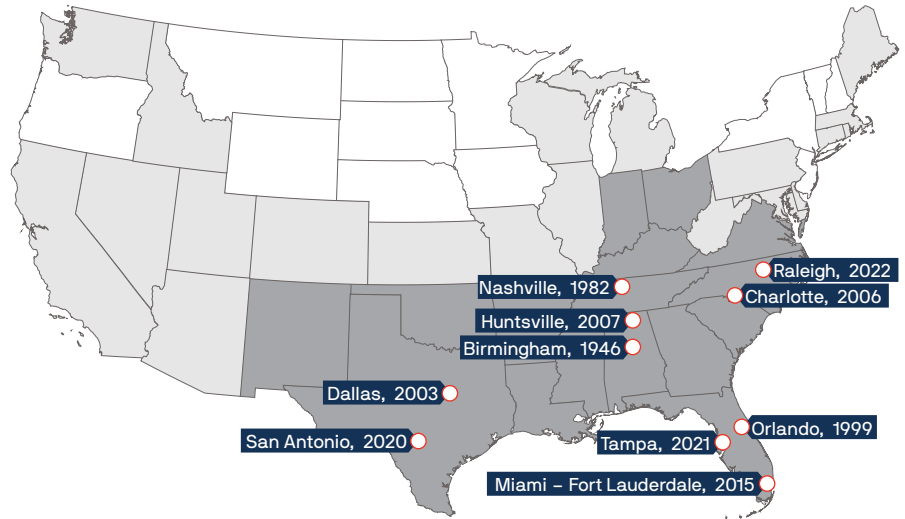
Table of Contents

Section I - Corporate Information	1
Section II - Experience	3
Section III - Proposed Preconstruction and Construction Team	10
Section IV - Proposed Services Fees	36
Section V - Project Agreements and Requirements	40
Section VI - Project Specific Information	42
Section VII - Financial Information	45

Section I - Corporate Information

1. Location of corporate headquarters and other divisional offices. Specify which office or offices will be involved in this project, during both preconstruction and construction phases.

Robins & Morton's corporate headquarters is located in Birmingham, Alabama. Additional divisional offices are located in Charlotte, Dallas, Huntsville, Miami-Fort Lauderdale, Nashville, Orlando, Raleigh, San Antonio, and Tampa. The Charlotte office, with support from the Birmingham office, will provide project oversight during both the preconstruction and construction phases.



2. Provide a brief firm history.

Founded in 1946, Robins & Morton is committed to exceeding the expectations of our clients by delivering superior value on every project. Dedication to our core values, coupled with a focus on innovation, enables us to attract and retain the best people, delivering exceptional results on every project. We consistently rank among the 100 largest U.S. builders in Engineering News-Record magazine and one of the top companies (including six #1 rankings) on Modern Healthcare's list of Top Contractors.

As reflected in the company's values, mission and vision, Robins & Morton was founded on principles of quality, integrity and commitment. A dedication to exceeding our clients' expectations has allowed us to **complete more than 1,900 successful projects in 38 states.** The foundation of our success is the healthcare construction expertise our people have gained through the years. This on-the-job training combined with Building Forward® approach ensures that our people will provide a culture of inclusion and engagement while also exceeding our client's expectations related to safety, quality, schedule and budget.



3. Description of all instances of project disputes which, in the last five (5) years, reached the level of formal mediation, arbitration, or litigation. For each dispute, describe the parties involved, the nature of the dispute, and the amount in dispute.

Robins & Morton is a large contractor with projects ongoing in over 30 states and has been in business since 1946. During the course of its work, the company has become involved in a modest number of claims and litigation, which the company resolves in due course either through the work of its insurance program or otherwise through reaching agreements with its contracting parties that are mutually satisfactory. Any pending issues involving the company are reflected accurately on the company's financials and thus cannot be expected to have any material effect on the company's execution ability.

In the past five (5) years we have been involved in the following disputes and claims in excess of \$250,000:

CASE	DATE FILED	CASE NUMBER	COURT	CAUSE OF ACTION	CASE STATUS	DATE SETTLED
Timothy Peak vs. Robert Wilson, Robins & Morton, et. al.	10/22/21	CJ-2021-3291	Oklahoma County District Court	Employee of RM involved in auto accident	Settled	5/24/22
Lila Nokes vs. The Medical University Hospital Authority & Robins & Morton	8/26/20	2019-CP-10-02657	Court of Common Pleas - Charleston, SC	Trip & Fall in Parking Garage	Settled	10/17/22
Penny vs. Robins & Morton, Smith Industries	5/17/23	23-CA-0011802	Circuit Court of Hillsborough County, FL	Claim of Obstruction of Sight Causing Auto Accident	Settled	4/30/24
Blue Ridge Healthcare System, Inc., vs. Little Diversified Architectural Consulting, Inc., v. Robins & Morton	6/26/19	19-CVS-391	State of North Carolina, County of Burke	Professional Negligence/ Architectural Malpractice - R&M named as Third Part Defendant by Architect	Settled	
Lopez and Quinones vs. Ryan Carr and Robins & Morton	7/12/23	2023-CA-007120-O	Ninth Judicial Circuit Orange County FL	RM Employee Driving Golf Cart Collided with Plaintiff's Car	Settled	11/15/23
Brandon Young vs. H.H. Electrical, et. al	7/12/23	2:22-cv-00541-MLG-JHR	US District Court of New Mexico	FSLA Claim against minimum wage payment	Dismissed w/o Prejudice	
Grace Moller vs. Florida Concrete Unlimited, Robins & Morton	1/23/24	190348293	11th Judicial Circuit for Miami-Dade County FL	Auto accident - collision with FL Unlimited truck	Pending	
Plaintiffs vs. Olin Corporation, et. al.	1/25/24	24C174	Circuit Court of Hamilton County, TN	Class Action Suit against Olin for unsafe working conditions	Pending	

SECTION I - CORPORATE INFORMATION

4. Please also provide information regarding any potential conflicts with AdventHealth.

Robins & Morton does not have any potential conflicts with AdventHealth.

5. Identify the maximum amount of insurance coverage your firm currently carries for professional liability, general liability (including excess coverage), and pollution liability along with respective carriers.

Robins & Morton carries insurance limits that meet or exceed those included in the proposed contract agreement. The table below outlines the carrier and maximum coverage for professional liability, general liability (including excess coverage), and pollution liability. Further evidence of insurance can be provided upon request.

	Carrier	Maximum Coverage
Professional Liability	XL Specialty Insurance Company	Each Claim: \$10,000,000 Aggregate: \$10,000,000
General Liability (including excess coverage)	Travelers Property Casualty Company of America	Each Occurrence: \$2,000,000 General Aggregate: \$4,000,000
Pollution Liability	Indian Harbor Insurance Company	Each Claim: \$1,000,000 Aggregate: \$1,000,000

6. Provide verification of the company's current bonding capacity. (include Bond Rate)

Please find verification of Robins & Morton's current bonding capacity in Section VII - Financial Information.

7. Provide copy of responder's current State of North Carolina Contractor License.

Please see Robins & Morton's current State of North Carolina contractor license below.



**45
YEARS**

Robins & Morton has been providing Healthcare Construction services in the state of North Carolina since 1979

Section II - Experience

1. The firm's current annual volume of work and average volume of work during the past five (5) years.

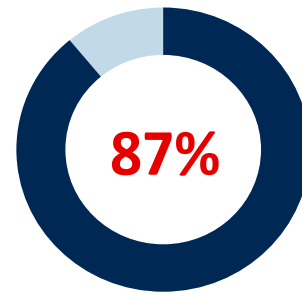
Year	Annual Volume
2024	\$2.3 billion
2023	\$1.9 billion
2022	\$1.7 billion
2021	\$1.3 billion
2020	\$1.2 billion

\$1,680,000,000

Average volume over the last 5 years

2. The firm's current percentage of healthcare construction work to current total volume of work and the average percentage of healthcare construction during the past five (5) years.

Year	Annual Volume	Healthcare Volume	% of Healthcare Construction
2024	\$2.3 billion	\$1.8 billion	82%
2023	\$1.9 billion	\$1.9 billion	86%
2022	\$1.7 billion	\$1.4 billion	86%
2021	\$1.3 billion	\$1.1 billion	92%
2020	\$1.2 billion	\$1.06 billion	89%



Average % of Healthcare Construction over the last 5 years

\$1.452B average healthcare volume over the last 5 years

3. A comprehensive listing of healthcare projects completed by your company in the State of North Carolina, in the last five (5) years.

Robins & Morton has completed more than 1,900 healthcare projects in its 75 years in business. This includes **more than \$750 million in North Carolina healthcare projects completed in the last five years**. Below and on the following page we have provided a listing of North Carolina healthcare projects that have been completed in the last five years.

Project Name	Location	Project Cost	Completed
Duke Health ETO Sterilizer Replacement	Durham , NC	\$ 580,258	4/24/2024
UNC Healthcare Rex	Raleigh , NC	\$ 2,982,125	4/3/2024
CaroMont Health Belmont	Belmont , NC	\$ 4,929,999	2/2/2024
Wilson Medical Center	Wilson , NC	\$ 12,374,738	1/31/2024
Duke Health ED Circle Repair	Durham , NC	\$ 1,175,729	1/8/2024
Wilson Medical Center	Wilson , NC	\$ 2,668,037	1/1/2024
UNC Rex Healthcare	Raleigh , NC	\$ 563,538	12/1/2023
UNC Rex Healthcare	Raleigh , NC	\$ 711,637	9/30/2023
Duke Health ECORE Renovation	Durham , NC	\$ 10,993,116	9/29/2023
Frye Regional Medical Center	Hickory , NC	\$ 3,092,299	9/22/2023
Novant Health Ballantyne Medical Center	Charlotte , NC	\$ -	6/16/2023
Novant Health Ballantyne Medical Center	Charlotte , NC	\$ 143,730,000	6/16/2023
Caromont Health Family Care Center	Gastonia , NC	\$ 2,664,863	6/15/2023
Novant Health Ballantyne Medical Center	Charlotte , NC	\$ -	6/15/2023
Duke Health Sands 2nd Floor Lab Renovation	Durham , NC	\$ 278,170	5/31/2023
CaroMont Health Critical Care Tower	Gastonia , NC	\$ 92,101,290	4/26/2023
UNC REX Procedure Light Replacement	Raleigh , NC	\$ 194,875	4/8/2023
UNC North Chapel Hill Surgery Center	Chapel Hill , NC	\$ 4,296,767	2/2/2023
Duke Raleigh	Raleigh , NC	\$ 155,091,794	2/1/2023
Wilson Medical Center	Wilson , NC	\$ 15,517,162	1/27/2023
Duke University Medical Center - Radiology HIFU MRI	Durham , NC	\$ 212,372	12/14/2022
Duke Health	Raleigh , NC	\$ 10,768,192	12/12/2022
Duke Health	Durham , NC	\$ 2,489,366	12/1/2022
Duke Health	Raleigh , NC	\$ 6,639,626	12/1/2022
Duke Health	Raleigh , NC	\$ 919,393	11/1/2022
Octapharma Plasma Lab	Charlotte , NC	\$ 982,935	10/31/2022
Wilson Medical Center	Wilson , NC	\$ 12,435,232	9/14/2022

SECTION II - EXPERIENCE

Project Name	Location	Project Cost	Completed
Duke Health	Durham , NC	\$ 961,767	6/10/2022
Morrison WakeMed Raleigh	Raleigh , NC	\$ 4,075,276	12/28/2021
Advent Health Hendersonville	Asheville , NC	\$ 48,275	12/20/2021
Duke Health	Raleigh , NC	\$ 396,570	11/12/2021
Duke Health	Raleigh , NC	\$ 191,741	11/10/2021
Southeastern Health Gibson Cancer Center	Lumberton , NC	\$ 10,260,705	10/1/2021
Duke Health	Durham , NC	\$ 467,495	7/28/2021
Duke Health	Durham , NC	\$ 132,278	7/27/2021
Duke Health	Durham , NC	\$ 694,954	5/31/2021
Duke Health Carl Building Shaft Repairs	Durham , NC	\$ 339,190	5/16/2021
Wilson Medical Center	Wilson , NC	\$ 3,110,424	5/10/2021
Atrium Health Cabarrus	Concord , NC	\$ 1,353,194	2/26/2021
Atrium University City	Charlotte , NC	\$ 628,806	1/13/2021
CaroMont Regional Medical Center	Gastonia , NC	\$ 5,084,706	12/2/2020
AdventHealth Hendersonville	Hendersonville , NC	\$ 6,429,421	10/6/2020
Duke Health	Raleigh , NC	\$ 3,469,865	10/2/2020
Wilson Medical Center	Wilson , NC	\$ 16,206,635	7/15/2020
Cherokee Indian Hospital	Cherokee , NC	\$ 45,656,319	6/17/2020
Duke Health	Raleigh , NC	\$ 3,108,464	5/15/2020
Duke Health	Durham , NC	\$ 3,978,431	5/1/2020
Atrium Health LCI Concord Pharmacy	Concord , NC	\$ 339,845	4/29/2020
Atrium Health Cabarrus	Concord , NC	\$ 115,618	4/20/2020
Duke Health	Durham , NC	\$ 98,469	3/10/2020
Duke Health	Durham , NC	\$ 2,043,896	3/7/2020
Duke Health	Raleigh , NC	\$ 5,527,289	2/20/2020
Duke Health	Durham , NC	\$ 53,833	2/14/2020
Harris Regional Hospital	Sylva , NC	\$ 4,888,976	12/31/2019
Duke Health	Durham , NC	\$ 1,298,654	10/31/2019
Duke Health	Durham , NC	\$ 443,884	9/17/2019
CaroMont Regional Medical Center	Gastonia , NC	\$ 203,187	8/25/2019
Atrium Health Cabarrus	Concord , NC	\$ 1,231,414	7/31/2019
Atrium Health Cabarrus Modernization	Concord , NC	\$ 114,185,051	7/25/2019
CaroMont Regional Medical Center	Gastonia , NC	\$ 107,477	7/5/2019
Atrium Health Pineville	Pineville , NC	\$ 1,956,772	6/12/2019
Wilson Medical Center	Wilson , NC	\$ 11,857,174	5/17/2019
Duke Health	Durham , NC	\$ 952,600	4/26/2019
Duke Health	Durham , NC	\$ 200,393	4/22/2019
Duke Health	Durham , NC	\$ 216,780	4/12/2019
CaroMont Regional Medical Center	Gastonia , NC	\$ 267,075	3/8/2019
Duke Health	Durham , NC	\$ 166,578	2/18/2019
Atrium Health Huntersville	Huntersville , NC	\$ 1,892,528	2/8/2019
Cherokee Indian Hospital Authority	Cherokee , NC	\$ 2,211,845	2/4/2019

4. Identify three (3) healthcare projects that are most reflective of the proposed project in which your company has provided both preconstruction and construction services with emphasis on projects completed by the proposed team in the local/regional market.

On the following pages we highlight three North Carolina projects in which proposed team members provided preconstruction and construction services.



CAROMONT HEALTH CRMC - BELMONT HOSPITAL, MOB AND PARKING DECK
BELMONT, NORTH CAROLINA



NOVANT HEALTH BALLANTYNE MEDICAL CENTER AND MOB
CHARLOTTE, NORTH CAROLINA



ATRIUM HEALTH LINCOLN REPLACEMENT HOSPITAL AND MOB
LINCOLN, NORTH CAROLINA

CaroMont Health CRMC - Belmont Greenfield Hospital, MOB, and Parking Deck

Project Location: Belmont, North Carolina

Project Description:

The 28-acre medical campus will include a 66-bed hospital (54 acute care beds and 12 observation beds), 16-room emergency department, labor and delivery unit, operating rooms and surgical capabilities, and robust diagnostic testing and imaging services. The MOB houses a Women’s Center upfit, ambulatory surgery center, women’s imaging, and a cardiology and surgical practice. The parking deck spans 240,000 square feet across four stories. This structure integrates into the new healthcare campus, featuring a cast-in-place concrete design with post-tensioned decks and precast panels with thin brick. The deck is also designed for future vertical expansion. The hospital portion of the project was submitted to the North Carolina CON.

Building Information Modeling (BIM)

For the CaroMont Belmont project, Robins & Morton oversaw the development of a complete MEP coordination model. This model was designed to a 350 Level of Detail and was utilized by all MEP trade contractors as the primary document for layout and installation. We also used the model multiple times in collaboration with the steel and concrete trade contractors to back-check steel connection points and certain aspects of the shear walls.

Parent System: CaroMont Health

Bed Capacity: 66

Hospital Status: Private/Not-for-Profit

Square Footage: 593,233

Services Provided: Preconstruction, Construction

Robins & Morton Key Personnel Involved:

Mike Bumgardner, Division Manager

Jeff Fox, Project Director

Mike Goodin, Senior Superintendent

Nicole Betzner, Senior Project Manager

Client Reference: Jay Miller, Construction and Property Management Dept. Manager, jay.miller@caromonthhealth.org, 704-860-2084

Program Manager: Bridgewater, Inc., Jamie Toler, 704-591-2708

Delivery Method: Construction Management at Risk

Approved Construction Budget: \$254,782,533

Actual Construction Cost: \$254,782,533

Approved Duration: Mar 2021 - Mar 2024

Actual Duration: Mar 2021 - Aug 2024 (projected)



Novant Health Ballantyne Greenfield Medical Center and MOB

Project Location: Charlotte, North Carolina

Project Description:

The Novant Health Ballantyne Medical Center stands as a testament to resilience, collaboration, and innovative construction practices. As the world grappled with the challenges of the COVID-19 pandemic in early 2020, Robins & Morton’s preconstruction team demonstrated unwavering commitment. They continued their work remotely, ensuring that the project was “shovel ready” even during a global crisis. This proactive approach paid off, enabling the selection of trade contractors and early procurement of construction materials, thus avoiding the supply chain disruptions and inflationary pressures that would later affect many projects.

Completed successfully, the three-story, 216,000-square-foot Novant Health Ballantyne Medical Center offers a comprehensive range of medical services to the Ballantyne community. The state-of-the-art facility boasts 48 beds, vital services such as operating rooms, radiology, oncology, labor and delivery, and a cafeteria. The accompanying 57,500-square-foot medical office and outpatient services building was constructed to hospital building codes with a plan for future conversion to additional hospital space. The project exemplifies how extensive planning, adaptability, collaboration, and innovative problem-solving can overcome even the most daunting challenges and result in a beacon of healthcare excellence for the community.

Parent System: Novant Health

Bed Capacity: 48

Hospital Status: Private/Not-for-Profit

Square Footage: 273,500

Services Provided: Preconstruction, Construction

Robins & Morton Key Personnel Involved:

Mike Bumgardner, Division Manager
 Mike Goodin, Senior Superintendent
 Shay Chatelain, Asst. Superintendent

Client Reference: Matt Stiene, VP Construction and Engineering, mhstiene@novanthealth.org, 704-774-7826

Program Manager: n/a

Delivery Method: Construction Management at Risk

Approved Construction Budget: \$141,707,138

Actual Construction Cost: \$141,707,138

Approved Duration: Dec 2020 - Dec 2022

Actual Duration: Dec 2020 - Jun 2023

Building Information Modeling (BIM)

For the Novant Ballantyne Project, Robins & Morton oversaw the development of a complete MEP coordination model. This model was designed to a 350 Level of Detail and was utilized by all MEP trade partners as the primary document for layout and installation. The development of this model allowed us to uncover multiple design issues from an undersized mechanical room to roof and storm drain routing that was not constructible. We were then able to facilitate a cooperative effort between the design team and the trade detailers to resolve these issues before they became problems in the field.



Atrium Health Lincoln Replacement Hospital and MOB

Project Location: Lincolnton, North Carolina

Project Description:

The hospital anchors a 55-acre medical campus that includes a 40,000-square-foot medical office building housing surgical, orthopedics, cardiology, urology, and OB/GYN practices, as well as administrative offices and classrooms. The replacement facility utilized a modified Integrated Project Delivery technique in which all key team players — owner, designers, and building team — contributed their expertise from the beginning of schematic design. This innovative approach fostered seamless project management, innovative design elements, and significant cost savings.

Building Information Modeling (BIM)

Prior to the Lincoln Hospital and MOB project, Atrium Health had never used BIM for a hospital project. Robins & Morton proposed this method to the client, demonstrating how we had successfully used it on past projects. Throughout the project, we used BIM in ways that yielded real value, educating Atrium Health and proving the merits of this technology. Atrium Health was so pleased with the results that it now has an in-house staff member who is responsible for the use of BIM on Atrium projects. For the Lincoln Hospital and MOB project, architectural models were developed. Our MEP trade contractors utilized the model and were responsible for their respective scopes of work.

Parent System: Atrium Health

Bed Capacity: 101

Hospital Status: Private/Not-for-Profit

Square Footage: 178,228

Services Provided: Preconstruction, Construction

Robins & Morton Key Personnel Involved:

Jeff Fox, Project Director

Client Reference: Brad Lucas, B Lucas LLC Consulting (formerly with Atrium Health), blucasllc@gmail.com, 704-796-7239

Program Manager: n/a

Delivery Method: Construction Management at Risk

Approved Construction Budget: \$110,266,726

Actual Construction Cost: \$105,509,254

Approved Duration: Oct 2008 - Jun 2010

Actual Duration: Oct 2008 - Apr 2010



SECTION II - EXPERIENCE

5. Identify three (3) similar healthcare projects that demonstrate how your firm was able to provide unique solutions to ensure the project construction cost and timeline remained within the Owner's identified parameters and note if your firm was engaged to provide Preconstruction services for the project.

Below are three examples where unique solutions were provided to ensure the project construction cost and timeline goals were met.

CHEROKEE INDIAN HOSPITAL PHASE I AND II

Cherokee, North Carolina

Total Cost: \$130,782,613

Phase I Timeline: Mar 2014 - Oct 2015

Phase II Timeline: Jan 2019 - Jun 2020

Services: Preconstruction, Construction



The Cherokee Indian Hospital, built as a replacement hospital for the Eastern Band of the Cherokee Indians, was an exceptional success in integrated project delivery (IPD) and Lean design and construction. Robins & Morton was hired to complete phase I of the hospital. Thanks to our team's success, the Cherokee Indian Hospital Authority rehired us for Phase II. This is a testament to our effective partnering approach. Below are examples of some unique solutions the team provided along with their value added results.

- Thanks to complete IPD commitment from the entire team, phase I of the project was **completed a full three months ahead of schedule, with \$7 million of value-added features** returned to into the overall project budget.
- During phase II of the project, the team completed the project **two months ahead of schedule with zero safety incidents**.
- The team **exceeded the \$10 million goal** to utilize Tribal Employment Rights Office (TERO) and local contractors and vendors. This resulted in an **80% local trade contractor participation**.
- Several strategies were integrated into the design to **allow for future expansion** of clinical services.

ADVENTHEALTH RIVERVIEW HOSPITAL AND MOB

Riverview, Florida

Total Cost: \$164,401,316

Timeline: Nov 2021 - Dec 2024 (projected)

Services: Preconstruction, Construction



During construction, the team has overcome multiple challenges that resulted in saving time or costs. Below are a few examples:

- Due to electrical/HVAC equipment lead times, the team provided temporary AHU's and power to the building, which resulted in a **schedule savings of two months**.
- When two main electrical breakers were not shipped, the team worked together to reposition the breakers and efficiently utilize the onsite temporary AC and power provisions. This **mitigated a possible three- to four-month delay and an additional cost of \$400,000** for temporary heating and cooling.
- The team worked to phase and **complete several areas of the MOB two months ahead of the hospital opening**. This allowed the C-suite to occupy their spaces, greatly enhancing the transition into the new hospital.
- Several allowances and unused contingencies have resulted in **savings for AdventHealth totaling more than \$1 million**. These savings were used for changes later in the project without increasing the project budget. The team also achieved **\$6 million in cost management savings and \$2.75 million in tax savings**.

DUKE RALEIGH NEW INPATIENT TOWER AND SURGERY EXPANSION

Raleigh, North Carolina

Total Cost: \$155,091,794

Timeline: Mar 2017 - Feb 2023

Services: Preconstruction, Construction



The Inpatient Tower and Surgery Expansion is a six-story pavilion that required a multi-layered preconstruction effort, including upgrades to essential utility infrastructure and building a new hospital within a few feet of the fully operational North Pavilion. Elements of the project were designed for future expansion and to allow for growth. The continued partnership with Duke Health has resulted in more than 75 successfully completed projects. Below are a few examples of some unique solutions the team provided.

- The CEP was prefabricated and designed for future expansion. This strategy saved an estimated **25% on the schedule and 50% on field labor**.
- The team utilized 4D scheduling, which provided design review and permitting visualizations.
- Laser scanning was used to help with existing infrastructure analysis.
- Patient room mockups were originally built to flush out design decisions. These mockups are now being used for Duke Health onboarding and training efforts for their clinical staff.

SECTION II - EXPERIENCE

6. Provide matrix showing proposed team member's experience working together on similar projects (can be in addition to Similar Project Experience listed above).

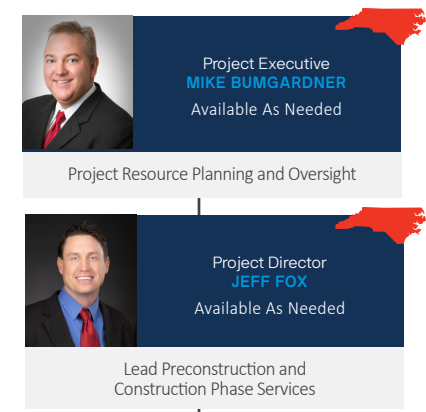
Please see our matrix below showing our proposed key personnel's previous combined experience as well as previous similar project experience with similar scope.

	Similar Projects						Similar Experience						
	CaroMont Health CRMC-Belmont Greenfield Hospital, MOB and Parking Deck	Novant Health Ballantyne Greenfield Medical Center and MOB	Atrium Health Lincoln Replacement Hospital and MOB	Cherokee Hospital Phase I and II	AdventHealth Riverview Hospital and MOB	Duke Raleigh New Inpatient Tower and Surgery Expansion	Healthcare Experience	CON Project Experience	Multiple Projects on One Site	New Hospital / Tower Experience	Healthcare Projects Over \$100M	DHSR Experience	Prefabrication Experience
Mike Bumgardner Project Executive	✓	✓					✓	✓	✓	✓	✓	✓	✓
Jeff Fox Project Director	✓	✓	✓				✓	✓	✓	✓	✓	✓	✓
Mike Goodin Senior Superintendent	✓	✓					✓	✓	✓	✓	✓	✓	✓
Nicole Betzner Senior Project Manager	✓						✓	✓	✓	✓	✓	✓	✓
Taylor Payne Senior Precon Manager				✓			✓	✓	✓	✓	✓	✓	✓
Rusty Spray Senior Precon Estimator	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Brandon Neutzling Field Superintendent							✓	✓	✓	✓	✓	✓	✓
Stephen Andersson Asst. Superintendent		✓					✓	✓	✓	✓	✓	✓	✓
Shay Chatelain MEP Superintendent	✓	✓					✓	✓	✓	✓	✓	✓	✓
Charles Kneisley Project Manager	✓						✓	✓	✓	✓	✓	✓	✓
Raney Sledge BIM/VDC Coordinator	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓
Matt Hardy SmartFab® (Prefabrication) Director	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓

Section III - Proposed Preconstruction and Construction Team

1. Present a proposed organization chart identifying the key individuals and their responsibilities for preconstruction and construction phases. Include the percentage of time each will be committed to this project. Proposed staff are not permitted to be reassigned to other projects.

Robins & Morton believes partnering is the key to our success. This partnering approach begins with a thorough project plan and organization. Based on our understanding of the project scope, this organizational chart shows our key personnel for this project, their responsibilities for the preconstruction and construction phases, and the percentage of time they will be committed to this project.



2. Submit current resumes for the following proposed key representatives: (See format required in the Appendix – Attachment D. Limit one page per resume to be included within the overall page limit for this section) - Project Executive, Preconstruction Team Leader, Lead Chief Estimator, Project Manager(s), General Superintendent, On-Site Superintendents

Please see the following pages for Robins & Morton's key representative resumes along with abbreviated resumes for the proposed support personnel.



Project Executive

Mike Bumgardner

Project Assignment/Role

As Project Executive, Mike’s main objective is to ensure that all our clients receive value, quality and complete customer satisfaction. He brings over 28 years of professional experience in construction management ranging from small addition/renovations to large, complex buildings.

Time Commitment

Mike will be managing multiple projects but will be available as needed.

Education

Auburn University, Bachelor of Science in Building Construction, 1995

Location

Base Office: Charlotte Office
Home: Charlotte, NC

Client References

Bruce Bailey, Tideland Health President/CEO, 843-527-7100, bbailey@tidelandhealth.org

Relevant Project Experience



CaroMont Health CRMC-Belmont Hospital, MOB and Parking Deck

593,233 SF | \$254,782,533 | In-Progress

Reference: Jay Miller, jay.miller@caromonthhealth.org, 704-860-2084

The 28-acre medical campus will include a 66-bed hospital (54 acute care beds and 12 observation beds), 16-room emergency department, labor and delivery unit, operating rooms and surgical capabilities, and robust diagnostic testing and imaging services. Also planned is a medical office building and parking deck. The hospital portion of the project was submitted to the North Carolina CON. Early estimates suggest the hospital alone could create as many as 150 new jobs in the region and see as many as 16,000 patients in the first year.



Novant Health Ballantyne Medical Center Greenfield Medical Center and MOB

273,500 SF | \$141,707,138 | Completed

Reference: Matt Stiene, mhstiene@novanthealth.org, 704-774-7826

Completed successfully, the 216,000-square-foot Novant Health Ballantyne Medical Center offers a comprehensive range of medical services to the Ballantyne community. The state-of-the-art facility boasts 48 beds spread across three stories, accommodating vital services such as operating rooms, radiology, oncology, labor and delivery, and a cafeteria. A feature of this project is the 57,500-square-foot medical office and outpatient services building, constructed to hospital building codes, with a plan for future conversion to additional hospital space. The project exemplifies how proactive planning, adaptable collaboration, and innovative problem-solving can overcome even the most daunting challenges, making Novant Health Ballantyne Medical Center a beacon of healthcare excellence for the community.



CaroMont Health CRMC Critical Care Tower

156,000 SF | \$92,101,290 | Completed

Reference: Jay Miller, jay.miller@caromonthhealth.org, 704-860-2084

Over a span of 30 months, the project team executed a four-story vertical expansion and constructed two eight-story circulation towers, all while the existing hospital continued to function. The project was marked by numerous challenges, including working above active operating rooms, tie-ins with existing hospital facilities, and planning to minimize disruptions during a crucial power shutdown. Despite these obstacles, the Robins & Morton team persevered, even through the disruptions caused by the COVID-19 pandemic. Their commitment to quality was evident through innovative construction methods, including prefabrication, in-place mockups, and comprehensive quality control measures. The end result was a state-of-the-art expansion encompassing 156,000 square feet, featuring 78 ICU rooms, enhanced support space, and 35,000 square feet of renovations.

28 Years in Healthcare

28 Years with Robins & Morton

50 NC Healthcare Projects

Project Director

Jeff Fox



Project Assignment/Role

As Project Director, Jeff will develop and maintain client and designer relationships. His primary responsibilities include managing our team to ensure all project goals are being met – conditions of satisfaction, schedule and budget. With extensive experience working on similar projects, Jeff adds significant strength to the project team. **In Jeff's 24 years in the industry he has completed more than \$1.3 billion in complex projects.**

Time Commitment

Jeff will be managing multiple projects but will be available as needed.

Education

Auburn University, Bachelor of Science in Building Construction, 1998

Location

Base Office: Charlotte Office
Home: Charlotte, NC

Client References

Jay Miller, Tideland Health Construction and Property Management Dept. Manager
704-860-2084
jay.miller@caromonthealth.org

Relevant Project Experience



CaroMont Health CRMC-Belmont Hospital, MOB and Parking Deck

593,233 SF | \$254,782,533 | In-Progress

Reference: Jay Miller, jay.miller@caromonthealth.org, 704-860-2084

The 28-acre medical campus will include a 66-bed hospital (54-acute care beds and 12 observation beds), 16-room emergency department, labor and delivery unit, operating rooms and surgical capabilities, and robust diagnostic testing and imaging services. Also planned is a medical office building and parking deck. The hospital portion of the project was submitted to the North Carolina CON. Early estimates suggest the hospital alone could create as many as 150 new jobs in the region and see as many as 16,000 patients in the first year.



Atrium Health Lincoln Replacement Hospital and MOB

178,228 SF | \$105,509,254 | Completed

Reference: Brad Lucas, B Lucas Consulting (formerly with Atrium), blucasllc@gmail.com, 704-796-7239

The hospital anchors a 55-acre medical campus that includes a 40,000-square-foot medical office building housing surgical, orthopedics, cardiology, urology and OB/ GYN practices, as well as administrative offices and classrooms. The replacement facility utilized a modified Integrated Project Delivery technique, in which all key team players—owner, designers and building team—contributed their expertise from the beginning of schematic design. This innovative approach fostered seamless project management, innovative design elements and significant cost savings attributing to the project award.



Atrium Health Cabarrus Heart and Vascular Bed Tower, Infrastructure Upgrades, and Renovations

169,000 SF | \$114,185,051 | Completed

Reference: Brad Lucas, B Lucas Consulting (formerly with Atrium), blucasllc@gmail.com, 704-796-7239

By utilizing lean practices, Robins & Morton was able to handle the first hurdle of the project: budget constraints. Through cross-discipline analysis using Target Value Delivery initiatives and a proactive approach the original layout, materials, systems and continuous estimating the team was able to keep the design within budget. The end result is a five story heart and vascular tower built for future vertical expansion that houses interventional radiology services, new catheterization labs, electrophysiology labs, pre- and post-op care services, a CVOR (CardioVascular Operating Room) a 14-bed cardiovascular intensive care unit and the necessary infrastructure to support it. The project obtained the NC Department of Labor Safety & Health Achievement Recognition Program (SHARP). This was only the 2nd project in Western NC to achieve this recognition. The new facility is home to Atrium Health's Sanger Heart & Vascular Institute and is expected to serve more than 12,000 heart patients a year.

26 Years in Healthcare

25 Years with Robins & Morton

35 NC Healthcare Projects



Senior Superintendent

Mike Goodin

Project Assignment/Role

Throughout the design process, Mike will collaborate with the preconstruction team to develop the schedule, provide constructability reviews and prepare a site utilization plan. After preconstruction is complete, he will oversee field operations and ensure a clean, safe and orderly jobsite. With relationship-oriented leadership, Mike will earn the trust and respect of the project team, resulting in efficient and collaborative services. **In Mike's 26 years in the industry he has completed more than \$1.1 billion in complex projects.**

Time Commitment

Available September 2024
25% in Preconstruction
100% in Construction

Education

East Tennessee State University,
Bachelor of Science in Engineering
Technologies, 2002

Location

Base Office: Charlotte Office
Home: Charlotte, NC

Client References

Brad Lucas, B Lucas Consulting
Owner, 704-796-7239
blucasllc@gmail.com

Relevant Project Experience



Novant Health Ballantyne Medical Center Greenfield Medical Center and MOB

273,500 SF | \$141,707,138 | Completed

Reference: Matt Stiene, mhstiene@novanthealth.org,
704-774-7826

Completed successfully, the 216,000-square-foot Novant Health Ballantyne Medical Center offers a comprehensive range of medical services to the Ballantyne community. The state-of-the-art facility boasts 48 beds spread across three stories, accommodating vital services such as operating rooms, radiology, oncology, labor and delivery, and a cafeteria. A feature of this project is the 57,500-square-foot medical office and outpatient services building, constructed to hospital building codes, with a plan for future conversion to additional hospital space. The project exemplifies how proactive planning, adaptable collaboration, and innovative problem-solving can overcome even the most daunting challenges, making Novant Health Ballantyne Medical Center a beacon of healthcare excellence for the community.



CaroMont Health CRMC-Belmont Hospital, MOB and Parking Deck

593,233 SF | \$254,782,533 | In-Progress

Reference: Jay Miller, jay.miller@caromonthealth.org,
704-860-2084

The 28-acre medical campus will include a 66-bed hospital (54-acute care beds and 12 observation beds), 16-room emergency department, labor and delivery unit, operating rooms and surgical capabilities, and robust diagnostic testing and imaging services. Also planned is a medical office building and parking deck. The hospital portion of the project was submitted to the North Carolina CON. Early estimates suggest the hospital alone could create as many as 150 new jobs in the region and see as many as 16,000 patients in the first year.



Atrium Health Cabarrus Heart and Vascular Bed Tower, Infrastructure Upgrades, and Renovations

169,000 SF | \$114,185,051 | Completed

Reference: Brad Lucas, B Lucas Consulting (formerly
with Atrium), blucasllc@gmail.com, 704-796-7239

By utilizing Lean practices, Robins & Morton was able to handle the first hurdle of the project: budget constraints. Through cross-discipline analysis using Target Value Delivery initiatives, reimagining the original layout, materials, and systems, and continuous estimating, the team was able to keep the design within budget. The end result is a five story heart and vascular tower built for future vertical expansion that houses interventional radiology services, new catheterization labs, electrophysiology labs, pre- and post-op care services, a CVOR (CardioVascular Operating Room) a 14-bed cardiovascular intensive care unit and the necessary infrastructure to support it. The project obtained the NC Department of Labor Safety & Health Achievement Recognition Program (SHARP). This was only the second project in Western NC to achieve this recognition. The new facility is home to Atrium Health's Sanger Heart & Vascular Institute and is expected to serve more than 12,000 heart patients a year.

26 Years in
Healthcare

22 Years with
Robins & Morton

25 NC Healthcare
Projects

Senior Project Manager

Nicole Betzner



Project Assignment/Role

As Senior Project Manager, Nicole leads Robins & Morton in achieving all profit, time, quality and client satisfaction objectives on projects. Her responsibilities include buyout and purchasing, cost and management control, submittal process, close-out documents and managing / coordinating trade contractors. **In Nicole's 16 years in the industry she has completed more than \$700 million in complex projects.**

Time Commitment

Available September 2024
25% in Preconstruction
100% in Construction

Education

University of Cincinnati, Bachelor of Science in Architectural Engineering Technology, 2005

Location

Base Office: Charlotte Office
Home: Greensboro, NC

Client References

Jim Williams, Wake Forest Baptist Health, 336-749-7441
jkwillia@wakehealth.edu

Relevant Project Experience



CaroMont Health CRMC-Belmont Hospital, MOB and Parking Deck

593,233 SF | \$254,782,533 | In-Progress

Reference: Jay Miller, jay.miller@caromonthealth.org, 704-860-2084

The 28-acre medical campus will include a 66-bed hospital (54-acute care beds and 12 observation beds), 16-room emergency department, labor and delivery unit, operating rooms and surgical capabilities, and robust diagnostic testing and imaging services. Also planned is a medical office building and parking deck. The hospital portion of the project was submitted to the North Carolina CON. Early estimates suggest the hospital alone could create as many as 150 new jobs in the region and see as many as 16,000 patients in the first year.

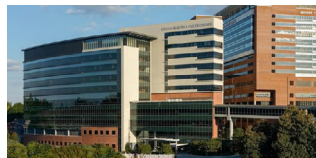


Veterans Affairs Health Care Center Kernersville

380,000 SF | \$105,000,000 | Completed

Reference: Paul Gorenflo, 704-927-6557, p.gorenflo@perkinseastman.com

The VA Kernersville Healthcare Center in central North Carolina enhances the patient experience through thoughtful site and building design. This four-level, 325,000-square-foot outpatient facility offers services including ambulatory surgery, cardiology, diagnostic imaging, behavioral health, and women's health. The design promotes wellness by providing daylight-filled areas with nature views, extensive outdoor spaces, and unique landscapes. The facility is organized into three clinical volumes connected by a daylit circulation spine named the Triad Trail, with patient waiting areas easily accessible. A double-height public dining area and two-level outdoor porch at the western end provide scenic views and serve as distinctive architectural features.



Atrium Health - Wake Forest Baptist Comprehensive Cancer Center Vertical Expansion

283,000 SF | \$125,000,000 | Completed

Reference: Michael Miller, 804-305-6075, mmiller@hksinc.com

This project involved relocating oncology inpatient beds into a new seven-story vertical expansion of the Comprehensive Cancer Center, enhancing the facility with a fresh visual identity. The addition integrates research, teaching, and patient care, featuring an interior courtyard for green space and natural light. Materials such as brick veneer, aluminum panels, and laminated glass ensure a seamless connection to the existing building. The expansion consolidates inpatient and outpatient services in a single, freestanding cancer hospital with 16 critical care beds, 10 palliative care beds, 120 acute oncology beds, and 12 bone marrow transplant beds, offering comprehensive cancer treatment and access to more than 200 clinical trials.

16 Years in Healthcare

3 Years with Robins & Morton

17 NC Healthcare Projects



Senior Preconstruction Manager

Taylor Payne

Project Assignment/Role

As Senior Preconstruction Manager, Taylor will lead oversight of all quantity take-offs, pricing, and preparation of all budget estimates. This involves alternate analysis, assumptions and clarifications, working closely with the Nicole Betzner and Rusty Spray to plan the scoping of bid packages, and prepare a qualified trade contractor/ vendor bid list. **In Taylor's 13 years in the industry he has completed more than \$600 million in complex projects.**

Time Commitment

Taylor will be managing multiple projects but will be available:
 100% in Preconstruction
 Available as Needed in Construction

Education

Masters of Integrated Design and Construction, Auburn University, 2014
 B.S. Degree in Building Science, Auburn University, 2013

Location

Base Office: Charlotte Office
Home: Charlotte, NC

Client References

Shane Potter, Remedy Medical Properties - VP of Preconstruction, 312-505-9364
 spotter@remedymed.com

Relevant Project Experience



Cherokee Indian Hospital Phase II Addition and Renovation

84,600 SF | \$45,656,319 | Completed
 Reference: Damon Lambert, 828-736-4978
 damon.lambert@cherokeehospital.org

In June 2020, Robins & Morton completed Cherokee Indian Hospital's Phase II behavioral health and crisis stabilization unit addition two months ahead of its original 20-month schedule, with zero recordable or lost time incidents. The first floor behavioral center houses 13 talking rooms, an exam room, a small group room, a large group room, two large classrooms, an art room, a kitchen, and a living and dining room, as well as faculty workstations. The second floor houses the crisis stabilization unit featuring 18 inpatient rooms, four acute care rooms, two large group therapy rooms, a dining area, a wellness gym, faculty workspace, and an accessible roof deck patio. Architect McMillan Pazdan Smith worked closely with the hospital and Robins & Morton to weave Cherokee heritage into the building's design elements.



King's Daughters Medical Center Campus Improvements - EIE Building

210,000 SF | \$118,206,385 | In-Progress
 Reference: Larry Caines, 606-585-4742
 larry.caines@kdms.kdhs.us

Robins & Morton was selected to construct the new Emergency and Imaging department for King's Daughters Medical Center to provide better care for the patients and families of Ashland, Kentucky. The eight-floor, 210,000-square-foot building will comprise 75 exam rooms and treatment spaces, including rooms designed for treating patient specialty care needs such as trauma, pediatrics, bariatrics, and behavioral health. It will feature a separate, covered ambulance entrance with triage bays, a separate entrance for patients brought in by law enforcement officers, private behavioral health patient entrances and treatment areas, and a dedicated work area for EMS and law enforcement officers to complete documentation. Additionally, the project includes a new hospital main entrance and a new lobby to connect the Emergency Department, Medical Plaza A & B, Outpatient Surgery, and Patient Tower 2.



Carilion Health - Cardiology Bed Tower, Parking, ED

895,000 SF | \$342,600,000 | In-Progress
 Reference: Martin Misicko, 540-759-2398,
 mwmisicko@carilionclinic.org

The Carilion Clinic Expansion consolidates formerly fragmented cardiology services into a new tower with a dedicated entrance lobby, support services, cardiac/vascular surgery, central sterile, cath/EP lab spaces and pre/post procedural beds. It contains 64 inpatient beds, expanded dietary services and two underground parking levels accommodating 550 vehicles. The new tower is connected to the existing hospital via a two-level connector on the west edge of the existing South Pavilion's sixth floor, while a prominent connector over Jefferson Street connects to the new parking garage. This work is located in a rural area in Western Virginia with a limited workforce. The project team has found creative ways to utilize all of the resources available in the area and couple that with regional contractors with extensive healthcare experience. This approach ensures that sufficient manpower is available for the project and the local labor market is learning skills necessary to thrive in the healthcare sector.

13 Years in Healthcare

10 Years with Robins & Morton

3 NC Healthcare Projects



Senior Preconstruction Estimator

Rusty Spray

Project Assignment/Role

As Senior Preconstruction Estimator, Rusty is involved from preliminary design and project alignment through preconstruction. He is responsible for reconciling the conceptual vision with the budget and laying the groundwork for a successful GMP estimate. His thoughtful and detailed approach brings value to the team and enables solid decision-making along the way. **In Rusty's 20 years in the industry he has completed more than \$600 million in complex projects.**

Time Commitment

Rusty will be managing multiple projects but will be available: 100% in Preconstruction Available as Needed in Construction

Education

Masters of Business Administration, The University of Alabama at Birmingham, 2002
B.S. Degree in Healthcare Management, University of Alabama, 2001

Location

Base Office: Birmingham Office
Home: Birmingham, AL

Client References

Joe Pritchard, 540-797-4868, jdpritchard@carilionclinic.org

Relevant Project Experience



CaroMont Health CRMC-Belmont Hospital, MOB and Parking Deck
593,233 SF | \$254,782,533 | In-Progress
Reference: Jay Miller, jay.miller@caromonthealth.org, 704-860-2084

The 28-acre medical campus will include a 66-bed hospital (54-acute care beds and 12 observation beds), 16-room emergency department, labor and delivery unit, operating rooms and surgical capabilities, and robust diagnostic testing and imaging services. Also planned is a medical office building and parking deck. The hospital portion of the project was submitted to the North Carolina CON. Early estimates suggest the hospital alone could create as many as 150 new jobs in the region and see as many as 16,000 patients in the first year.



CaroMont Health CRMC Critical Care Tower
156,000 SF | \$92,101,290 | Completed
Reference: Jay Miller, jay.miller@caromonthealth.org, 704-860-2084

Over a span of 30 months, the project team executed a four-story vertical expansion and constructed two eight-story circulation towers, all while the existing hospital continued to function. The project was marked by numerous challenges, including working above active operating rooms, tie-ins with existing hospital facilities, and planning to minimize disruptions during a crucial power shutdown. Despite these obstacles, the Robins & Morton team persevered, even through the disruptions caused by the COVID-19 pandemic. Their commitment to quality was evident through innovative construction methods, including prefabrication, in-place mockups, and comprehensive quality control measures. The end result was a state-of-the-art expansion encompassing 156,000 square feet, featuring 78 ICU rooms, enhanced support space, and 35,000 square feet of renovations.



Carilion Health - Cardiology Bed Tower, Parking, ED
895,000 SF | \$342,600,000 | In-Progress
Reference: Martin Misicko, 540-759-2398, mwmisicko@carilionclinic.org

The Carilion Clinic Expansion consolidates formerly fragmented cardiology services into a new tower with a dedicated entrance lobby, support services, cardiac/vascular surgery, central sterile, cath/EP lab spaces and pre/post procedural beds. It contains 64 inpatient beds, expanded dietary services and two underground parking levels accommodating 550 vehicles. The new tower is connected to the existing hospital via a two-level connector on the west edge of the existing South Pavilion's sixth floor, while a prominent connector over Jefferson Street connects to the new parking garage. This work is located in a rural area in Western Virginia with a limited workforce. The project team has found creative ways to utilize all of the resources available in the area and couple that with regional contractors with extensive healthcare experience. This approach ensures that sufficient manpower is available for the project and the local labor market is learning skills necessary to thrive in the healthcare sector.

20 Years in Healthcare

20 Years with Robins & Morton

13 NC Healthcare Projects



Brandon Neutzling

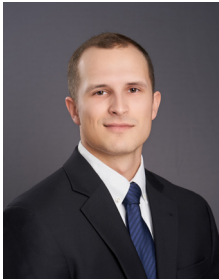
Field Superintendent (Site/Structure/Skin)

As Field Superintendent, Brandon provides support to Mike Goodin and Nicole Betzner in achieving all profit, time, quality and customer satisfaction objectives. He will also assist with logistical planning, coordination with client and design team, developing the project schedule and looking ahead to identify potential project constraints.

15 Years in Healthcare

12 Years with Robins & Morton

13 NC Healthcare Projects



Stephen Andersson

Asst. Superintendent (Interior Buildout)

As Assistant Superintendent, Stephen is responsible for assisting Mike Goodin with the planning, coordination and supervision of personnel, trade contractors and vendors ensuring that they complete the work on time, within budget and to the satisfaction of the client.

8 Years in Healthcare

5 Years with Robins & Morton

4 NC Healthcare Projects



Shay Chatelian

MEP Superintendent

As MEP Superintendent, Shay is responsible for coordinating the mechanical, electrical and plumbing systems and ensuring they meet code requirements. Shay will manage RFIs and submittals for all MEP related scopes, review payment requisitions, trade partner change requests, submittals and shop drawings, facilitate start-up process for all MEP systems and evaluate MEP as-built drawings and operations and maintenance manuals.

11 Years in Healthcare

2 Years with Robins & Morton

5 NC Healthcare Projects



Charles Kneisley

Project Manager

As Project Manager, Charles works closely with Nicole Betzner to achieve all profit, time, quality, schedule and customer satisfaction objectives on projects. His primary responsibilities include managing RFIs, submittals, the cost reporting system and change orders as well as managing trade contractors to ensure contractual obligations are met to the satisfaction of AdventHealth.

10 Years in Healthcare

8 Years with Robins & Morton

3 NC Healthcare Projects



Blake Sayers

Senior Electrical Preconstruction Estimator

As Senior Electrical Preconstruction Estimator, Blake is responsible for all quantity takeoff, pricing and preparation of all budget estimates, cost management, alternate analysis, assumptions and clarifications. He will oversee the development of electrical budgets during each design phase.

11 Years in Healthcare

10 Years with Robins & Morton

10 NC Healthcare Projects



Ryan Dunne

Mechanical Preconstruction Estimator

As Mechanical Preconstruction Estimator, Ryan is responsible for all quantity takeoff, pricing and preparation of all budget estimates, cost management, alternate analysis, assumptions and clarifications. He will oversee the development of mechanical budgets during each of the successive design phases.

10 Years in Healthcare

2 Years with Robins & Morton

1 NC Healthcare Project



Matt Hardy
SmartFab® (Prefabrication) Director

Matt leads Robins & Morton’s SmartFab® systematic review process to identify and implement customized, project-specific logistics, pre-assembly, modular and prefabrication plans for every project. Above all, Matt ensures we bring the greatest value to our clients by approaching this construction methodology as a client-centric review process rooted in our collaborative Building Forward® approach and supported by internal expertise.

25 Years in Healthcare
2 Years with Robins & Morton
150+ NC Healthcare Projects



Raney Sledge
BIM/VDC Coordinator

Raney provides value through creating, evaluating, and coordinating 3-dimensional BIM models for use by both our preconstruction and field teams. Raney has experience working with clients, architects and engineers to facilitate collaboration and communication through use of VDC/BIM processes. Raney will work closely with our project teams on overhead coordination, scheduling, modeling and site logistics planning.

8 Years in Healthcare
8 Years with Robins & Morton
10 NC Healthcare Projects



Steve Culler
Low Voltage Resource Director

As Low Voltage Resource Director, Steve is responsible for overseeing budget, final pricing and operational support for all low voltage work in coordination with the project team. He prepares bid scopes, solicits qualified bidders, reviews proposals and identifies valid costs-saving suggestions. Steve will continue to provide operational support for low voltage work throughout the project.

30 Years in Healthcare
11 Years with Robins & Morton
4 NC Healthcare Projects



Jennifer Lacy
Lean Practice Leader

Jennifer works to align how each client’s unique project goals can contribute to the entire team understanding value and eliminating waste. Through alignment, on-boarding and project assessments, Jennifer can help facilitate and coach project teams to continuously improve. Before projects begin, Jennifer communicates with the client, design and project teams to align goals, ideas and opportunities that could streamline processes. During construction, Jennifer assists the entire project delivery team with establishing Conditions of Satisfaction, identifying Lean tools and processes, assessing and coaching Lean implementation.

21 Years in Healthcare
21 Years with Robins & Morton
15 NC Healthcare Projects

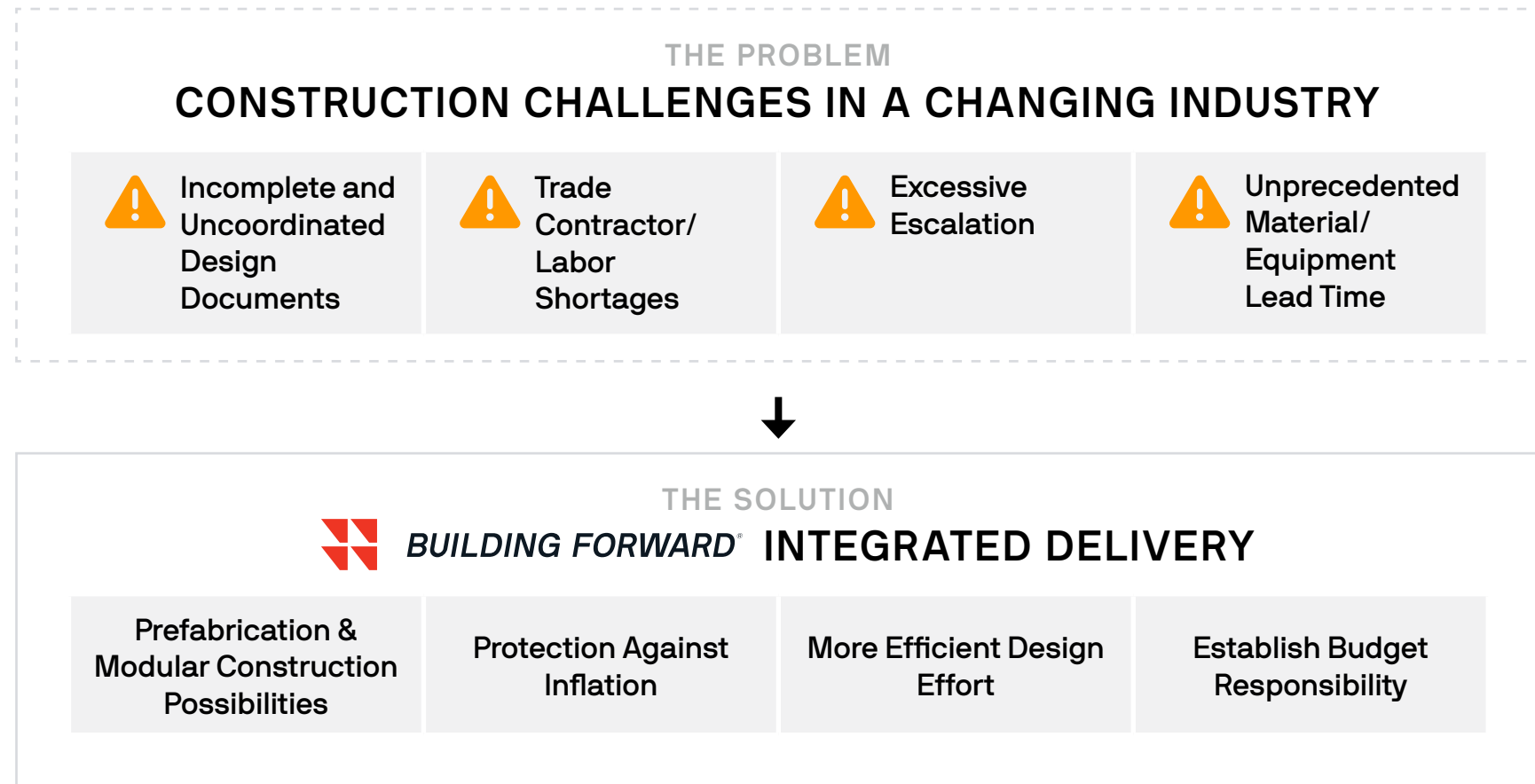
3. Provide a matrix displaying the proposed team’s prior experience working together on projects similar to the AdventHealth Buncombe – New Hospital.

Please see our matrix in Section II on page 9 showing our proposed key personnel’s previous combined experience as well as previous similar project experience with similar scope.

4. Discuss your firm's methodology to Preconstruction Services and the tools your firm uses to keep project within the identified construction cost limitation.

During the last several years, significant changes in our industry have brought on many new and difficult challenges, such as fewer trade contractors and skilled craft workers, more projects of greater complexity, enhanced technology requirements, disruptive supply chain, and volatile escalation and market conditions.

Since 2010, Robins & Morton has continuously strived to develop and implement a better delivery method to tackle these types of challenges, which has resulted in our Building Forward® and integrated preconstruction approach. This comprehensive, project-specific program focuses on harnessing the talent of the entire team and facilitates collaborative problem solving. Alignment of the entire Project Delivery Team (PDT) ensures ownership and buy-in, provides measurable results through the Conditions of Satisfaction (CoS) and goals, and eliminates waste through continuous improvement. **Please see the graphic to the right and below that visually displays our firm's methodology that starts with preconstruction and lasts through project completion.**



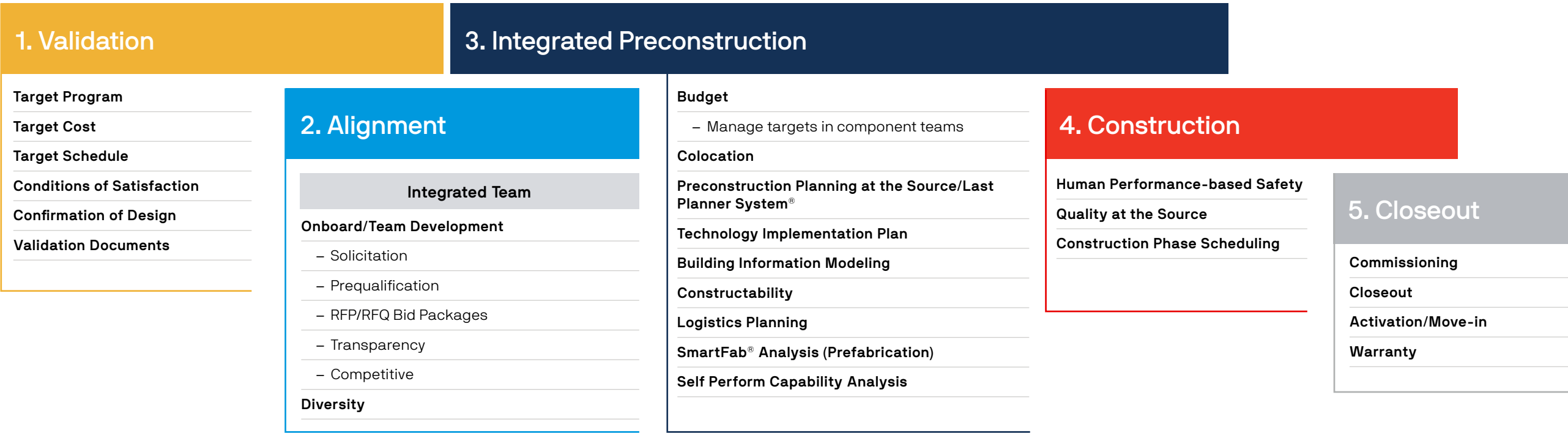
Business Case Planning

Market Need Analysis, Market Capture Potential/ROI

Can we build "X" project for "Y" money by "Z" date

Determine max capital outlay

Target Value Delivery



Integrated Preconstruction Provides Project Value

We establish accurate cost and schedule information through our integrated and collaborative TVD approach that allows the preconstruction work to start as the design information is available. Because effective preconstruction involves much more than just estimating, our field team works closely with our preconstruction team, from the first preconstruction meeting to the final ribbon cutting. This approach includes continuous cost estimating, value analysis, existing conditions analysis and constructability reviews, logistics, and schedule planning. Our integrated approach extends to assisting in managing AdventHealth's directly hired vendors. For the project to succeed, we must properly coordinate these scopes within the overall project schedule.

Through our integrated Target Value Delivery approach during preconstruction and design, our team will provide the following value-creating items:

1 Conditions of Satisfaction

VALUE TO THE PROJECT
Lean Practice

Goals that define project success must be developed collaboratively by the team from project inception. These goals become the Conditions of Satisfaction (CoS). Developed by the project leaders, these outcomes guide the team's decision-making process throughout the project and are measured and reviewed at least quarterly to ensure the team is on track. These are agreed upon metrics (beyond budget, schedule and quality) with which to measure the project as we go, not at the end. It's the key to Alignment and ultimate success.

2 Alignment

VALUE TO THE PROJECT
Lean Practice

Our approach to managing the project is centered on developing a strong collaborative environment and properly aligning all team members. As team members continually join the project it is important that everyone participates in an alignment session to ensure everyone understands the project goals and CoS. These alignment sessions also set the groundwork for a strong project culture. An effective meeting structure is crucial to developing and maintaining alignment. We will establish an appropriate meeting cadence throughout the design process to provide continuous input and feedback to keep the project within budget.

3 Joint Project Management

VALUE TO THE PROJECT
Lean Practice

Joint project management puts the right person in the right seat at the right time, creating shared success for the entire team. This structure also creates a sense of ownership for every team member and increases the opportunity for innovative insights and value-creating ideas. With a project of this scale it is critical that every individual's specific knowledge and talents are leveraged to gain the best outcomes. Our management structure consists of multiple teams:

- Executive Leadership Team (ELT) responsible for clearly defining the project's vision.
- Senior Management Team (SMT) responsible for project leadership and strategy.
- Project Management Team (PMT) responsible for execution of the project.
- Project Implementation Teams (PIT) responsible for decision making specific to their expertise.

This approach ensures decisions are made closest to the information and clear direction and support is provided by leadership. Each team includes representation from each of the primary stakeholders: client, designer, and contractor to ensure alignment and consideration of all perspectives. Additionally, the PITs are often expanded to include design consultants, client consultants, trade contractors, material vendors, and others as needed.

4 Early Validation

VALUE TO THE PROJECT
Budget Certainty

During project validation, the project team determines if the program scope can be delivered within the required time and budget. At this time, the team commits to the project goals and accepts the risk if expectations are not met. During validation, the project can benefit tremendously from collaboration and innovation while confirming a basis of design and conceptual estimate within the project budget. Our initial GMP is a good first step toward validation; however, it is created in a silo, and we as a team will need to become aligned with the project goals, overall program budget, and any other key decision-making factors for your project. Doing this early in the life of the project will set us up for success. AdventHealth can expect to see several variations of cost presented as dashboards for comparison. These will range from:

- Program cost data from Robins & Morton data
 - Similar projects line item cost data collected from Robins & Morton projects
 - Cost models supported by trade contractor input
- Working through this validation process as a team to develop and then manage a budget that captures everything that is important to AdventHealth.

5 Schedule Optimization & Early-Release Packages

VALUE TO THE PROJECT
Budget & Schedule Certainty

Our integrated approach benefits project scheduling. The most significant opportunities to reduce the project's duration result from our ability to overlap phases: design/construction and construction/transition. As a part of our schedule optimization, early release packages will be awarded prior to design completion, which will in turn reduce the schedule duration.

The team will evaluate the opportunities to initiate early release packages that can save both time and money by hedging against inflation, supply chain distributor constraints, and labor shortages. For the Buncombe County New Hospital, we would recommend considering these early release packages:

- MEP Equipment Package
- Site Packages (road improvements, traffic signal, mass grading, utilities)
- Core and Shell Package (prefabricated exterior panels)

6

Building Information Modeling

VALUE TO THE PROJECT
Quality Assurance

Projects such as the Buncombe County New Hospital require an early collaborative effort to coordinate the virtual model. Not only will utilization of BIM (by the entire team) benefit the quality of the project in above-ceiling coordination and other MEP systems execution but also in the alignment and collaboration of the team itself. Robins & Morton will dedicate in-house Virtual Design and Construction (VDC) professionals in leading the BIM collaboration process. BIM/VDC Coordinator Raney Sledge will be the primary conduit between major trade contractors and the design team to facilitate an aligned design concept and production drawings with regular engagement and accountability.

Proper use of BIM sets the standard for document coordination and enables prefabrication which is vitally important to establish early in preconstruction. During construction our field operations team will support BIM coordination and onboard additional trade contractors to the model. By adapting a “draw once” mentality we can greatly influence the coordination of the construction drawings, and put the heavy lifting in the hands of the craft professionals. Beyond the construction phase, the model offers even more value to AdventHealth as a tool for managing the facility and future projects for years to come.

7

Operational Engagement

VALUE TO THE PROJECT
Budget & Schedule Certainty

With our integrated approach, the design information is a much higher quality because the operational team has provided input. This reduces the amount of redesign often associated with the traditional delivery models. The integrated approach also allows more time for critical decisions to be made, ensuring that AdventHealth has ample information and is not rushed to make choices. Our proposed team is already hard at work planning an approach to site management and schedule for the Buncombe County New Hospital. Having our field operations team at the table and aligned with the project team including designers and trade contractors is vital to the success of the project as these are the “at the source” parties that will guide the day-to-day building of the project. This approach correlates to more purposeful engagement with more committed collaboration up front and less costly RFIs at the end of the project. Given the opportunity, the operational team will positively influence the project the sooner they are involved.

8

Continuous Estimate Tracking

VALUE TO THE PROJECT
Budget Certainty

As a part of our integrated approach, we provide continuous estimating updates rather than providing updates only at traditional milestones. Continuous tracking allows for real-time updates, improved accuracy and responsiveness to changes and uncertainties, improved decision-making and collaboration, and transparency among all project stakeholders. Rather than wait for design milestones to be reached before evaluating cost, Robins & Morton will be constantly reviewing progress ‘side by side’ with MPS and our trade contractors to ensure a real time feedback on cost and schedule so AdventHealth can make value decisions before they impact the project.

Senior Preconstruction Manager Taylor Payne, will lead the effort with regular meetings and A3 budget summaries to collaborate and report on the real-time estimate status as well as cost management opportunities. Our role is to equip the team with the information to make decisions and hold everyone accountable for their commitments. Continuous estimating allows us to track and forecast the direction of the design cost so that we have an opportunity to make timely adjustments if needed.



9

Logistics Planning

VALUE TO THE PROJECT
Budget & Schedule Certainty

An early and well-defined site utilization and logistics plan serves as a valuable communication tool to the project team and provides clear direction to our potential trade contractors as a part of their selection process. This plan establishes the limits of construction and is critical to trade contractor efficiency and project execution. Senior Superintendent Mike Goodin will lead the logistics planning and will consider all elements relating to traffic, utilities, drainage, security and access, equipment placement, parking, transportation, staging, material access, signage, and field coordination.

We understand how important it is for this project to not impact your already stressed parking situation on campus. Our goal is to have a net zero effect on parking. We have already developed a preliminary plan that mitigates the potential for loss of any parking spaces and will hold that standard through all the phasing of the demolition and site. We will utilize A3 thinking with dashboards and A3s to communicate all the site constraints. Regular meetings to update the phasing and track items of importance such as safety threats, public/contractor and layout of staging and material laydown areas. Mike and our field leadership team bring recent experience completing a patient tower expansion on an active hospital campus. This recent similar experience ensures they understand how to manage your active campus and remove as many potential disruptions as possible.

10

Trade Contractor Prequalification

VALUE TO THE PROJECT
Quality Assurance

The Buncombe County New Hospital will include various trade contracting relationships. It is critical that we identify qualified trade contractors that have sufficient resources to execute a project of this scale. Our team has already begun the solicitation process by identifying some key trades that are ready, willing, and able to commit the resources necessary to complete this project through various industry partners. The project will benefit from the relationships we have with trade contractors in North Carolina.

11 Early Onboarding and Engagement of Trade Contractors

VALUE TO THE PROJECT
Budget & Schedule
Certainty

Your project's success will hinge on teamwork. Trade contractors have invaluable knowledge and experience that can provide valuable insights early and should not be reserved for pricing or input on "final" documents. As we bring trade contractors on board, we must engage them as important members of the team. Our "at the source" approach also applies to our trade contractor engagement, and the wealth of knowledge they can provide to your project. What better way to hedge on the outcome than to lean on our industry partners who are subject matter experts. Combine early onboarding of trade contractors with operations engagement from Robins & Morton and you create a highly knowledgeable team for the Buncombe County New Hospital.

Some benefits of early onboarding of trade contractors at the Buncombe County New Hospital include:

- Early release of long lead materials and equipment
- Constructability and scope clarification
- Design assistance for specialized systems
- Cost management guidance, feedback
- BIM and prefabrication expertise
- Scheduling input, foresight

This effort will be managed by Taylor Payne, senior preconstruction manager and Nicole Betzner, senior project manager, who know and work with these local and regional trade contractors on a regular basis. Beyond individual skill sets and job performance, a strong team is built on trust and accountability. The trade contractors we engage must collaborate well, using Lean tools and principles, to optimize value for the project, and in turn, the community. Our team is experienced with this type of approach that brings more confidence to the preconstruction effort.

12 In-House Expertise

VALUE TO THE PROJECT
Budget Certainty &
Quality Assurance

To provide the highest level of integration in design, Robins & Morton provides essential MEP input during preconstruction via our specialized in-house MEP personnel. Mechanical Preconstruction Estimator Ryan Dunne and Electrical Preconstruction Estimator Blake Sayers will work closely with the team to provide detailed estimating, system analysis and evaluation, recommendations for improved operational efficiency, and cost management and constructability reviews for the MEP and fire suppression systems.

Throughout the design reviews, Ryan and Blake will assist the designers in assessing systems performance standards for all MEP equipment selections. The link between systems is vital to a functional plan, minimized operational expenses, and overall cost effectiveness. Our in-house expertise understands the operational demands of healthcare systems and utilizes that knowledge while reviewing the integration of the MEP systems.

Additionally, Robins & Morton is providing dedicated BIM coordination that will align the team during preconstruction and enhance our trade contractor's coordination efforts in the field during construction of MEP systems, which will prove invaluable.

13 Sustainability

VALUE TO THE PROJECT
Healing Mission

Robins & Morton also provides sustainability leadership through our in-house Senior Sustainability Manager Jackie Mustakas. Jackie not only analyzes our projects for various energy reduction strategies, but she also recommends solutions that can lessen environmental impact, enhance occupant wellness, lower first cost, maximized operational efficiencies, and generates annual savings. Additionally, due to our success with green building, we are frequently asked to act as a sustainability consultant. When contracted in this role, we act as an advocate on the client's behalf; guiding the overall process, challenging the team to revisit typical strategies to find a better way, and packaging the green building and environmental success for client reporting. Sustainability collaboration during the design and preconstruction process also proactively prepares our team for implementation of our sustainability-focused construction policies, such as our Environmental and Stormwater Management Policy, Waste Management Policy, and Sustainable Jobsites Policy that we implement on every project. These policies ensure we work continuously to minimize our impact on the environment and enhance the social and economic outcomes at no added cost to the project. As your construction manager, our minimized construction impact and operational efficiency can be captured under your sustainability success and reported to your stakeholders as well.

14 SmartFab® / Prefabrication Plan

VALUE TO THE PROJECT
Lean Practice

Robins & Morton has been an industry leader in prefabrication and modular construction for more than a decade. Our extensive experience led us to develop and implement SmartFab®, a systematic review process to identify and implement a customized, project-specific pre-assembly, modular, and prefabrication approach. To be considered viable, the plan must eliminate waste and provide a cost, schedule, safety, or quality advantage for the project.

Our SmartFab® team consists of more than two dozen in-house construction professionals who are dedicated to prefabrication and modular solutions. The SmartFab® approach uses metrics from hundreds of prefabrication and modular installations to develop a defined, project-specific assessment. This assessment focuses on the highest-priority items that generate the greatest value for your project.

Our Systematic Approach

SmartFab® emphasizes early operational engagement during design and preconstruction. SmartFab® engages the entire project delivery team — client, designers, Robins & Morton, and key trade contractors — to develop a strategic prefabrication plan during the design phase. The plan is customized to the specific needs and goals of the project. This approach to prefabrication draws upon the insights of key trade contractors and Robins & Morton.

While not every project will be a SmartFab® project, the early-stage collaboration with Robins & Morton will help clients get the most benefit when they do choose prefabrication or modular solutions.

5. Describe how your firm and team proposes to manage construction escalation and pricing fluctuation for the project with emphasis on the design/pre-construction phase.

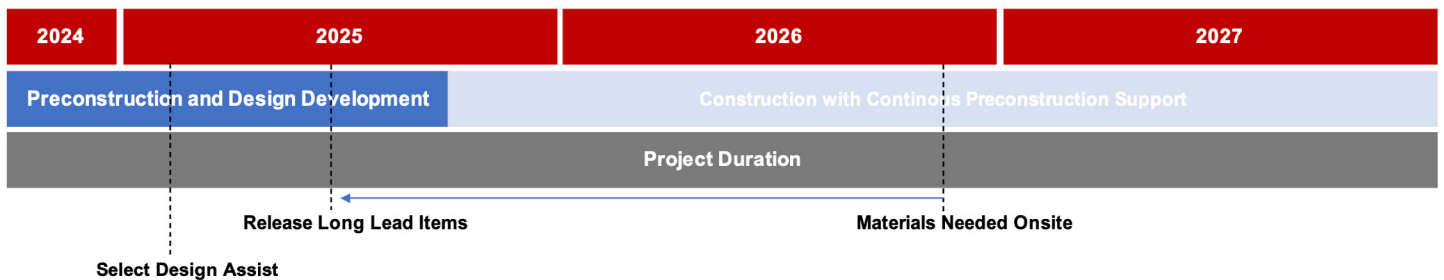
Access the Dec 2023 Issue



Robins & Morton has worked in the Carolinas market since the 1980s and is aware of the current challenging market conditions including escalation, pricing fluctuation, and material lead times. Robins & Morton employs several strategies to mitigate these challenges. Our preconstruction team regularly releases a Construction Economic Report located in the QR code to the left. This report ensures our team can consistently stay informed with the market on current escalation, pricing fluctuation, and material lead times. As part of the preconstruction process, we believe in leading the charge in being proactive when it comes to mitigating project risks. Using the information gathered and shared through our Construction Economic Report mentioned above; we will provide a suggested escalation contingency to carry throughout the design phases and into construction. We want the project team's buy-in on the escalation contingency rate and will ensure alignment on how and why the specific escalation rate was

selected. Additionally, we will lead the effort in providing suggested alternatives for equipment and materials based on current and projected commodity reports and lead times. Understanding how forecasted commodities' pricing fluctuations fall in line with our overall construction schedule will help us make decisions such as using aluminum feeders for 100 amp and higher in place of copper based on the market and when the feeders will be installed. Through early on-boarding of design assist trade contractors, we will be able to work closely with HKS to discover/create design efficiencies creating value for the overall project and identifying potential long lead time items. By proactively securing material and equipment with long lead times and forecasted price increases, we are mitigating escalation and pricing impacts to major equipment. **The approach requires a team effort and the process is illustrated in the graph below.** These dates are anchored to our construction schedule and deduced through a pull planning effort with the project team, so we are in alignment on when each milestone needs to occur to order the equipment on time and reduce cost increases. Pricing fluctuations should also be considered in relation to the labor force. Competing projects and a shortage of skilled labor can also increase overall labor costs for the project. This risk can be mitigated through early on-boarding contractors, locking in their labor force, and an early prefabrication effort. Prefabrication helps to reduce the amount of skilled labor required onsite. By using our experience, resources, and proactive approach we can navigate the uncertainty of the market, providing an estimate that is backed by certainty with no surprises.

For the AdventHealth Buncombe County - New Hospital please see our chart below that details the potential long-lead times for key equipment:



LEAD TIME SNAPSHOT (FROM APPROVED SUBMITTAL)

Structural Steel (joists/ decking)	8-10 weeks	VFD	6 weeks
Doors & Hardware	15 weeks	Switchboards	48 weeks
Carpet (standard)	6 weeks	Distribution Boards	40-50 weeks
Carpet (custom)	10 weeks	Panel Boards	15-25 weeks
Tile (domestic)	8 weeks	Automatic Transfer Switches	26 weeks
Tile (international)	16 weeks	Transformers	12 weeks
LBT/LVP (domestic)	6 weeks	Lighting Controls	6 weeks
Air- Handling Units	26-30 weeks	Generator	35-40 weeks
VAVs	8-10 weeks	Exhaust Fans	30-40 weeks

Strategies to Mitigate Market Volatility

1. Scenario Planning Across Disciplines During Preconstruction

The siloed approach in healthcare construction has gradually diminished in recent years, and the current challenges of cost escalation may force it off the stage. Scenario planning — which involves tapping into the knowledge and ideas across the project team including design, client, stakeholders, trade contractors, and Robins & Morton — is more valuable than ever. By sharing design documents and discussing project goals, budget, and trade insights, we often identify early supply or cost issues. We might find out, for example, that it will take eight months to get the material specified in the design. Next, the group can come up with alternative scenarios and develop two or three options or workarounds. The more that we, as an industry, harness the value of true collaboration — beginning early during preconstruction and design — the better prepared we will be to overcome the unknowns of today's cost dilemmas.

2. Consider Early Purchasing Advantages



There is risk in not having essential items nailed down. We need to commit early and consider the possibility of having space to store long-lead items to ensure the schedule can be maintained. The old notion of “Let’s wait and keep our options open” should be replaced with “We better order it a year in advance to make sure we get it on time.” We recommend expediting early release packages for building systems, structural components, and building envelope materials. Lead times should be checked, verified, and checked again since conditions can change daily. Early integration of trade contractors in the design and preconstruction phase also allows the team to fully investigate

material and equipment alternatives to help ensure that the project schedule is not impacted by material delays or shortages. It also allows trade contractors the opportunity to buy materials when cost conditions are favorable to the project.

3. Celebrate Transparency and Communication

Communication is important to support a culture of transparency. We are hyper-focused on changes in the marketplace and tracking dates that impact costs. We start identifying the details of costs, then pass that information on to our client and the designers. As more information becomes available on where prices are headed in this volatile market, we may have to consider using different materials. Communicating from the earliest days of planning and design will set a tone for continuous value engineering throughout the project. To consistently avoid price escalation, everyone working on the project must take responsibility for looking for alternative ways to reach the goal. Integrated preconstruction practices that feature earlier and more frequent conversations can help clients and designers understand marketplace changes that impact their success. With a continuous dialogue in place, it becomes easier to build trust and encourage further dialogue on issues and potential initiatives.

4. Supporting People on the Project

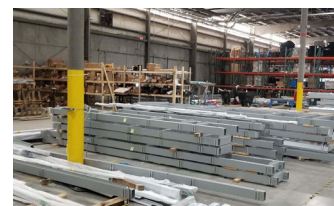
To attract and keep team members in today's competitive market, we provide an environment where everyone feels they are a part of the team. It starts with project leaders knowing and engaging with front line workers onsite. This is foundational to our Building Forward® approach, which develops a collaborative, open, and transparent culture to engage everyone in finding solutions and help everyone be more successful. Robins & Morton looks to create a clear advantage in attracting and keeping top talent. We approach our trade contractors with the same perspective. We want them to work with us, and their enthusiasm for working with us is driven by the experiences they have with us. Keeping those experiences positive is one of our priorities.

5. Early Involvement of Trade Contractors

Involving contractors early allows them to commit labor to the project. If trade contractors know work is committed, they can more easily manage their labor to ensure it is available when needed. By being involved early, Robins & Morton can work with the trades to plan the work to eliminate spikes in manpower that have negative impacts to production and ultimately to the health of the project.

6. Modularization and Prefabrication

Modularization and prefabrication can mitigate some aspects of the workforce challenge. Because the workforce shortage is so severe, modularization could be the quickest, best solution because it removes the need for a significant amount of onsite labor. Keeping skilled labor on a project can be difficult due to competition from other projects. Requiring fewer onsite workers due to prefabricated solutions will lessen the effects of competitive wages at other projects. Also, installation of prefabricated solutions does not require as high a skill level as that of stick-built solutions.



6. Describe your methodology for cost estimating (in-house vs. subcontractor market). How do you validate the cost estimate at each stage of project development? Provide sample documents that represent your approach. (Sample document pages are not included in the page limit for the Proposal Submittal.)

At Robins & Morton, we know the impact that quality cost estimating and preconstruction services can have on the construction of your facility. Our vast experience in building healthcare facilities throughout the North Carolina market, provides indispensable knowledge that we can apply upfront in the planning process to help you achieve your goals.

Our methodology for cost estimating recognizes that each project is unique and has different requirements. Our intent is to provide the mix of services that can best serve the goals and needs of the Buncombe County - New Hospital. As we partner with you and the design team, this project will receive the benefit of a balanced approach so budget, schedule and quality are tailored to meet your expectations.

Cost estimates are usually prepared at the end of the programmatic, schematic design (SD), design development (DD) and construction document (CD) phases, allowing the client to have a set of design documents defining the project and a corresponding price for the design. Typically, at the earlier conceptual and programmatic stages of design, estimates are developed from in-house historical cost information from past projects that are similar to the Buncombe County - New Hospital.

Because Robins & Morton has performed many healthcare projects with very similar scopes of work as that of the Buncombe County - New Hospital, we have a great deal of historical cost information at our fingertips.

At the SD stage, we begin to utilize a more detailed format, identifying individual work items, quantities and corresponding unit prices for labor, material, subcontracts and equipment. Typically, at the earlier schematic stage of design, we rely more on in-house estimating and less on subcontractor input, as the documents are not always developed sufficiently to allow trade contractors to provide reliable cost information.

We find that a combination of in-house quantity survey and estimating combined with subcontractor verification of our pricing usually results in the most accurate cost projection for the project.

As the design moves into the later stages of design development and construction documents preparation, we increasingly involve the trade contractors market in the budgeting process. This not only provides market input into our estimates, but also helps advertise the project and generate subcontractor interest, thereby resulting in increased competition in the bidding of the trade contractors trade packages.

Between the design development and contract document completion, cost control is maintained by design revision tracking (periodically evaluating revisions to the project documents), validation of our previous budget pricing of various options which may be requested by the client or design team and/or pricing of cost management alternatives to explore possible cost savings measures.



Modelogix is a recently implemented concept estimating application that provides greater flexibility in cost modeling. A higher level of accuracy comes through that flexibility built into how our estimators use the program. After the estimator drills down to identify the market sector and project type, Modelogix pulls data from similar past projects to give us a benchmark.

Modelogix then automatically factors in inflation, changes in material costs and geographic differences in labor rates. That sets up estimators to take advantage of the cost-modeling capabilities built into Modelogix. For example, we can delete or adjust line items from the historic projects – such as an unusually high amount of site preparation work – that could skew the averages. Indexed costs are also editable, allowing the estimator to tweak factors – such as geographic cost differences – based on their experience with past projects and knowledge of local workforce markets.

The program also allows the user to delete or add individual components to match the project scope, from shell to complete buildout. In addition, quantities and unit measure are editable to reflect the specific project. This could include a design with an extensive curtain wall or factoring different construction materials.

The information can then be exported into customizable templates, including graphs and charts, with different levels of detail. Robins & Morton's estimating is not only more accurate, but can present the information in a way that is meaningful and with the right level of detail for the audience.

- Our collaborative, proactive approach, with full transparency is demonstrated in the estimate deliverables we have selected to share.
- Our estimates are specific and customized, based on the individual project and team objectives.
- Our depth of resources, knowledge, and local market experience are unmatched.
- Our collaborative integrated preconstruction process is the best foundation for cost control, quality, constructability, maintainability, schedule, and standardization to be considered during decision making.
- Our thorough detailed estimates provide the ability to make well-informed, data-driven decisions keeping the project moving forward.
- Our transition from preconstruction through construction is seamless.

Please see a sample document of an executive summary on the following page.

Executive Summary Sample

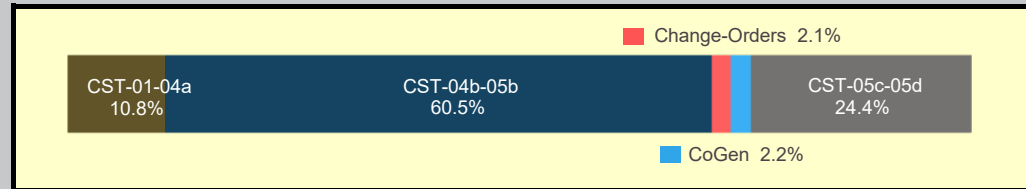
Carilion Roanoke Memorial Hospital - Crystal Spring Tower

Executive Summary - Construction Estimate

February 8, 2022

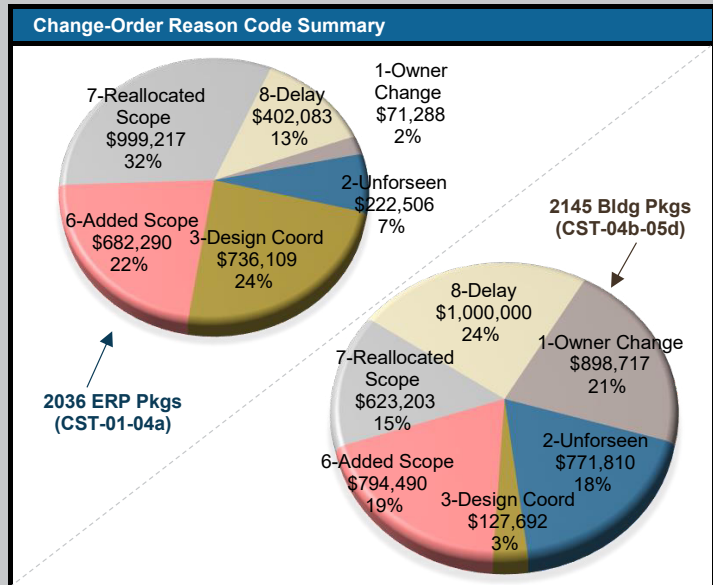
Projected Construction Estimate Summary		
Enabling Scope of Work (CST-01-04a):	\$	39,378,868
Enabling Change-Orders #01-#17:	\$	4,064,535
Foundations (CST-04b):	\$	51,312,534
Steel & Elevators (CST-05a):	\$	18,858,849
MP&E Systems (CST-05b):	\$	143,448,435
Combined Heat & Power System:	\$	8,053,405
P-Tube & P-Trash & Linen Systems:	\$	5,399,283
Building Change-Orders #01-#09:	\$	3,113,493
Total To-Date (2/8/22):	\$	273,629,402
Fireproofing (final bids - CST-05):	\$	1,016,141
Forecasted CST-05c/05d:	\$	92,031,441
Adjust exclude SoPav P-Trash & Linen:	\$	(2,395,114)
*Pending Value Engineering Items:		
Build-out 7th Floor Pharmacy (VE #B5):	\$	1,346,788
Build-out & Renovation Areas:	\$	(2,925,000)
Adjust Spec & Design Items:	\$	(850,000)
Updated Construction Total (2/8/22):	\$	361,853,658

**Note: VE Items pending Board approval*

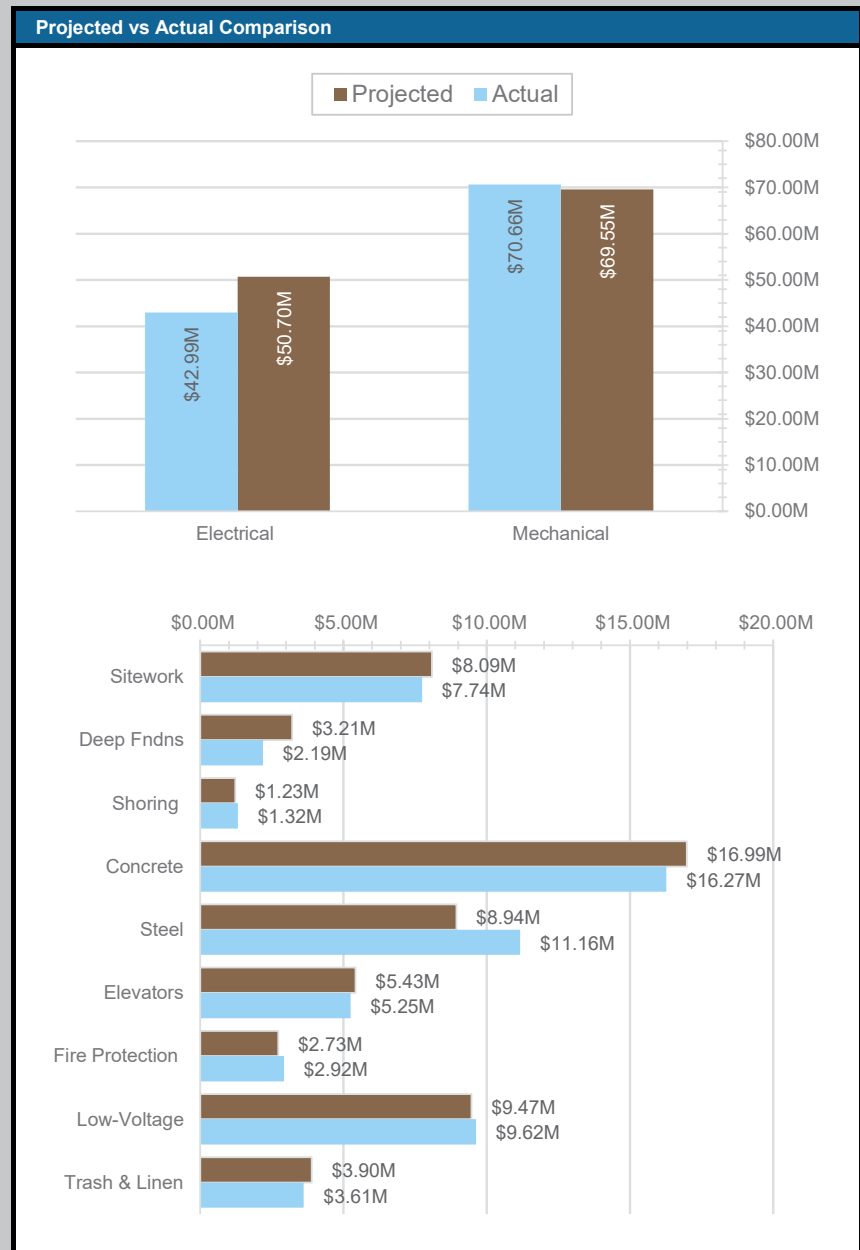


CST Construction Estimate Summary by Design Package			
Package	Estimate	Total	Date
CST-01 Site Demo & Grading	\$ 7,869,664		4/1/20
CST-02 Temp ED & Front Lot	\$ 10,381,409		9/16/20
CST-03 Access Road	\$ 3,496,433		7/15/20
CST-04a Site Utilities	\$ 17,254,117		10/7/20
2036 Change-Orders (#01 thru #17)	\$ 4,441,781		2/3/22
Subtotal: 2036 ERP Pkgs (CST-01 thru CST-04a):	\$ 43,443,404		
CST-04b Foundations & Enabling	\$ 51,312,534		3/4/21
CST-05a Steel & Elevators	\$ 18,858,849		6/7/21
CST-05b Mech/Plbg, Electrical, Low-Voltage	\$ 143,448,435		7/14/21
P-Tube & P-Trash & Linen Systems	\$ 5,399,283		9/9/21
CST-05c Exterior Skin / Building Envelope	\$ 21,501,163		9/17/21
CST-05d Interiors / Build-Out	\$ 71,546,418		9/17/21
2145 Change-Orders (#01 thru #09)	\$ 3,113,493		2/3/22
Subtotal: 2145 Long-form Contract Scope (CST-04b-05d):	\$ 315,180,175		
Combined Heat & Power System (CoGen)	\$ 8,053,405		8/13/21
VE to Shift Renovation & Build-Out Areas	\$ (2,925,000)		10/12/21
VE to Adjust Specification & Design Items	\$ (850,000)		10/12/21
Adjust exclude SoPav P-Trash & Linen	\$ (2,395,114)		2/7/22
Build-out 7th Floor Pharmacy (VE #B5):	\$ 1,346,788		10/21/21
Phasing & Extended Duration Allowance	TBD		2/7/22
CST - Current composite Total Construction:	\$ 361,853,658		

Key Dates	
Per 10/19/21 Buy-Out Schedule:	
<i>Ext Skin Revision - due Sep-'21</i>	<i>Final CST-05c/05d Pricing - Feb. '22</i>
<i>Interiors Revision - due Oct. '21</i>	<i>Final GMP Estimate presentation - Apr. '22</i>
<i>Final Revisions due - Jan. '22</i>	<i>Execute Final GMP Contract - May '22</i>



Value Engineering & Cost Management Summary			
Design Phase:	Proposed	Accepted	
Schematic / Design Development:	\$ (26,159,860) -8.0%	\$ (7,468,380) -2.3%	
Construction Documents:	\$ (30,871,350) -10.0%	\$ (6,170,114) -2.0%	
Total Construction Estimate VE/CM:	\$ (13,638,494) -3.8%		



7. Explain your approach to managing construction contingency, its approval and use.

Our integrated preconstruction approach and Target Value Delivery helps provide accurate estimates that capture many of the items that contingency is often used for. By providing continuous estimating, in-house expertise, and valuable market experience, we can proactively manage costs and avoid the use of any desired contingency funds. We understand there may still be a desire to maintain contingency funds for unforeseen challenges, so we recommend contingency funds be identified and categorized into three groups for this project – Escalation/ Inflation, Design/Estimating and Construction.

Escalation/Inflation Contingency

A responsible estimate must include educated projections for the time frames anticipated. We will research and establish escalation rates based on trends and projections in the local and regional markets. Our assumptions, computations and rationale for the percentages and values identified will be fully documented. As the design and preconstruction schedule progresses, the anticipated factors will be established and adjusted based on each specific scope item and their respective projected buy-out dates.

Design/Estimating Contingency

As the development of the design progresses and additional details and information become available, the need for contingency should adjust correspondingly. Robins & Morton will work to identify unknown and/or unforeseen conditions for each scope of work accordingly. The contingency funds will be evaluated and adjusted to reflect an appropriate level of protection of the project team for the remaining risks inherent to the project.

Construction Contingency

Reserved exclusively for the Construction Manager, this contingency serves to protect against the risks assumed in providing a GMP and to cover construction costs that are reimbursable as costs of the work but that are not the basis for a change order. Robins & Morton diligently manages the contingency so it is used only for uncertainties that could not be anticipated or quantified. We will continually update contingency usage and openly share changes with the project team throughout the design and construction phases. We will also provide AdventHealth with a thorough account of these values and the items they cover throughout the project.

Contingency is a risk management tool and utilization should be customized to the project delivery method and the team's comfort level throughout the process. Our approach is more incremental than the traditional SD, DD, CD milestones and requires a continual effort to manage contingency adjustments as the design progresses. This fast-track approach will result in significant portions of the design being completed far in advance of other portions. These portions of the work can be procured as the design is developed, reducing escalation risk and vulnerable lead times. This allows us to reduce contingencies sooner in the process as these scopes are validated and awarded.

An example would be an early equipment procurement package which could be worth 10% of the total GMP. This major equipment can often be fully designed and procured early, reducing the escalation risk and unpredictable lead times while the remainder of the systems are still being designed. This would justify a reduction in contingency earlier by providing cost certainty sooner and managing material lead time risks.

7b. Provide a recommendation on construction contingency to be incorporated into the project budget at each milestone:

If we were following the more traditional design milestone approach, we would recommend the following contingencies at each of the design milestones:

- **Concept Estimate** **Contingency 10%**
- **SD Estimate** **Contingency 7%**
- **DD Estimate** **Contingency 5%**
- **50% CD Estimate** **Contingency 4%***
- **100% CD GMP** **Contingency 3%**

**provided recommended ERP are utilized*

8. Provide your firms approach to reducing Construction Contingency at various risk reducing milestones during construction.

As previously mentioned, contingency funds will be established during the preconstruction phase as a safeguard to all parties involved in the Buncombe County New Hospital project.

As unknown conditions are identified throughout the project's design and construction the contingency funds will be evaluated and adjusted to reflect an appropriate level of protection of the project team for the remaining risks inherent to the project.

During the construction phase, the use of contingency funds will be reviewed each month during our Owner/Architect/Contractor meeting. As we reach certain project milestones, we will evaluate the remaining contingency and suggest an appropriate amount to be released. At the completion of the project, all unused funds will be returned to the client.






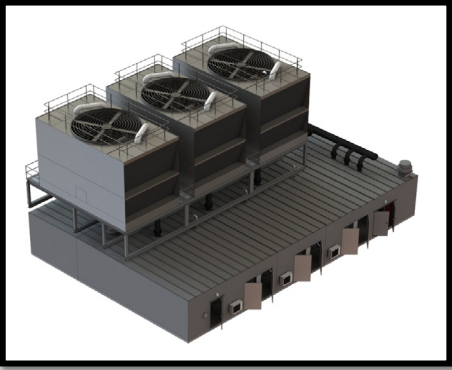



9. Describe your methodology for value analysis / value management. Provide sample documents that represent your approach. (Sample document pages are not included in the page limit for the Proposal Submittal.)

Throughout the preconstruction process Taylor Payne, Nicole Betzner, and Mike Goodin will foster a strong collaborative project team that will prioritize the project outcome over individual performance. Successful collaboration is based on key factors, including transparency, early involvement of participants, shared processes and tools, and performance measurement. Sharing and collaborating not only allows for contributions that can prevent costly rework but also enhances overall project efficiency. They will actively participate in the design process alongside HKS and user groups gaining a comprehensive understanding of project scope, parameters, and constraints. They will examine all elements of the project scope, including sitework, structure, skin, MEP, and interiors. They want to understand specific project elements that AdventHealth may want. By evaluating and establishing all options from the start, we can collectively assist AdventHealth in arriving at the right decisions for the Buncombe County New Hospital's current and future needs.

They will incorporate A3 thinking as part of their value analysis process. An A3 structure for this process includes the background, scope, pros/cons, budget, schedule, and recommendations.

On the following page is an example of a Prefabricated CEP A3 evaluation from the Carilion Roanoke Memorial Hospital Project in Roanoke, VA. Per the example, costs, pros and cons, and schedule were evaluated to help make an informed decision.

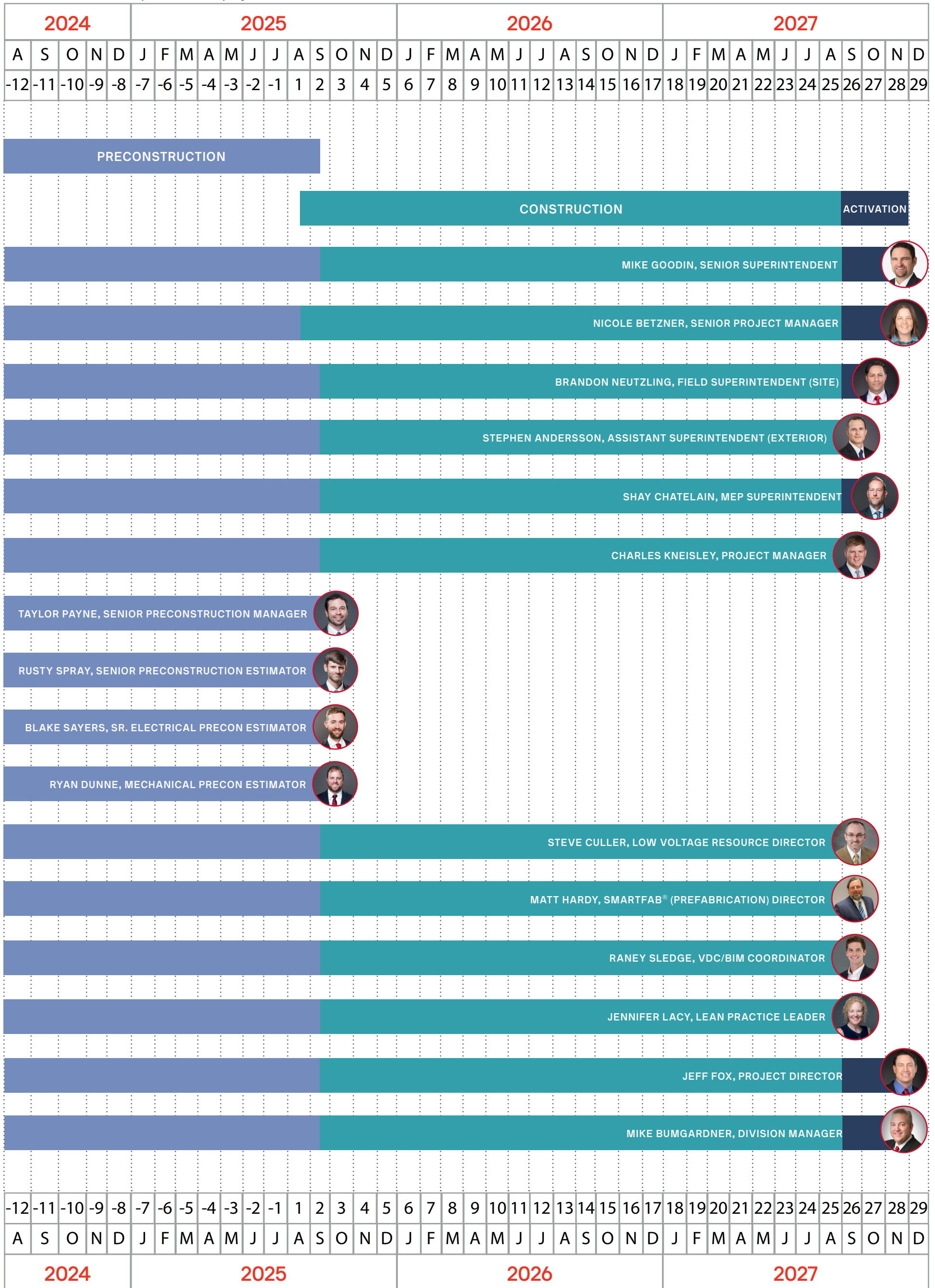
Prefabricated CEP A3 Example

CARILION ROANOKE MEMORIAL HOSPITAL ADDITIONS & RENOVATIONS CRYSTAL SPRING TOWER		    																																	
PREFABRICATED CEP EVALUATION		DATE: 6/3/2020																																	
Prefabricated CEP Option		Traditional CEP Option																																	
 		 																																	
1. Lead Time for CEP Plant (Includes Submittal Time)		1. Lead Time for Equipment (Includes Submittal Time)																																	
30 Weeks		23 Weeks																																	
2. CEP Costs		2. CEP Costs																																	
3. Demolish Existing Mechanical/Electrical as Required	\$ 257,120	3. Demolish Existing Mechanical/Electrical as Required	\$ 245,659																																
4. Modification of Existing Electrical in the CEP	\$ 678,550	4. Modification of Existing Electrical in the CEP	\$ 678,550																																
5. Re-Piping of the Existing Chilled Water (Primary/Secondary Piping)	\$ 1,021,304	5. Re-Piping of the Existing Chilled Water (Primary/Secondary Piping)	\$ 1,557,653																																
6. Controls	\$ 1,439,933	6. Controls	\$ 1,585,240																																
7. Installation of Three Cooling Towers	\$ 373,360	7. Furnish and Install 3 Cooling Towers	\$ 1,013,466																																
8. Furnish and Install 800 HP Boiler	\$ 908,631	8. Furnish and Install a 800 HP Boiler	\$ 849,502																																
9. Prefab CEP Costs	\$ 4,994,000	9. Furnish and Install 3 Chillers	\$ 3,371,899																																
10. Prefab CEP Installation (4 Week Install)	\$ 144,000	10. Furnish and Install Pumps, HX VFDs, Air Control	\$ 940,210																																
11. Additional Costs Associated with the Prefab CEP		11. Additional Costs Associated with the Traditional CEP																																	
12. Steel Structure (Provided by Epsilon)	\$ 470,000	12. Costs of Beefing up the CEP's Structure	\$ 578,762 Allowance																																
13. Foundations and Deep Foundations	\$ 50,050	13. Costs of Exterior Skin Modifications	\$ 261,063 Allowance																																
14. Increased Crane and Rigging Costs for Installation	\$ 80,000 Allowance	14. Costs of Interior Modifications	\$ 234,781 Allowance																																
15. Connecting the Prefab CEP to the Existing CEP (MP)	\$ 130,000																																		
16. General Allowance for Sitework	\$ 100,000 Allowance																																		
17. Insulation for Piping	\$ 50,000																																		
18. Lightning Protection/Grounding	\$ 4,512																																		
19. Fireproofing for Prefab Structure	\$ 10,189																																		
20. Dry System for Underside Structure	\$ 27,655																																		
21. Fire Alarm	\$ 12,576																																		
22. Prefab CEP Electrical Service (Currently not available)	\$ 600,000 Allowance																																		
23. Permitting as a Structure	\$ 149,820																																		
24. TOTAL PREFAB CEP PLANT COSTS	\$ 11,682,050	14. TOTAL CEP PLANT COSTS TRADITIONAL BUILT	\$ 11,316,785																																
<table border="1"> <thead> <tr> <th>Pros</th> <th>Cons</th> </tr> </thead> <tbody> <tr> <td>1. Single install</td> <td>1. Inhibits removal of the equipment from the existing CEP.</td> </tr> <tr> <td>2. Less shutdowns</td> <td>2. Takes up space onsite.</td> </tr> <tr> <td>3. Constructed offsite</td> <td>3. Inhibits delivery truck traffic patterns</td> </tr> <tr> <td>4. Increased safety</td> <td>4. Additional foundations and structure is required.</td> </tr> <tr> <td>5. A faster usable/working plant once delivered.</td> <td>5. Current power service specified is not available.</td> </tr> <tr> <td>6. Eliminates interior structural work.</td> <td>6. Current CEP design is already 50 - 60% complete.</td> </tr> <tr> <td>7. Improved maintenance access and chiller removal process.</td> <td>7. Location has not been finalized or verified it will work.</td> </tr> <tr> <td></td> <td>8. Overall height of the Prefab CEP once elevated for truck paths. (63' From Finish Grade to Top of Cooling Tower)</td> </tr> <tr> <td></td> <td>9. Additional trips for CxA to witness testing.</td> </tr> </tbody> </table>	Pros	Cons	1. Single install	1. Inhibits removal of the equipment from the existing CEP.	2. Less shutdowns	2. Takes up space onsite.	3. Constructed offsite	3. Inhibits delivery truck traffic patterns	4. Increased safety	4. Additional foundations and structure is required.	5. A faster usable/working plant once delivered.	5. Current power service specified is not available.	6. Eliminates interior structural work.	6. Current CEP design is already 50 - 60% complete.	7. Improved maintenance access and chiller removal process.	7. Location has not been finalized or verified it will work.		8. Overall height of the Prefab CEP once elevated for truck paths. (63' From Finish Grade to Top of Cooling Tower)		9. Additional trips for CxA to witness testing.	<table border="1"> <thead> <tr> <th>Pros</th> <th>Cons</th> </tr> </thead> <tbody> <tr> <td>1. Location (Equipment will fit inside the existing CEP).</td> <td>1. Work is harder to complete in existing conditions.</td> </tr> <tr> <td>2. All the equipment is housed in one plant.</td> <td>2. Possible unforeseen shutdowns required of the hospital.</td> </tr> <tr> <td>3. An additional structure will not be required.</td> <td>3. Larger safety concerns.</td> </tr> <tr> <td>4. Will not impact current traffic patterns.</td> <td>4. Longer schedule durations required.</td> </tr> <tr> <td>5. Repiping will clean-up the old system and help clean-up space in the CEP.</td> <td>5. Removal of the existing Chillers will be difficult.</td> </tr> <tr> <td>6. There is time in the schedule to install per current phasing.</td> <td>6. Difficult steel reinforcing of the existing structure. Scope has not been confirmed yet.</td> </tr> </tbody> </table>	Pros	Cons	1. Location (Equipment will fit inside the existing CEP).	1. Work is harder to complete in existing conditions.	2. All the equipment is housed in one plant.	2. Possible unforeseen shutdowns required of the hospital.	3. An additional structure will not be required.	3. Larger safety concerns.	4. Will not impact current traffic patterns.	4. Longer schedule durations required.	5. Repiping will clean-up the old system and help clean-up space in the CEP.	5. Removal of the existing Chillers will be difficult.	6. There is time in the schedule to install per current phasing.	6. Difficult steel reinforcing of the existing structure. Scope has not been confirmed yet.
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SECTION III - PROPOSED PRECONSTRUCTION AND CONSTRUCTION TEAM

10. Describe how your firm will staff the Project during the preconstruction, construction, and the transition/move-in/occupancy phases. Include number of staff members, position, timing and duration via a project staffing grid or matrix.

Robins & Morton's key personnel will be actively engaged throughout the preconstruction stage and into construction. One of Robins & Morton's differentiators is that our superintendent and project manager are actively involved during preconstruction to better understand the wants and needs of AdventHealth and ultimately deliver a first-class project. Please see our staffing chart below showing proposed personnel and the amount of time they will be involved in the different phases of the project.



SECTION III - PROPOSED PRECONSTRUCTION AND CONSTRUCTION TEAM

11. Provide an example detailed project estimate for a similar healthcare project. This document will fall outside of the above page limits for this section of the Response.

Robins & Morton's standard estimate proposal and cost breakdown is provided on the following pages.

ESTIMATE SUMMARY						ROBINS & MORTON	
PROJECT: AHDB EXPANSION - TOTAL (Expansion, CEP, Renovation)						10/10/23	
ESTIMATE: E4140						SCHEMATIC	
LOCATION: DAYTONA BEACH, FL							
ITEM #	ITEM OF WORK	Q'TY	UNIT	UNIT COST	TOTAL COST	SF COST	% TOTAL
1	Demolition/ICRA/Temp Measures	1	L/S	2,123,329.00	2,123,329	7.80	1.36
2	Foundations (Foundation Protection)	1	L/S	92,000.00	92,000	0.34	0.06
3	Soil Poisoning	5,147	SF	0.75	3,860	0.01	0.00
4	Concrete	8,672	CUYD	1,793.64	15,555,013	57.18	9.96
5	Precast Concrete	46,300	SF	80.80	3,741,000	13.75	2.40
6	Masonry	8,826	SF	28.00	247,128	0.91	0.16
7	Structural Steel	1	L/S	1,692,482.08	1,692,482	6.22	1.08
8	Rough Carpentry	1	L/S	1,284,053.50	1,284,054	4.72	0.82
9	Waterproofing	1	L/S	25,875.00	25,875	0.10	0.02
10	Roofing	93,446	SF	33.18	3,100,416	11.40	1.99
11	Roof Accessories		L/S	0.00	0	0.00	0.00
12	Metal Panels/Rain Screens		SF	0.00	0	0.00	0.00
13	Caulking	1	L/S	170,570.00	170,570	0.63	0.11
14	Doors & Hardware	764	EA	4,377.83	3,344,969	12.30	2.14
15	Special Doors	76	EA	4,209.21	320,492	1.18	0.21
16	Exterior Glass	41,557	SF	158.48	6,585,799	24.21	4.22
17	Interior Glass	1	L/S	496,382.60	496,383	1.82	0.32
18	Stucco/EIFS	39,145	SF	20.77	812,930	2.99	0.52
19	Metal Framing & Drywall	1	L/S	9,319,081.00	9,319,081	34.26	5.97
20	Acoustical Ceilings	153,972	SF	6.62	1,019,617	3.75	0.65
21	Firestopping	1	L/S	339,722.45	339,722	1.25	0.22
22	Spray Fireproofing	1	L/S	22,544.50	22,545	0.08	0.01
23	Special Flooring	33,548	SF	12.32	413,172	1.52	0.26
24	Hard Tile	49,121	SF	22.55	1,107,803	4.07	0.71
25	Soft Flooring	135,289	SF	14.95	2,023,132	7.44	1.30
26	Moisture Mitigation	1	L/S	363,648.00	363,648	1.34	0.23
27	Painting	1	L/S	941,909.15	941,909	3.46	0.60
28	Specialties	1	L/S	3,099,205.20	3,099,205	11.39	1.99
29	Wall Louvers	400	SF	100.00	40,000	0.15	0.03
30	Signage		L/S	0.00	0	0.00	0.00
31	Equipment (OFC)	1	L/S	510,809.00	510,809	1.88	0.33
32	Kitchen Equipment		L/S	0.00	0	0.00	0.00
33	Casework & Millwork	4,460	LNFT	604.61	2,696,580	9.91	1.73
34	Window Treatment/Shades	130	EA	800.00	104,000	0.38	0.07
35	Shielding	4	ROOM	50,625.00	202,500	0.74	0.13
36	Equipment Support (Unistrut)	6	ROOM	30,416.67	182,500	0.67	0.12
37	Special Construction (Roof Features)	1	L/S	1,497,905.00	1,497,905	5.51	0.96
38	Elevators	6	EA	372,916.67	2,237,500	8.22	1.43
39	PTS Systems	9	STA	39,444.44	355,000	1.30	0.23
40	HVAC	1	L/S	34,566,693.00	34,566,693	127.06	22.14
41	Plumbing/Med-Gas		L/S	0.00	0	0.00	0.00
43	Fire Protection	1	L/S	1,591,268.50	1,591,269	5.85	1.02
44	Electrical	1	L/S	26,136,300.00	26,136,300	96.07	16.74
45	Low Voltage Systems	1	L/S	3,660,476.00	3,660,476	13.46	2.34
46	Permits/Services/Insurance/Misc.	1	L/S	4,573,484.72	4,573,485	16.81	2.93
47	Building General Conditions	25.5	MNTH	214,870.59	5,479,200	20.14	3.43
48	Building General Requirements	25.5	MNTH	123,959.80	3,160,975	11.62	1.98
49	Building Contingency	1	L/S	7,431,012.38	7,431,012	27.31	4.76
BUILDING COST					152,672,337	561.19	97.80
BUILDING FEE					3,435,128	12.63	2.20
TOTAL BUILDING COST					156,107,465	573.82	100.00
BUILDOUT:		143,308					
RENOVATION:		38,515					
SHELL SPACE:		90,226					
TOTAL:		272,049		SF (See Special Aspects for breakdown)			
BEDS:		104					

SECTION III - PROPOSED PRECONSTRUCTION AND CONSTRUCTION TEAM

ESTIMATE SUMMARY

PROJECT: AHDB EXPANSION - TOTAL (Expansion, CEP, Renovation)
 ESTIMATE: E4140
 LOCATION: DAYTONA BEACH, FL

ROBINS & MORTON

10/10/23
 CONCEPT

ITEM #	ITEM OF WORK	Q'TY	UNIT	UNIT COST	TOTAL COST	SF COST	% TOTAL
50	Sitework GC's & GR's		MNTH	0.00	0	0.00	0.00
51	Site Demo & Remediation	1	L/S	231,000.00	231,000	0.85	6.69
52	Earthwork & Excavation	1	L/S	757,207.78	757,208	2.78	21.92
53	Foundations (Ground Improvements)		SF	0.00	0	0.00	0.00
54	Domestic Water & Fire Lines		LNFT	0.00	0	0.00	0.00
55	Sanitary Sewer Lines		LNFT	0.00	0	0.00	0.00
56	Storm Drainage System	3,300	LNFT	200.00	660,000	2.43	19.10
57	Asphalt Paving	21,281	SQYD	41.52	883,665	3.25	25.58
58	Curbs & Gutters	10,252	LNFT	25.00	256,300	0.94	7.42
59	Sidewalks	4,023	SF	6.50	26,150	0.10	0.76
60	Concrete Paving		SF	0.00	0	0.00	0.00
61	Site Concrete		L/S	0.00	0	0.00	0.00
62	Site Improvements		L/S	0.00	0	0.00	0.00
63	Site Furnishings		L/S	0.00	0	0.00	0.00
64	Site Fencing & Walls		LNFT	0.00	0	0.00	0.00
65	Landscaping & Irrigation	466	SPACE	685.84	319,600	1.17	9.25
66	Hardscape	1	L/S	125,000.00	125,000	0.46	3.62
67	Site Water Features		L/S	0.00	0	0.00	0.00
68	Site Electrical	1	L/S	120,000.00	120,000	0.44	3.47
69	Site Mechanical		L/S	0.00	0	0.00	0.00
70	Site Permits/Insurance/Misc		L/S	0.00	0	0.00	0.00
71	Sitework Contingency		L/S	0.00	0	0.00	0.00
SITWORK COST					3,378,923	12.42	97.80
SITWORK FEE				2.25%	76,026	0.28	2.20
TOTAL SITWORK COST					3,454,948	12.70	100.00
TOTAL SITE & BLDG COST					156,051,260	573.61	97.80
TOTAL SITE & BLDG FEE					3,511,153	12.91	2.20
TOTAL PROJECT COST					159,562,413	586.52	100.00

SPECIAL ASPECTS:

DESCRIPTION	BUILDOUT RENOVATION	SHELL SPACE	BEDS BUILT	TOTAL PROJECT
FOUR STORY EXPANSION	99,394	82,430	104	181,824
ONE STORY EXPANSION	39,815	6,365	0	46,180
CEP EXPANSION	4,099	0	0	4,099
RENOVATION	38,515	1,431	0	39,946
TOTALS	181,823	90,226	104	272,049
PARKING GARAGE	0	0	0	0
SITWORK (Acres)	4.00			
SURFACE PARKING (Spaces)	466			

12. Discuss the reasons your firm and team should be selected and will provide best services and value for AdventHealth.

There are many challenges facing the construction industry currently and most of those will constrain the AdventHealth project unless mitigated early in the project development process. Robins & Morton is uniquely qualified for the Buncombe County Hospital because we possess all of the below attributes needed to be the best construction manager you could partner with to deliver the project.

- ✓ **Extensive North Carolina Healthcare Experience:** We are well versed with North Carolina DHSR requirements as a company and team and most healthcare projects we work on are CON dependent.
- ✓ **Familiarity with AdventHealth:** We have completed more than 180 projects totaling more than \$2.1 billion with AdventHealth since 1999. We have a thorough understanding of the AdventHealth culture driven by whole person care and Extending the Healing Ministry of Christ and respect for the established protocols which establish AdventHealth as a unique client.
- ✓ **New Hospital Construction Expertise:** We have completed hundreds of greenfield hospitals and clearly understand the logistical and planning requirements as well as the need to onboard the right trade partners and manage the schedule with emphasis on what it takes to successfully operate the new facility on day one.
- ✓ **Healthcare Focused CM:** Our clients value that we have a wealth of knowledge from working across the country to successfully delivering projects and our people are trained healthcare construction managers who have built a network of seasoned healthcare experienced subcontractors.
- ✓ **Depth and Capability of Resources:** We have an available, highly qualified team that has worked together before. We have in-house experts that know and understand the specialty work that drives healthcare construction as well as the ability to self-perform critical components
- ✓ **IPD Experience:** Having worked on many Integrated Project Delivery and adopted our own, unique Target Value Delivery approach to mitigation risks in marketplace, Robins & Morton has the right mindset and tools to align the project team and position our partners for success.

All of the above strengths are further enhanced and leveraged through our Building Forward® approach, which in essence is our process of focusing on people and how they perform better in the right lean environment. Utilizing Integrated preconstruction, we will bring operational experience into the earliest possible stages of planning to leverage expert knowledge and enable prefabrication opportunities and early release of long-lead materials, bringing real value to the project.

Additionally, Robins & Morton is committed to serve the communities that we work in. Our teams move to an area and make it their home for the duration of the project so you can be assured the project will be built as if our families will be treated there. You will receive a dedicated, focused effort from Robins & Morton that brings you all the relationships and knowledge of an engaged regional contractor plus the strength and experience of a successful national healthcare builder.

13. Describe plan for mock ups and any other coordination tools.

Interactive Virtual Mockups

Robins & Morton has the in-house expertise to create interactive virtual mockups that can be used within various viewers, including virtual reality headsets. This allows our clients to virtually walk-through designed spaces and provide valuable feedback throughout the project. These virtual mockups can also be adjusted quickly, dramatically reducing the feedback cycle time and material waste, as well as lowering costs. We also use augmented reality to assist our field teams with coordination efforts. Using Oculus headsets, our teams can view and verify various scopes of work, including overhead and in-wall coordination. Although the project may be in the early stages of construction, the field teams see an augmented view of how the above-ceiling or in-wall scopes will look when installed and can quickly identify coordination and quality issues, preventing costly rework. By using 3D virtual and augmented reality mockups, we can provide early visualization, eliminate confusion and remove the likelihood of late changes and change orders.



Traditional Mockups



If AdventHealth would prefer to utilize traditional mockups, we have the experience and capability to buildout patient rooms, nurse stations, lobby sections, and any other areas you would like to see.

One example of this using traditional full-size/scale mock-ups was on the Mayo Clinic Mangurian Building project. The new freestanding facility included private treatment rooms and the hospital team wanted to see the layout including all of the equipment, artwork and other details. Our team worked through initial space and layout options using a foamboard to allow the hospital the time and space to adjust things as they saw fit. Once they felt comfortable with the space layout, we then did a full scale mockup including all finishes, millwork, etc. so they could see the complete finished product and approve it before we began the finish work within the actual facility. This multi-step approach to mockups provided a proactive collaborative approach that everyone was able to participate in.

Cardboard Mockups

One additional mockup option, is creating an entire floor of mock-ups in a large warehouse space. We also did this with Nemour's Children's Hospital where we completed a sixth floor buildout project. We built a "cardboard city" for the entire project team, laying out the entire floor using the proposed design, and then filled each room with the necessary equipment and furniture. The clinical and administrative staff could then walk through the entire space, envisioning the corridor widths, room sizing and all of the other sizing details before it was constructed.



Whatever AdventHealth's preferences are related to mockup - virtual, individual sample spaces, or entire floor plans - we have the experience and knowledge to work with the team to make them a success.

Building Information Modeling

Elimination of Waste in Design

The structure of an integrated project allows the team to reduce wasted effort in design process, establish creative workflows to expedite fabrication, and facilitates data sharing among the integrated partners. This can dramatically reduce the overall duration of a project by creating a seamless design and construction process.

BIM Execution Plan

The BIM execution plan defines the roles of each team member and their workflow related to the modeling process. The standards, developed collaboratively, are dynamic to allow for additional uses realized during the design and construction processes.

One significant goal of the BIM implementation plan is to reduce duplication of drafting effort that occurs in a non-collaborative delivery process. The design-assist trade contractors, working as members of the project team, will provide input to the design team as schematic layouts are developed. The BIM team members then create coordinated fabrication drawings using CAD exports from Revit. The goal of the process is to proceed to fabrication directly from the coordinated effort of the BIM Execution Plan.



BIM Implementation

BIM is a process that bridges the design and construction phases of a project and has even become an integral part of facilities management. Robins & Morton has the experience to manage this process and ensure a streamlined transition from one phase to the next. We understand how the design team's model can be leveraged to extract quantities for estimation, evaluate for constructability issues, integrate into the construction coordination process, and then be utilized for precise prefabrication and layout in the field. We will lead this effort and ensure that BIM provides maximum value to the project.

14. Describe any Lean initiatives including any opportunity for prefabrication or other initiatives that could save the project time and/or money.

For more than 30 years, Robins & Morton operated within a project delivery approach that the industry called "partnering." Although much more collaborative than the traditional hard-bid environment, we had an epiphany that would improve the construction process. Ten years ago, we experienced the benefits of a collaborative, inclusive project environment, and now that experience is at the core of why we do what we do.

The Maine Story

In 2009, at the height of the Great Recession, we were awarded a 650,000-square-foot replacement hospital project for MaineGeneral Medical Center in Augusta, Maine. From the beginning of the project, the client required respect for and the inclusion of local workforce to be our top priority above budget and schedule. The local labor market was depressed and desperately needed work. We set about to honor that requirement, but employing a workforce of 1,000 in a state of one million was daunting.

Further, we were in an unfamiliar market, partnering with trade contractors with whom we'd never worked. Soon we had an injury rate that was unacceptable. Constant safety reminders weren't working. Stymied, the project team brought in a

consultant and he presented his findings after a week. The project team realized the collaborative, safety-first, quality-focused, customer-satisfaction-driven culture we talk about doesn't just happen because there are Robins & Morton logos on the jobsite. They would need to make it happen. Ultimately, we had to improve our project delivery approach and improve our culture.



The Cultural Shift

First, positive reinforcement, rather than negative reinforcement, changed attitudes onsite. Respecting the experiences of our craftspeople by listening to them was a powerful element in that cultural shift. Second, the top-down support and safety focus from our leadership drove change. Safety was no longer a checklist and became a priority in how and what we do. At the end of the project, our incident rate improved from a 5 EMR to below a 1, quantifiable proof that we were on the right path. Other indicators included:

- Completing the project 10 months ahead of schedule
- Adding \$20 million of client-desired scope above the original program through savings
- Employing 92% local labor
- Completing the project with a safety rate below 1 EMR
- Providing valuable training and skills for hundreds of Maine craftspeople.

Building Forward® Approach

Soon, the effects of the cultural shift began impacting projects in other ways, beginning with safety, and extending to quality and schedule management. Our transformational company approach, Building Forward®, sets us apart from other construction firms. Robins & Morton's Building Forward® approach brings our culture of caring about our clients, employees, trade contractors and communities to the forefront in every aspect of our company, holding us accountable to carry that culture forward.

We believe that Building Forward® helps us deliver exceptional results to our clients and challenges us to have a positive, lasting impact on everyone and everything touched by our actions.

Building Forward's® guiding tenets – Collaboration, Continuous Improvement, Leadership Development and Creating a Learning Culture – and the integration of Lean tools and practices reinforce our Values and drive us to become better in everything we do. Building Forward® engages and empowers individuals at every level, fosters inclusion, promotes sustainability and embraces innovation.

The Processes and Tools

As builders, we have developed processes to ensure our projects are successful. As a part of our Building Forward® approach, Robins & Morton utilizes several Lean processes and tools that provide value to our clients and projects. Implementation of these tools, along with the culture-first approach, increases collaboration, communication and team engagement. When all team members are engaged, our clients receive a safe, high-quality project that is completed on schedule and within budget.

Quality at the Source

Quality control has always been a core value for Robins & Morton. Robins & Morton is committed to providing superior quality for the Buncombe County New Hospital. From our overall Quality Management Program, our commitment to driving quality down to the source through Quality at the Source, and our documented Quality Management Manual, we will develop a thorough quality program that exceeds your expectations.




We will implement a Quality Management Program (QMP) to significantly reduce unnecessary waste, including the waste of re-work. Robins & Morton's QMP process is reflected in a living document that will be assessed regularly.

In addition to our QMP, we then take our commitment to quality to the source, through our Quality at the Source program. Our field-level control program is referred to as Quality at the Source out of respect for the craft professionals who put the work into place. As a part of our Building Forward® approach, we empower these craft professionals to play a vital role in ensuring superior quality on our projects.

Robins & Morton's Quality Management Manual (QMM) outlines our quality assurance (QA) and quality control (QC) plan, standards, and procedures. The purpose of the QMM is threefold:

- To ensure that high quality standards are followed
- To eliminate waste through continuous improvement while we deliver a best-in-class project
- To continue learning as an organization, providing guidelines through Plan-Do-Study-Adjust (PDSA) cycles

Reduce Waste and Re-Work with Quality at the Source

 <p>QUALITY CONTROL</p>	<p>WHO'S RESPONSIBLE</p> <ul style="list-style-type: none"> ▪ Contractor 	<p>HOW IT WORKS</p> <p>Quality control places the attention and physical inspections <i>after</i> work is put in place. This ultimately results in re-work and waste.</p>
 <p>QUALITY ASSURANCE</p>	<p>WHO'S RESPONSIBLE</p> <ul style="list-style-type: none"> ▪ Contractor ▪ Client ▪ Design Team 	<p>HOW IT WORKS</p> <p>Quality assurance takes a more proactive approach by educating and aligning the team around a plan to ensure quality is achieved <i>before</i> work is put in place.</p>
 <p>QUALITY AT THE SOURCE</p>	<p>WHO'S RESPONSIBLE</p> <ul style="list-style-type: none"> ▪ Robins & Morton ▪ Client ▪ Design Team ▪ Trade Contractors ▪ Consultants ▪ AHJs ▪ Third Party Inspectors 	<p>HOW IT WORKS</p> <p>Quality at the Source takes a collaborative approach to Quality Management involving all stakeholders, including the craft workers that are responsible for putting the work in place. This ensures buy-in from all team members and validates our Quality Assurance approach while reducing our Quality Control re-work and ultimately reducing waste.</p>

SmartFab®

SmartFab® is a holistic approach for maximizing the value of each definable feature of a project through identifying and systematically implementing available modular systems and prefabricated solutions within the construction process to eliminate waste and achieve ultimate value for the project. The approach is customized based on project needs and includes early identification and engagement of the Project Delivery

Team (AdventHealth, HKS, Robins & Morton, select trade contractors and other stakeholders) to collaborate throughout each phase of the project.

Variables such as skilled manpower, repetitive construction elements, and trade contractor experience with prefabrication should be considered when developing a prefabrication plan. Our goal is to provide a facility that will allow your staff to provide the best possible care. Each prefabrication effort considered should be assessed not only for the gains to the construction project, but to the long-term value it provides to AdventHealth. Standardization is a characteristic of prefabrication that often improves the users' ability to provide efficient and consistent patient care.

Some of the areas Robins & Morton have identified where prefabrication could be helpful on the on the Buncombe County New Hospital are included in the table on the following pages.

Our prefabrication and modular strategy on the Buncombe project is extensive. **We have designed a strategy to provide the greatest value, in the shortest amount of time with the best quality and lowest overall cost.** Our strategy would begin with the end in mind by working closely with the design team to provide accurate and comprehensive cost/benefit analysis. Our goal in early stages of the project would be to include a large amount of prefabricated components for a goal, that would achieve approximately 55% of the total construction. We will prioritize the items to ultimately provide the greatest value while having the greatest positive effect on critical path schedule. This would start with a prefabricated exterior skin, volumetric modular CEP, bathroom pods, headwalls and interior partitions. Based on the final systems that are included in the design, we will pursue every other system that works in the program and will utilize our SmartFab® group to guide the construction team through lessons learned from our extensive experience. To date we have installed more than 400 bathroom pods, 1500 prefabricated headwalls, 2200 linear feet of multi-trade racks, 120 modular OR Ceilings and have the second project in the county with modular glass OR wall assemblies. In addition, we are currently working with over 60 trade partners to maximize the amount of assemblies and modules that increase quality and safety while reducing manpower on site over 30%.

Please see a recent example on the following pages where the team put our SmartFab® approach in place.

Warehousing/Logistics: Due to the tight sight conditions and continuing operation of the existing facility, coordinating and managing deliveries, material and labor is critical to success of this project. Our SmartFab® process provides the framework for collaboration with the entire team to provide the most effective warehousing and logistics plan and continually assesses it value throughout the entire life cycle of the project. This value is proven through not only through mitigating escalation but enabling our trade partners to maximize their opportunity to prefab. The entire system will also provide schedule certainty.



Unitized Curtain Wall: Exterior Wall Panels have become a standard installation for all projects at Robins & Morton. In most cases we have achieved cost neutrality while improving building dry in dates through our partnerships with our vendor suppliers. The system that we utilize is flexible enough to meet most design intents while increasing the level of quality to unachievable levels of field installation. We are currently working hand in hand with manufacturers to provide a end to end solution that produces a fully finished panel. We truly have the ability to impact critical path construction schedules with this system.

Bathroom Pods: Factory built bathroom pods are sized, and accessorized precisely to architectural plans and then built in controlled factory conditions. By producing these pods off-site, brand specific complete prefabricated bathrooms have been able to simplify the construction process, de-risk job sites and accelerate build schedules while delivering a product of the highest quality. We expect to see completed bathrooms installed in our sites two months earlier than traditional construction while achieving the highest level of sustainability, safety and simplicity.

OR Ceilings: Prefabricated OR Ceilings have proven time and again to be the most efficient method to design and construct ORs. The quality, and speed of installation are paramount. We have extensive experience in the process of integrating modular ORs into our projects and have currently managed the installation of 188 ceilings. We work with multiple manufacturers to find the best possible solution for each project to balance quality, time and cost.

Loading Docks: Pre-manufactured loading docks have proven to be an efficient and cost benefit item that we've included in our project. The use of the dock limits the amount of coordination that needs to be completed in the field and provides an accurate useful template that are benefiting a large number of our projects.

Interior Partitions: Robins & Morton is at the forefront of integrating pre-manufactured interior partitions on healthcare projects across the United States. We have worked closely with many of the largest producers of partitions to develop a system that will accommodate nearly every construction type from load bearing to non load bearing in both new construction and renovation. The benefits of the system include cost certainty early in the projects, quality, reduction in waste and lowering crew members on projects. It also affords the ability to integrate a much larger amount of trade partner initiated prefab due to having Revit models with every stud places. The options for the system are endless and providing incredible value to some of the largest projects and clients in the country.

Exterior Load Bearing Panels: Exterior load bearing panels have proven to be an extremely versatile and efficient method of construction. Robins & Morton has multiple partnerships in place that would bring aboard a time tested constructor to design and install a complete load bearing exterior panel that comes to the site finished with all penetrations and windows. This system can accommodate nearly any design intent and ensures the highest quality and shortest possible critical path schedule.

Exterior Wall Panels ((Non Load Bearing) in lieu of load bearing): Exterior Wall Panels have become a standard installation for all projects at Robins & Morton. In most cases we have achieved cost neutrality while improving building dry in dates through our partnership with Sto. The system that we utilize is flexible enough to meet most design intents while increasing the level of quality to unachievable levels of field installation. We are currently working hand in hand with manufacturers to provide a end to end solution that includes

window and receivers. We truly have the ability to impact critical path construction schedules with this system.

Electrical/Mechanical Room Modules: Electric/Mechanical room modules are an innovation the we have been installing for the past five years. We have selected and trained multiple trade partners to collaborate with interior wall panel constructors to design and install complete electric and mechanical rooms. This process has proven to get our buildings complete sooner, and has mitigated schedule risk by providing an earlier release of long lead items. Never has this been more prevalent than in the current market where lead times have grown to months rather than weeks. Our BIM and construction teams are instrumental in this process and can drive the best decision making process to bring our buildings on line sooner.

Multi-Trade Underground Utility Systems: In facilities where keeping existing operations moving seamlessly, there is little that proves more disruptive than large site and street construction evolutions that slow traffic and confuse patrons. In order to minimize this time, combining excavating and building multi-trade racks off-site in sections of 20' or greater has proven to be the most efficient method of install. This system requires a considerable amount of collaboration and planning. We have coordinated this process on countless projects and can provide the organization, teamwork and tools to accomplish this in the most efficient manner.

Modular Penthouse: Modular penthouse units have proven to be the most efficient method for delivering mechanical and electrical systems to complicated construction projects that are challenged by space, maintaining operations and/or challenging labor markets. We have partners that are solely focused on the production of these units to provide the best value and schedule improvements. These units are designed to the exact project parameters and can work with any supplier and specification. There are additional financial benefits that can be considered depending on project goals.

Mechanical Skids: Mechanical skids are becoming common practice on the majority of Robins & Morton projects. They benefits of producing complex systems off-site and installing complete mechanical and pump skids, ready for final termination, include: 1. Superior quality. 2. Early and complete coordination. 3. Thorough testing and approval. 4. Earlier procurement of potentially long lead items. 5. Reduction in field skilled tradespeople. 6. Increased safety of working in a controlled environment. 7. Assembly line style manufacturing.

Ambulance Chargers: Pre-fabricated ambulance chargers are the most efficient and flexible means of installation to provide the utilities required to maintain ambulances. The advances and new technology included in ambulances is ever evolving. Designing and installing highly flexible ambulance chargers is critical. Therefore, taking advantage of systems that are paralleling these technologies provides significant advantage to our projects. Other advantages include: 1. Standardized design to accommodate any ambulance. 2. Lower initial cost. 3. Industry leading quality. 4. Early coordination. 5. Simplicity in design and install.

Mechanical Shafts: The construction and installation of vertical mechanical shafts is critical to maintaining an aggressive schedule. There is a significant amount of building construction that occurs around these shafts and is dependent upon their completion. Therefore it is important to drive the fabrication and installation of these shafts. There is also a significant benefit in reducing skilled tradespeople on the site, reduced waste, increased quality and expediency of install.

SECTION III - PROPOSED PRECONSTRUCTION AND CONSTRUCTION TEAM

AdventHealth Buncombe Prefabrication / Modular Construction Preconstruction Schedule

SmartFab Delivery Process											Meeting Attendees: DS / MH	
Schedule	Agenda	R&M Project Team	R&M SmartFab Team	Owner	Architect	Engineering	Facility	Trade Partners	BIM Team	Volumetric Modular Fabricators	Staus	
RFP	R&M Internal Evaluation	X	X								Completed	
Award	SmartFab Big Room Kick Off	X	X	X	X	X	X		X	X		
Precon Week 1	Smartfab Evaluation Review	X	X	X	X	X						
Precon Week 2	Smartfab Prioritization Review	X	X	X	X	X			X			
Precon Week 3	Smartfab Prioritization Conclusion	X	X	X	X	X				X		
Precon Week 4	SmartFab "Top 5" Review	X	X	X	X	X			X			
Precon Week 6	SmartFab "Top 5" Review	X	X	X	X	X						
Precon Week 7	SmartFab "Top 5" BIM Review	X	X	X	X	X	X		X			
Precon Week 8	SmartFab "Top 5" Review	X	X		X	X						
Precon Week 9	SmartFab "Top 5" Review	X	X		X	X						
Precon Week 10	SmartFab "Top 5" Review	X	X	X	X	X						
Precon Week 11	SmartFab "Top 5" BIM Review	X	X	X	X	X	X		X	X		
Precon Week 12	SmartFab "Top 5" Finalization	X	X	X	X	X	X		X	X		
Precon Week 13	SmartFab "Top 5" Report Out	X	X	X	X	X	X		X	X		
Precon Week 14	SmartFab Remaining Systems Review	X	X	X	X	X						
Precon Week 15	SmartFab Remaining Systems BIM Review	X	X	X	X	X	X		X			
Precon Week 16	SmartFab Remaining Systems Review	X	X	X	X	X						
Precon Week 17	SmartFab Remaining Systems BIM Review	X	X	X	X	X	X		X	X		
Precon Week 18	SmartFab Remaining Systems Review	X	X	X	X	X						
Precon Week 19	SmartFab Remaining Systems BIM Review	X	X	X	X	X	X		X	X		
Precon Week 20	SmartFab Remaining Systems Review	X	X	X	X	X						
Precon Week 21	SmartFab Remaining Systems BIM Review	X	X	X	X	X	X		X			
Precon Week 22	SmartFab Project Overview and Report Out	X	X	X	X	X	X		X	X		
Precon Week 24	Smartfab Coordination	X	X		X	X			X	X		
Precon Week 25	Smartfab Coordination	X	X		X	X			X	X		
Precon Week 26	SmartFab Architectural Report Out	X	X	X	X	X	X		X	X		
Precon Week 27	SmartFab Engineering Report Out	X	X	X	X	X	X		X	X		
Precon Week 28	Finalization of all items for Pricing	X	X									
Precon Week 29 - 36	Pricing and Vendor Coordination	X	X	X	X	X	X	X	X	X		
GMP Week 36 - 39	Precon Based Benefit Review	X	X	X	X	X						
Construction Even Weeks	Architectural and Engineering Review	X	X	X	X	X						
Construction Odd Weeks	Trade Partner Review	X	X	X	X	X	X	X	X	X		
Construction Final Week	Lessons Learned and Report Out	X	X	X	X	X	X	X	X	X		

AdventHealth Buncombe - Smartfab Assessment							
Smartfab Project Team	Marshall Scott	Matt Hardy					
Baptist Crestwood							
Modular Solutions							
Modular CEP/Multi Trade Racks	Skin	Bathroom Pods	Underground Utilities	Interior Partitions	Headwalls	Warehousing/Logistics	Helipad
Yes - Review	Yes	Yes - Review	Yes - Review	Possible - Review	Yes	Yes - Review	Yes
Trade Partner Initiated Components/Assemblies/Prefabrication							
Electrical/Mechanical Room	Electric OH	Electric UG/UF	Panels/Distribution	In Wall RI	HVAC Duct	HVAC Piping	Other
Yes - Coordinated with CEP and Racks	Yes - Review	Yes - Review	Yes	Yes	Yes	Yes	

Possible Selections
N/A
Possible
Possible - Review
Yes

Prefabricated Exterior Skin Comparison Example

ROBINS & MORTON

SmartFab®

Atrium Health Cabarrus Vertical Expansion - Core & Shell

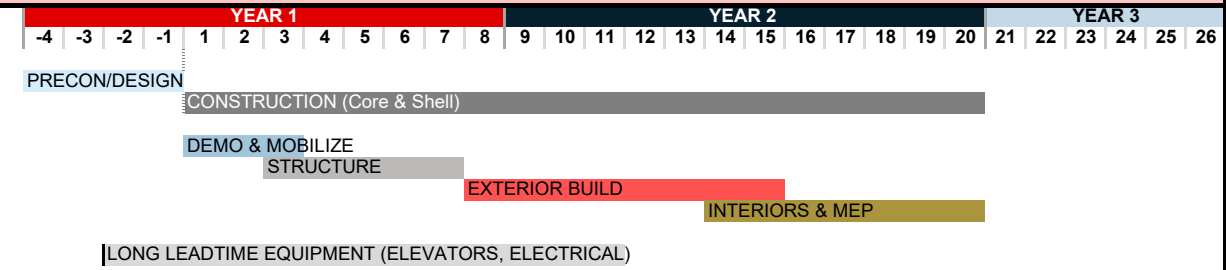
Exterior Skin Comparison - Schematic Design

May 1, 2024

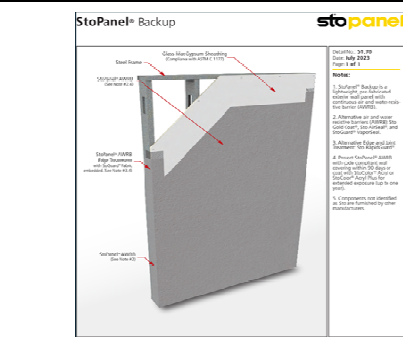
BASE - Traditional Stick-Built Brick



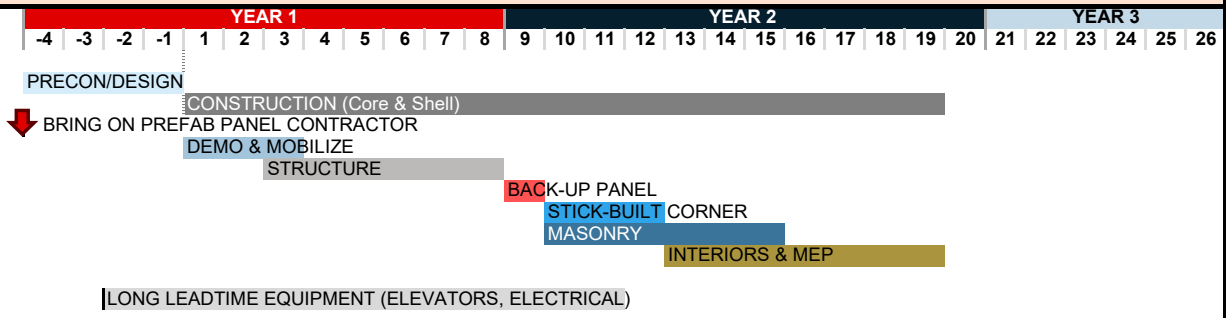
COST	
Included in Estimate	
ADVANTAGES	CONSTRAINTS
Material Match	Scaffold Full Site
Crane Limitations a Non-Issue	Cover Existing Patient Room Windows
Greater Flexibility in Design	Heavier Load on Structure
Same Material as Existing Structure	Potential to Reply Lower Roof
	Greater Logistical Challenges
	Longest Schedule
	Risk of Damages to Existing Structure
	Increased Vibration at Existing Structure



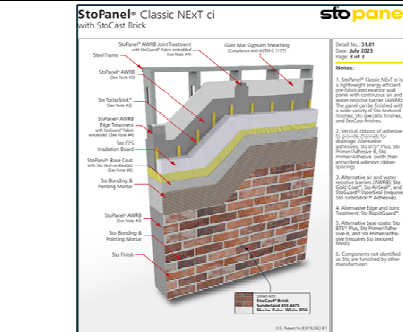
OPTION A - StoPanel Backup with Traditional Stick-Built Brick



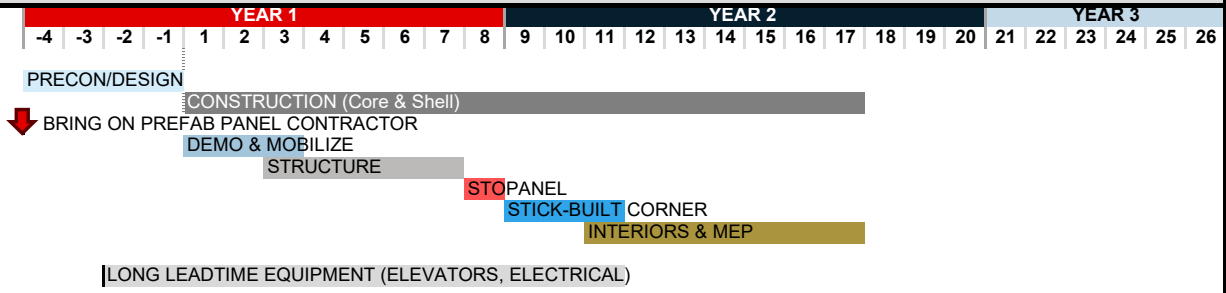
COST VARIANCE	
\$1,593,724	
ADVANTAGES	CONSTRAINTS
Earlier Dry-In	Scaffold Full Site
Panel Size Flexibility	Cover Existing Patient Room Windows
Same Material as Existing Structure	Heaviest Load on Structure
	Structural / Architectural Coordination
	Potential to Reply Lower Roof
	Greater Logistical Challenges
	Longer Schedule than Prefab Panels
	Risk of Damages to Existing Structure
	Increased Vibration at Existing Structure



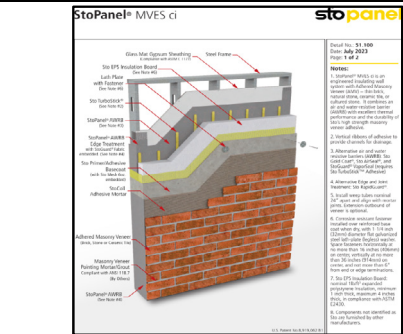
OPTION B - StoPanel Classic NEXt ci with StoCast Brick



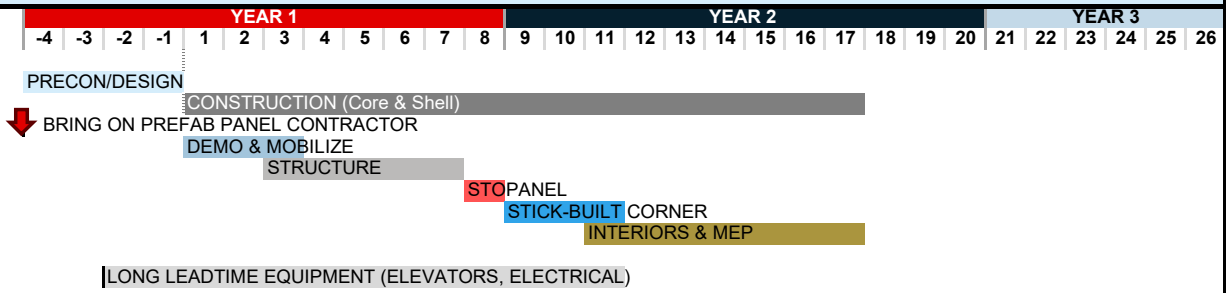
COST VARIANCE	
-\$874,511	
ADVANTAGES	CONSTRAINTS
Earliest Dry-In	Different Material than Existing Building
Reduced Exterior Framing Scope	Panel Size Limitations
Safer	Precast Design / Logistics
Increased Quality Control	Structural / Architectural Coordination
Reduction in Structural Steel	Cast Stone replaced with Acrylic Finish
Do Not Cover Patient Room Windows	
Limited Scaffolding	
Lightest	
Just-in-Time Deliveries	



OPTION C - StoPanel MVES ci with Thin Brick



COST VARIANCE	
-\$365,308	
ADVANTAGES	CONSTRAINTS
Earliest Dry-In	Panel Size Limitations
Reduced Exterior Framing Scope	Precast Design / Logistics
Safer	Structural / Architectural Coordination
Increased Quality Control	Heavier Load on Structure
Do Not Cover Patient Room Windows	Cast Stone replaced with Acrylic Finish
Limited Scaffolding	
Just-in-Time Deliveries	



15. Describe approach to jobsite safety management and plans to keep this project accident free.

A Culture of Caring and Responsibility

Our experience at MaineGeneral pushed us to evaluate the Human Performance (HP) Philosophy. The HP Philosophy incorporates an understanding of human error and organizational performance, including an emphasis on improving organizational culture by promoting behaviors that support the safe, efficient, and reliable completion of work. A safety culture must be established and reinforced through alignment and engagement, factors that are fundamental to both Human Performance and Building Forward®.

For the Buncombe County New Hospital, we will prepare a comprehensive, project-specific safety, health, and environmental plan that will guide our efforts and account for all potential exposures. Safety success will be achieved through our managers' active and visible involvement fostering an environment where all team members are provided sound safety leadership. Below are a few of our safety best practices we would recommend implementing on your project:

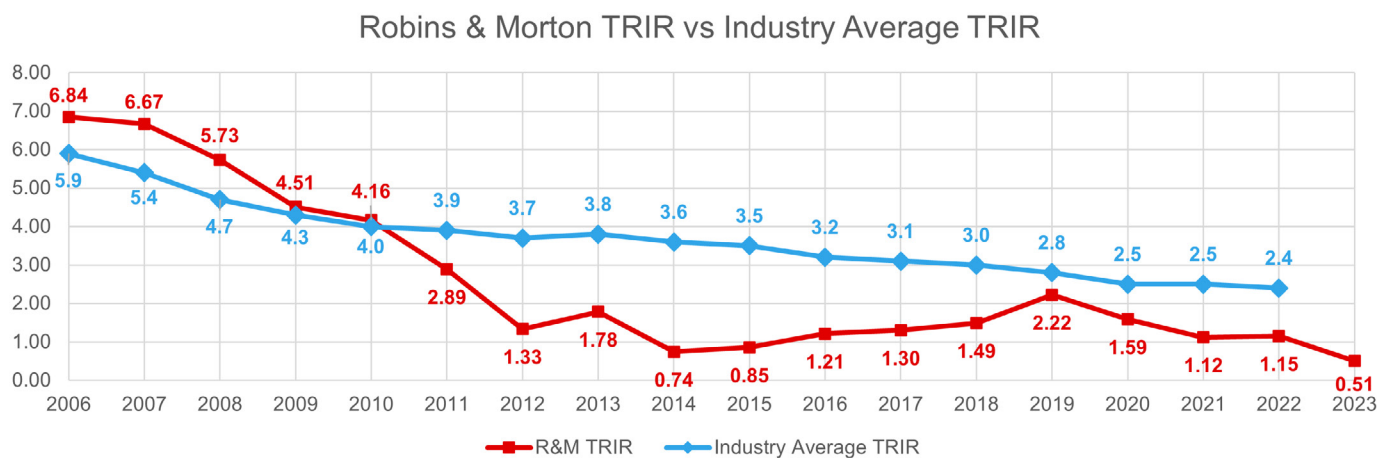
- Weekly Team Safety and Project Update Meeting
- Human Performance Tools that Engage Workers
- Safety Appreciation/Recognition and Safety Lunches
- Event Learning Teams
- Bow Tie Risk Analysis Considers Prevention and Consequence Controls
- S.A.F.E. Walk "Senior Leaders Assessment of Field Safety Excellence"
- Safety Management System Assessment that includes Measuring Management Commitment, Team Member Participation and Process Implementation

Our Record of Caring and Responsibility

By implementing this culture of caring and responsibility, our safety record has continued to improve from where we were before the MaineGeneral project. Below are some company safety metrics.


ROBINS & MORTON	3,530,296	86	0.45	0.51	0.06	0.53	
SAFETY METRICS 2023	<i>Work Hours</i>	<i>Total Incidents Reported</i>	<i>Serious Injury and Fatality/Potential Serious Injury and Fatality Rate</i>	<i>Total Recordable Incident Rate</i>	<i>Lost Time Incident Rate</i>	<i>EMR</i>	<i>ABC Platinum STEP Safety Award Winner</i>

Robins & Morton Total Recordable Incident Rate (TRIR) vs. Construction Industry TRIR



16. Provide experience modifier rate (EMR) for last three years.

EMR for Last Three Years	
Year	EMR
2024	0.48
2023	0.53
2022	0.50



Robins & Morton's EMR ranks in the top 15% of contractors in the country.

SECTION III - PROPOSED PRECONSTRUCTION AND CONSTRUCTION TEAM

17. The list below outlines the consultants that have been retained to provide design and engineering services for the project. Please provide a matrix showing proposed team member's experience working with the following consultants on similar projects (can be in addition to Similar Project Experience listed above):

- (Architecture) HKS
- (Structural Engineering) Lynch Mykins
- (Civil Engineering) McGill and Associates
- (Landscape Architect) Surface 678, P.A.
- (Interior Designer) HKS
- (MEP/Fire Protection) RMF
- (Vertical Movement) St Onge

Please see our matrix below showing our proposed team members experience working with the retained consultants.

Consultants	HKS	McGill and Associates	Lynch Mykins	Surface 678, P.A.	RMF	St. Onge
Services	Architecture / Interior Designer	Civil Engineering	Structural Engineering	Landscape Architect	MEP / Fire Protection	Vertical Movement
PROPOSED TEAM MEMBERS EXPERIENCE WORKING WITH RETAINED CONSULTANTS						
Mike Bumgardner Project Executive	✓		✓		✓	
Jeff Fox Project Director	✓					
Mike Goodin Senior Superintendent	✓		✓			
Nicole Betzner Senior Project Manager	✓					
Taylor Payne Senior Preconstruction Manager					✓	
Rusty Spray Senior Preconstruction Manager	✓				✓	✓
Brandon Neutzling Field Superintendent	✓					
Stephen Andersson Assistant Superintendent	✓		✓		✓	
Shay Chatelain MEP Superintendent			✓			
Charles Kneisley Project Manager			✓		✓	
Raney Sledge BIM/VDC Coordinator	✓		✓		✓	
Matt Hardy SmartFab® (Prefabrication) Director	✓	✓	✓		✓	

Section IV - Proposed Services Fees

1. Provide a total Lump Sum Fee for Preconstruction Services covering all aspects of providing the services as described in the Scope of Work outlined in this RFQ and the referenced Preconstruction Services Agreement (Attachments B & C) including but not limited to, estimating, scheduling, printing, consultant and/or subcontractor fees, all travel costs, general overhead, office supplies, etc. AdventHealth reserves the right to enter into a Preconstruction Services agreement with the successful CM Firm, without executing a subsequent GMP amendment with the Firm for Construction Services.

\$307,122 Total Preconstruction Fee
N/A Alternate Preconstruction Fee For 26 Bed Addition

Please list individually any additional subcontractor trades(s) involvement you suggest to be part of this integrated design/preconstruction process and the additional fee(s) associated with their participation.

\$125,000 Mechanical (Mechanical and Plumbing may be combined if under one firm)
N/A Alternate Preconstruction Fee For 26 Bed Addition
Included above Plumbing
N/A Alternate Preconstruction Fee For 26 Bed Addition
\$75,000 Electrical
N/A Alternate Preconstruction Fee For 26 Bed Addition
\$0 Structural
N/A Alternate Preconstruction Fee For 26 Bed Addition
TBD Additional Subcontractor (List trade and fee for each suggested firm)
N/A Alternate Preconstruction Fee For 26 Bed Addition

2. Provide your Proposed Fee for Construction Management Services. Provide a fee percentage based on the square footage allocation listed in the project description and CM's knowledge of market cost and escalation to provide comprehensive construction phase services for the project described in this RFQ and attached forms of agreement (Attachments C & D).

2.30% Construction Management Fee based on Estimated Square Footage and Cost of Work
2.30% Alternate Construction Management Fee For 26 Bed Addition (If Different From Above)

3. Estimated General Conditions (GC) for this project. Utilizing the Division of Cost Elements (Attachment A), and the Construction Manager's knowledge of similar projects, provide the total cost for all labor, materials and equipment to be included in the General Conditions cost of the project.

\$6,870,848 Estimated Total General Conditions Cost
No additional Alternate Total General Conditions Cost For 26 Bed Addition
(assuming overall schedule is not impacted with additional beds)

SECTION IV - PROPOSED SERVICES FEES

4. General Liability Based on Cost of Work (Estimate Based on Square Footage and CM's Knowledge of Market Cost)

\$1,922,409 Total Cost of Base Project (~200,000 SF)

\$240,301 Alternate For 26 Bed Addition

5. Proposed Hourly Staff Rates. Provide your proposed hourly staff rates by position, for all staff categories that will be performing work as part of these services. All salary, bonuses, burden, PTO, sick leave, training, and any other associated costs are to be included in the hourly rates. Also provide average percentage rates for payroll taxes, insurance, and benefits for salaried and hourly payroll costs (Labor Burden Rates). Hourly staff rates should closely approximate actual cost of Contractor without additional fee.

Labor Burden Rate: 64%

SALARY STAFF UNIT RATES		HOURLY STAFF UNIT RATES	
Superintendent	\$142.58	Foreman	\$67.90
Field Superintendent	\$137.49	Carpenter	\$64.78
Assistant Superintendent	\$115.42	Laborer	\$51.82
Field Engineer	\$67.89		
Senior Project Manager	\$137.49		
Project Manager	\$122.21		
Assistant Project Manager	\$115.42		
Project Engineer	\$76.38		
Secretarial (On-Site)	\$59.41		
MEP Superintendent	\$122.21		
Scheduling Engineer	\$152.77		
Safety Engineer	\$78.98		

6. It has not been determined if the Owner or CM will provide the builders risk insurance. Please provide the rate you are typically able to obtain if asked to provide builders risk insurance.

Builders Risk Insurance Rate .009/\$100/month

Deductible Amount \$250,000

Builders Risk Insurance Rate (For 26 Bed Alternate, If Different) NA (as long as its included in same contract)

Deductible Amount (For 26 Bed Alternate, If Different) NA (as long as its included in same contract)

7. Proposed Bond Rates. It has not yet been determined if a payment and performance bond will be required of the CM. Provide your rate, as a percentage of the GMP, if asked to provide a payment and performance bond.

Payment and Performance Bond Rate: \$7.78/\$1,000

The bond costs for this project will be reimbursed at actual costs incurred by the Construction Manager.

8. Subcontractor Bonds: Provide your firm's policy regarding required subcontractor bonding as well as rates. Note that the Owner has not agreed nor requested that the CM provide a subcontractor default insurance product in association with this Project ILO bonds.

TBD based on actual subcontractor's bonds rates.

Trade Contractor Bonding Policy

Robins & Morton's bonding policy requires that all trade contractors whose contract exceeds \$150,000 in value is required to furnish a Payment and Performance Bond or be enrolled in the trade contractor Default Insurance program in the full amount of their subcontract. As well, any trade contractor who is contracting any trade pertaining to the building's exterior envelope (glazing, architectural precast, masonry veneer, EIFS, waterproofing, roofing, etc.), regardless of contract amount, must also furnish a Payment and Performance Bond in the amount of their subcontract. We require that Performance Bonds be furnished by a Surety with an "A.M. Best Company" rating of A- or better and be licensed to do business in the state where the project is located.

As well, we require those same subs to furnish a Bid Bond (AIA A310 or other suitable form) with their bid in the amount of 5% of the bid amount. This provides evidence that a trade contractor is capable of providing the Performance Bond, if they are successful in being awarded the project.

Additionally, other trade contractors whose contract amount is less than \$150,000 and are non-skin related trades will be required to provide a Payment and Performance Bond, at the sole discretion of Robins & Morton, and will be requested to provide a letter from a surety attesting to their ability to provide such Performance Bond for the work being quoted.

Especially given today's economic climate and the recent market decline, We believe that this policy is prudent and necessary in order to ensure that the project's success isn't threatened by the potential for a trade contractor default. If a trade contractor defaults on a project, it typically impacts all the other trade contractors' work as well. Robins & Morton recognizes that we have a fiduciary responsibility to safeguard the project's interests and manage it to a successful outcome.

9. Proposed Fee for Self-Performed work: Self-Performed work is defined as when the CM's crews performs 80% of all labor for this work by the CM's own crews and provides all of the materials direct and not through a subcontractor. AdventHealth will, when its interests are best served, allow the successful CM to self-perform various components of the work. Provide a description of the procedure your firm follows when pricing and providing self-performed work to eliminate conflict of interest. Indicate how AdventHealth can be assured that the best value is obtained from the marketplace. The preferred contracting method for the self-performed work would be on a Cost of Work plus a Fee basis. Provide a proposed fee to be applied to all self-performed work.

12%

Provide a list of trade or supplier categories that your firm is capable of self-performing.

When beneficial to the project, Robins & Morton desires to self-perform scopes such as demolition, concrete, masonry, rough carpentry, installation of doors and hardware, drywall, specialties, low voltage, MEP and general trades. We have personnel that are excellent at their crafts, and we can perform this work on a "cost plus a fee" or a "lump sum" basis.

As with all trade contractor selections, AdventHealth and Adams will have the final say in who performs the scope of work. We feel that self-performed work benefits the project relative to both cost and schedule. We have read and understand the contract requirements relative to self-performed work.

10. Provide overhead and profit percentages for change orders on all tiers (supplier, subcontractor and CM).

CM Change Order Overhead: 5%

CM Change Order Profit: 2.30%

Subcontractor Change Order Overhead: 10%

Subcontractor Change Order Profit: 5%

Supplier Change Order Overhead: 10%

Supplier Change Order Profit: 5%

SECTION IV - PROPOSED SERVICES FEES

11. Master Campus Civil Design/Construction Coordination: While Civil Design and Construction will be conducted under separate contracts, understanding and coordination of design/constructability efforts should be assumed. Please provide any fees outside of those already listed above for the coordination of civil design and construction activities that are relevant to the Hospital Design and Construction.

N/A Alternate Fee For Civil, Design, and Construction Coordination 26 Bed Addition

12. Clarifications, Exceptions and Exclusions. List all clarifications, exceptions and exclusions relative to the proposed fees and other costs reflected above.

Labor rates included in section IV are based on 2024 Robins & Morton rates and may need to be adjusted for inflation and raises in the future; the rates do not include per-diem or living expenses, which may be adjusted on a person by person basis.

Section V – Project Agreements and Requirements

The selected CM firm and all subsequent work will be subject to the terms and conditions of the contract template documents included here as Attachments B & C. Confirm your firm will sign the included AdventHealth Form of Agreement Between Owner and Construction Manager with no modifications.

Robins & Morton and AdventHealth have a similar previously executed agreement that we would like to propose to the team as a way to streamline the contract execution. If the newer contract version needs to serve as the base template, Robins & Morton agrees to execute the agreement. We would like the opportunity to discuss the finer points of the agreement and make sure we understand any differences from the previously executed contract. Our extensive AdventHealth and Adams experience has allowed us to establish an understanding and excellent communication between all parties of the project. We are confident we can collectively agree upon a contract that is acceptable by all parties.



The below comments on the proposed contract agreement and general conditions will need to be incorporated:

Section V.

The below comments on the proposed contract agreement and general conditions will need to be incorporated:

A133-2019

6.1.6 – In the first sentence, delete “10%” and replace with “3%” and at the end of the first sentence, insert “, provided, however, a thirty-day (30 day) grace period, no liquidated damages shall be payable pursuant to this Section 6.1.6”

6.1.7 –Delete “None.” Replace with “The difference, as of the date of final completion of the Work, between (i) the Guaranteed

Maximum Price (as it may be adjusted in accordance with the terms of the Contract Documents, including reducing the Guaranteed Maximum Price by the unused portion of any allowance amounts included in the Guaranteed Maximum Price in accordance with Section 3.8 of the A201 - 2017) and (ii) the total aggregate sum of the Cost of the Work plus the Construction Manager’s Fee (such difference equals the “Savings”) shall be shared by the Owner and the Construction Manager as follows: (a) twenty-five percent (25%) of such Savings of the Guaranteed Maximum Price shall be paid to the Construction Manager as an additional fee, provided that the Construction Manager’s share of any Savings shall be capped at one percent (1%) of the Guaranteed Maximum Price and, provided further that the Construction Manager shall not be entitled to receive any Savings until the date of final payment; and (b) the remainder of the Savings shall inure to the benefit of the Owner.”

Add 7.6.11 –Insert “**§ 7.6.11** That portion of the reasonable expenses of the Construction Manager’s supervisory or administrative personnel incurred while traveling in discharge of duties connected with the Work.”

Add 7.6.12 –Insert “**§ 7.6.12** Costs for communications services, electronic equipment, and software, directly related to the Work and located at the site, with the Owner’s prior approval.”

7.9.1.10 – In conjunction with adding 7.6.12 above, delete “.10 Technology, Data Processing, Project Specific Web Sites, or Project Management System Cost incurred by the Contractor in preparing the Project Schedule, Payroll, Accounting, Project Cost Reports or Project Status Reports and any other reports necessary to the progress of the Work.”

7.9.1.19 – In conjunction with adding 7.6.12 above, delete “.19 Facsimile transmissions and long-distance telephone calls, telephone service at the site, and petty cash expenses of the site office.”

8.1 –In the first sentence, after Owner, insert “if (1) before making the payment, the Construction Manager included the amount to be paid, less such discount, in an Application for Payment and received payment from the Owner, or (2) the Owner has deposited funds with the Construction Manager with which to make payments; otherwise, cash discounts shall accrue to the Construction Manager”

9.1.1 –Delete “However, such self-performance fee shall only be charged on labor and not on any materials provided by Construction Manager.”

9.1.2, par. 2 Delete “However, such self-performance fee shall only be charged on labor and not on any materials provided by Construction Manager.”

A201-2017

2.1.3 - Reinstated 2.2.2 as 2.1.3: "**§ 2.1.3** Following commencement of the Work and upon written request by the Contractor, the Owner shall furnish to the Contractor reasonable evidence that the Owner has made financial arrangements to fulfill the Owner's obligations under the Contract only if (1) the Owner fails to make payments to the Contractor as the Contract Documents require; (2) the Contractor identifies in writing a reasonable concern regarding the Owner's ability to make payment when due; or (3) a change in the Work materially increases the Contract Sum. If the Owner fails to provide such evidence, as required, within fourteen days of the Contractor's request, the Contractor may immediately stop the Work and, in that event, shall notify the Owner that the Work has stopped. However, if the request is made because a change in the Work materially increases the Contract Sum under (3) above, the Contractor may immediately stop only that portion of the Work affected by the change until reasonable evidence is provided. If the Work is stopped under this Section 2.2.2, the Contract Time shall be extended appropriately and the Contract Sum shall be increased by the amount of the Contractor's reasonable costs of shutdown, delay, and start-up, plus interest as provided in the Contract Documents."

3.2.5 – At the beginning of the second sentence, insert "By executing a GMP Amendment,"

3.10.4 –At the end of the first sentence, after "Contractor." insert "Such use must be mutually agreed upon between Owner and Contractor."

6.1.1.2 –. Delete "Any equipment damaged or lost after receipt by the Contractor shall be replaced or repaired by the Owner and the cost shall be deducted from the Contractor's fee."

8.3.1 – In item (3), after "fire," reinstate "unusual delay of deliveries,"

10.3.3 – Reinstated deleted section "**§ 10.3.3** To the fullest extent permitted by law, the Owner shall indemnify and hold harmless the Contractor and Subcontractors, and employees of any of them from and against claims, damages, losses, and expenses, including attorneys' fees, arising out of or resulting from performance of the Work in the affected area if in fact the material or substance presents the risk of bodily injury or death as described in Section 10.3.1 and has not been rendered harmless, provided that such claim, damage, loss, or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property (other than the Work itself), except to the extent that such damage, loss, or expense is due to the fault or negligence of the party seeking indemnity."

Renumber present "10.3.3" and "10.3.4" to "10.3.4" and "10.3.5" respectively.

14.1.3 - At the end of the first sentence, after "completed Work." insert "Additionally, the Contractor shall be entitled to recover reasonable costs of demobilization, re-stocking fees, purchase order cancellation fees and similar direct costs of termination."

14.1.4 – Reinstated "**§ 14.1.4** If the Work is stopped for a period of sixty (60) consecutive days through no act or fault of the Contractor, a Subcontractor, a Sub-subcontractor, or their agents or employees or any other persons or entities performing portions of the Work because the Owner has repeatedly failed to fulfill the Owner's obligations under the Contract Documents with respect to matters important to the progress of the Work, the Contractor may, upon seven additional days' notice to the Owner and the Architect, terminate the Contract and recover from the Owner as provided in Section 14.1.3."

14.2.5 –Delete "**§ 14.2.5** In the event the Owner terminates this Contract for cause, but a Court later determines that the Owner did not have cause, then such termination shall be automatically deemed a termination for convenience pursuant to Section 14.4."

14.4.3 - At the end of the first sentence, after "completed Work." insert "Additionally, the Contractor shall be entitled to recover reasonable costs of demobilization, re-stocking fees, purchase order cancellation fees and similar direct costs of termination."

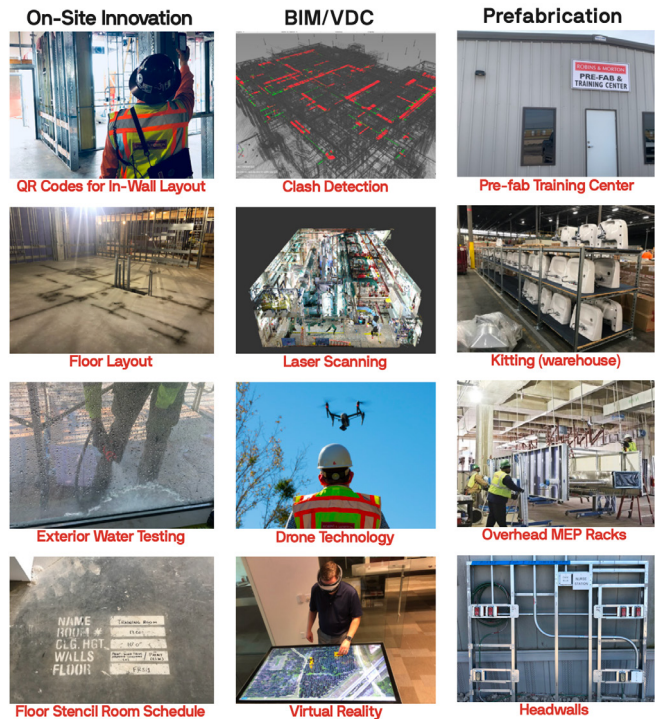
14.6 – Same as 14.2.5. Delete "**§ 14.6** If any termination by Owner is later determined to have been improper or unjustified, such termination shall nonetheless be deemed and considered for all purposes a termination for convenience."

Section VI – Project Specific Information

Provide a list and description of any other services offered by your organization that may be of interest or benefit to AdventHealth.

Technology Strategy

Robins & Morton's Building Forward® approach promotes innovation and that is illustrated in how we seek out emerging technologies that benefit our clients. Technology drives collaboration and innovation, therefore we use tools that will improve the efficiency of our project delivery, reduce errors, increase the accuracy of our estimates, and enhance visualizations. But most importantly, we use technology that makes sense and clearly adds value to your project. From preconstruction to closeout, we utilize technology to support communication, project management, quality and safety, seamlessly transitioning between each phase. Below are some technology tools that we believe provide value to our clients.



Virtual and Augmented Reality

We are able to generate accurate, interactive digital mockups that can be used within various viewers, including virtual reality headsets. This allows our clients to take a virtual walk through designed spaces and provide valuable feedback throughout the project. These virtual mockups can also be quickly adjusted, dramatically reducing the feedback cycle time, waste, and lowering costs. By using 3D Virtual Mockups, we can eliminate any confusion regarding room layout and remove the opportunity for late changes and change orders.

3D Clash Detection and Conflict Resolution

This process has a track record of reducing RFI issues and change orders. We collaboratively analyze a project model throughout the design process to ensure constructability. We are well versed in many platforms for this type of coordination, including Autodesk Navisworks Manage, Revit, AutoCAD, MicroStation, 3D Studio Max, Inventor, and others that are compatible with Navisworks.

Procore Project Management Software

Robins & Morton uses Procore project management software as a communication tool among project team members during preconstruction and construction. As construction progresses, the software is used for document control, tracking requests for information (RFI), interactive punchlists and more. These cloud-based systems allow all team members to view and edit information as needed to ensure we address any issues early to avoid challenges later in the project.

Assemble Systems

We are equipped with a model integration software, Assemble Systems. We engage the design team in an active and collaborative process to regularly share information via the model. The model is then converted into a format using Assemble that allows the preconstruction team to quickly identify and quantify changes to design elements as the design progresses.

4D Scheduling

When a project schedule is combined with a Building Information Model (BIM) model, it provides valuable visualization of the construction process. This enables all stakeholders to understand and engage in the planning efforts at every stage of a project. 4D scheduling helps us identify schedule issues, flaws, and opportunities for improvement on a project.

Project Imaging

Robins & Morton utilizes a variety of project imaging technology to capture stages of the project from all angles. Several types of imaging include 360 photography, live webcams, drone photography and more. These tools capture comprehensive images of spaces throughout construction and can provide a full-area view without being in the facility.

Unmanned Aircraft System (Drone)

In addition to aerial images and video, Unmanned Aircraft Systems can serve a variety of operational construction purposes such as surveying, performing inspections, monitoring safety conditions and creating topographic maps and phasing plans, ultimately reducing resources spent on these tasks.

Moisture Control

During preconstruction, we will employ our in house moisture consultant at the design development level to review the documents for general design and best practices. We will submit the consultant's recommendations to AdventHealth for review and possible inclusion into the contract documents. This process is repeated at the 95% check-set level and includes discussion and incorporation of specific testing protocols which may be necessary at high-risk areas.

During construction, we will closely monitor the design details as they are constructed in the field. This begins with exterior wall mockups to confirm assembly of dissimilar materials and corresponding watertightness. Additionally, pre-planning and preconstruction meetings are held with the respective subcontractors who will be constructing the areas in question.

We will enter field observations into a moisture control logbook, along with corresponding photographs. These observations are conducted at critical areas such as below-grade waterproofing, windows and flashings, and the roof assembly. Any testing protocols incorporated during the preconstruction process are implemented at the appropriate stages (of both mock-up and final construction) to verify assembly integrity. *The moisture control logbook and photographs are included with the closeout documentation.*



Sustainability

Supporting and Enhancing Resiliency Commitments



We commend AdventHealth for developing a climate resiliency plan and taking a leadership role in safeguarding our future and communities. We share these values and have made similar commitments toward carbon reduction, enhanced wellness, and efficient resource use. In service to our clients, our focus on material selection and transparency has helped reduce embodied carbon and improve building life cycle assessments. Our passion for design collaboration maximizes energy efficiency, lowers operating costs, and reduces scope one and two emissions for our clients. Additionally, our onsite construction carbon reduction plans and improved procurement strategies contribute to reducing your scope three emissions. Similar to AdventHealth, our dedication to our people and the community is evident within our sustainability action plans. Through these plans,

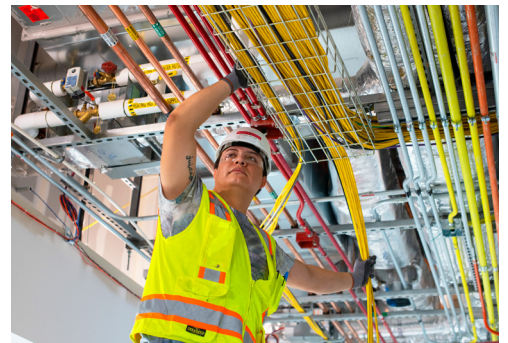
our teams are encouraged to implement appropriate air quality management strategies and select healthier, non-emitting materials to protect the health of our onsite workers and future building occupants. Our action plans also lead our teams to reduce carbon emissions onsite through feasible and cost-effective strategies such as electrifying construction tools and equipment and implementing no-idling plans. These efforts reduce emissions and pollution associated with construction activities, enhancing worker wellness and protecting community health. These plans also engage our teams to conserve water, reduce energy usage, and efficiently use materials and resources during construction, thereby reducing environmental stress. Our collaborative culture and commitment to improvement ensure our projects meet initial resiliency, efficiency, and carbon requirements, but also work to mitigate the risk of future weather catastrophes and protect our vulnerable communities.

Self-Perform Work Advantages

As previously mentioned, when beneficial to the project, Robins & Morton desires to self-perform scopes such as demolition, concrete, masonry, rough carpentry, installation of doors and hardware, drywall, specialties, low voltage, MEP and general trades. Our ability to self-perform these scopes provides quality, cost, and schedule benefits to our projects.

Quality

By self-performing more work than other construction managers, we refuse to concede that the quality of work we will provide should be left in the hands of other companies. Instead, we live our credo of doing it right the first time. Since our self-perform supervision is able to work seamlessly with our management team and our crews, we can attain quality levels beyond those of other contractors who do not control the actual construction methods. Our clients recognize that warranty work is a problem that disrupts their operations. The fact that a construction manager can force the subcontractor who made the mistake in the first place to come back and fix the mistake is not an acceptable solution. By developing and executing our own work under our own quality control and quality assurance programs, we minimize warranty call backs, thus minimizing the disruption to our clients. Self-performing work will also give us better insights into how things fit together and what built-in quality looks like. By self-performing work, we become a better manager of subcontractors and produce better quality work on our projects.



Cost

Having a sole source contractor who actually executes the physical work of the project means that our project can be performed at less cost. When a construction manager hires subcontractors who then hire other subcontractors who might then hire other subcontractors still to perform the work, each tier must extract some fee from its individual scope of work as well as charge enough to cover the inevitably redundant overheads involved in each tier. We propose to eliminate those additional costs in order to improve the safety, quality, and timeliness of performance while saving our clients capital project costs. We can prove that we can do this. Please ask us to provide you with an illustration of how this works. We can show you the value of an integrated direct hire performance plan.

Cost Management

One of many reasons for our success and our longevity is that we have maintained a culture of treating a client as we would want to be treated. Toward that end, you know from experience that Robins & Morton has never requested a change order based on anything other than a clear and obvious add to the project. Trade contractors who have been driven to provide a lowest possible price are prone to a stringent interpretation of design documents that have been produced by a designer who has been held to the lowest possible cost of design. As a result, we have observed a trend of projects proving to be far less cooperative ventures and far more contentious. Construction projects are not like manufacturing the hundredth car off the assembly line. Construction projects never involve consistent, repetitive efforts. Instead, construction projects are always serial number one efforts—different people building different designs that are to be built on different soils in different weather with different materials.

Change orders that have grown too typical in these unique building efforts—coordination issues with other subcontractors, adverse weather, delays in product deliveries, nonstandard work hours—can be avoided with a team approach where the owner, design group, and contractor act as a unit for the benefit of the project. In addition, those changes that may be desired as a project unfolds, can be provided by a contractor on site, familiar with the design intent and without taking advantage of the urgency of the moment.

Schedule

We have built our reputation as a world class contractor by committing to meet schedules for our projects. The more control we have over a project, the more likely we are able to meet that commitment and maintain that reputation. The foundations work is key to starting the project on schedule meeting the demands of the construction plan. Drywall, mechanical and electrical work are each instrumental in the later stages of construction. By self-performing this work through our own forces we are in a unique position to control both our own destiny and the destiny of our projects. This capability also makes us different from other construction managers because we are completely invested in satisfying our clients. No subcontractor can hold our project, our client, or us hostage. Instead, we are able to deliver project progress seamlessly by working with our own forces who are committed to the good of the project and not a self-interested

approach. In each and every project we commit to build, coordination, overtime, scarcity of workforce, over-promising, and other common project problems will not stand in the way of our delivering the project we committed to build. We do not succeed on singular projects; we succeed on a reference list of satisfied clients.

Estimating and Preconstruction

There can be no substitute for having the people who plan the work and estimate the associated schedule and costs be responsible to execute the work to that plan. We plan on doing the work in the time frame that we promise for the cost that we have quoted. As a result, we are dedicated to producing the right estimate from the outset. As the party ultimately charged to build what your designer has designed, we will do everything we can to understand the intent of the design. We can then avoid the communications gaps that happen when information is translated from one person to another and bring to bear our experience and hands on working knowledge of the industry to help maintain that pricing and schedule through to the final design. The better we are able to understand what is important in making a project successful to every participant at the outset of the project effort, we can deliver constructability value-adds early in the process and align the design intent with the predicted costs and schedule for the project.

Activation

Robins & Morton's commitment to the Buncombe County New Hospital goes beyond completion or occupancy. We leverage insights from the Target Value Delivery process and apply shared Conditions of Satisfaction early, maximizing engagement for AdventHealth. Post-completion, we diligently track clinical testing, accreditations, supplies, food service inspections, equipment calibrations, go-live training, day two retrospectives, and warranty management. Success is measured through ongoing alignment with the OAC team and end-users, making this phase truly impactful.



Section VII - Financial Information

1. Provide a copy of your company's financial Statement for the most recent fiscal year.

The information contained within Robins & Morton's financial documents is strictly confidential and intended solely for the use of AdventHealth. The documents are not to be distributed, copied, reproduced, or disclosed to any third party without permission from Robins & Morton.



RSM US LLP

Independent Auditor's Report

Partners
The Robins & Morton Group (A Partnership) and General Partners

Opinion

We have audited the combined financial statements of The Robins & Morton Group (A Partnership) and General Partners (the Company), which comprise the combined balance sheets as of December 31, 2023 and 2022, the related combined statements of income, comprehensive income, changes in stockholders' and members' equity and cash flows for the years then ended, and the related notes to the combined financial statements (collectively, the financial statements).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Company as of December 31, 2023 and 2022, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Company and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

RSM US LLP

Birmingham, Alabama
April 15, 2024

The Robins & Morton Group (A Partnership) and General Partners

Combined Balance Sheets
December 31, 2023 and 2022

	2023	2022
Assets		
Current assets:		
Cash and cash equivalents	\$ 213,370,187	\$ 150,942,181
Investment securities, at fair value	6,176,671	5,734,619
Accounts receivable:		
Billings on contracts, less retainage	309,196,618	234,645,862
Retainage on contracts	158,120,094	124,841,920
Employees	507,188	267,778
Other	1,390,278	1,346,101
Costs and estimated earnings in excess of billings on uncompleted contracts	34,943,918	45,327,205
Inventory	2,157,134	2,677,413
Other current assets	2,261,255	1,771,514
Total current assets	728,123,343	567,554,593
Property and equipment, net	21,921,060	21,482,614
Other assets:		
Investments in unconsolidated entities	104,170	107,019
Operating lease right-of-use assets	14,041,001	11,786,718
Other assets	973,194	1,263,041
Total other assets	15,118,365	13,156,778
Total assets	\$ 765,162,768	\$ 602,193,985

(Continued)

	2023	2022
Liabilities and Stockholders' and Members' Equity		
Current liabilities:		
Current portion of long-term debt	\$ 1,458,101	\$ 1,286,69
Due to subcontractors, less retainage	298,466,943	232,490,27
Retainage due to subcontractors	148,671,613	117,258,16
Trade accounts payable	7,509,056	6,061,43
Accrued expenses	56,116,686	44,538,85
Provision for loss jobs	1,605,886	-
Billings in excess of costs and estimated earnings on uncompleted contracts	58,318,765	33,424,36
Operating lease liabilities—current	2,465,777	2,372,33
Distributions payable	4,968,233	7,249,43
Total current liabilities	579,581,060	444,681,54
Long-term liabilities:		
Long-term debt, less current portion	10,688,252	12,146,02
Deferred liabilities	19,129,603	12,960,47
Operating lease liabilities—non-current	11,790,691	9,518,13
	41,608,546	34,624,63
Total liabilities	621,189,606	479,306,17
Stockholders' and members' equity:		
Common stock	4,250	4,25
Additional paid-in capital	4,920,750	4,920,75
Members' equity	94,013,509	78,733,23
Retained earnings	42,011,187	37,829,57
Accumulated other comprehensive loss	(193,365)	(272,54)
Total The Robins & Morton Group and General Partners' equity	140,756,331	121,215,26
Noncontrolling interest	3,216,831	1,672,54
Total stockholders' and members' equity	143,973,162	122,887,80
Total liabilities and stockholders' and members' equity	\$ 765,162,768	\$ 602,193,98

See notes to combined financial statements.

The Robins & Morton Group (A Partnership) and General Partners

Combined Statements of Income
Years Ended December 31, 2023 and 2022

	2023	2022
Revenues:		
Construction contract revenues	\$ 1,968,627,338	\$ 1,638,054,383
Construction management revenues	9,501,547	4,447,674
Total revenues	1,978,128,885	1,642,502,057
Costs of revenues:		
Construction contract job costs	1,866,146,867	1,544,852,753
Construction management costs	6,674,655	2,552,263
Total costs of revenues	1,872,821,522	1,547,405,016
Gross profit	105,307,363	95,097,041
General and administrative expenses	56,423,804	52,105,818
Income from operations	48,883,559	42,991,223
Other income:		
Interest income, net	4,566,352	742,808
Other income, net	2,427,982	5,726,204
Total other income	6,994,334	6,469,012
Income from operations before provision for income taxes	55,877,893	49,460,235
Provision for income taxes	(509,287)	(452,881)
Net income	55,368,606	49,007,354
Net income attributable to noncontrolling interest	(1,544,285)	(1,066,456)
Net income attributable to The Robins & Morton Group and General Partners	\$ 53,824,321	\$ 47,940,898

See notes to combined financial statements.

The Robins & Morton Group (A Partnership) and General Partners**Combined Statements of Comprehensive Income
Years Ended December 31, 2023 and 2022**

	2023	2022
Net income	\$ 55,368,606	\$ 49,007,354
Other comprehensive income:		
Net realized and unrealized gain (loss) on available for sale debt securities	<u>79,177</u>	<u>(332,176)</u>
Total other comprehensive income	<u>79,177</u>	<u>(332,176)</u>
Comprehensive income	<u>\$ 55,447,783</u>	<u>\$ 48,675,178</u>

See notes to combined financial statements.

CONFIDENTIAL

2. Provide information regarding your company's current bonding capacity.

Robins & Morton has a single project bonding limit of \$415,000,000. We have an excess of \$1.25 billion of current bonding capacity and have an A+ rating. Please find verification of Robins & Morton's bonding capacity below and on the following pages.



January 4, 2024

Ben Leaver
CFO
The Robins & Morton Group
400 Shades Creek Parkway
Birmingham, Alabama 35209

RE: Contractor: The Robins & Morton Group

Dear Ben,

We understand that prospective owners may have an interest in the relationship we have with Robins & Morton as Owners consider you for selection on projects. The purpose of this letter is to provide an overview of that relationship so your prospective owners might have a good understanding of our support for your firm.

Robins & Morton is a highly regarded and valued client of Zurich American Insurance Company and its subsidiary, Fidelity and Deposit Company of Maryland. We have a long history with Robins & Morton and have observed outstanding project performance on your part in the past. In particular we have seen you and your teams complete many highly complex projects on time and within the available budget. Robins & Morton and its teams' track record of success has been impressive and we are glad to support the continued need for surety credit.


With respect to bonding capacity, Zurich American Insurance Company and its subsidiary Fidelity and Deposit Company of Maryland, has considered surety credit for Robins & Morton for single projects of \$800,000,000 and an aggregate uncompleted total backlog of \$2,200,000,000. Zurich/F&D is rated A+ (Superior) with a financial size category of XV (\$2 billion +) by A.M. Best.

As in the case with all surety requests, any commitment to provide bonding is subject to our acceptable review of the contract terms and conditions, bond forms, appropriate contract funding and any other underwriting considerations at the time of the request.

Our consideration and issuance of bonds is a matter solely between Robins & Morton and ourselves, and we assume no liability to the third parties or to you by the issuance of this letter.

We trust this information will be helpful to those clients who have an interest in our surety program for Robins & Morton. Thanks again for your business and if there are further questions, please feel free to contact me at 205-581-9497.

Sincerely,


William M. Smith
Attorney-in-Fact



ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by Robert D. Murray, Vice President, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint Mark W. EDWARDS, II, Anna CHILDRESS, Jeffrey M. WILSON, Robert R. FREEL, Alisa B. FERRIS, William M. SMITH, Richard H. MITCHELL, all of Birmingham, Alabama, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 29th day of September, A.D. 2023.



ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robert D. Murray
Vice President

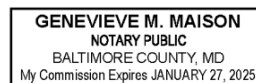
By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 29th day of September, A.D. 2023, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposed and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Genevieve M. Maison



Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify or revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 4th day of January, 2024.



Thomas O. McClellan
Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
reportsfclaims@zurichna.com
800-626-4577

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

I - Corporate Information



Our Vision

To be the construction services provider of choice by delivering superior value.

Our Mission

Exceed the expectations of our clients and our people.

Our Values

Integrity Client Focused
Safety Excellence

Our Creed

To our clients: Fairness and our best efforts to deliver a first class job.

To our people: Growth opportunities to reach their personal potential and career goals, rewards for their performance, and a healthy climate for work and family.

To our industry partners: Fair and just treatment and a collaborative effort.

To the public: The conduct of a good citizen: respect for the rights and property of others.

To our stockholders: A fair return on their investment and retained earnings for future growth.

II - Experience



WE ARE
BUILDING
SOMETHING
GREAT.

III - Proposed Preconstruction and Construction Team



**A CULTURE
OF CARING
IS OUR SECRET
TO EXCEEDING
EXPECTATIONS.**

IV - Proposed Service Fees



A COLLABORATIVE CULTURE VALUES THE CONTRIBUTION OF EVERY INDIVIDUAL.

V - Project Agreements and Requirements



WE ARE
BUILDING
FORWARD,
BUILDING
WITH
PURPOSE &
BUILDING
OUR FUTURE.

VI - Project Specific Information

A photograph of two construction workers in safety gear (hard hats, safety glasses, and high-visibility vests) standing on a construction site. The worker on the left is wearing a white hard hat and a yellow safety vest, and is adjusting his safety glasses. The worker on the right is wearing a red hard hat and a yellow safety vest, and is looking towards the camera. The background shows a large building under construction.

GREAT
PEOPLE
IN GREAT
ENVIRONMENTS
CAN DO
GREAT THINGS.

VII - Financial Information



EFFECTIVE
COLLABORATION THAT
IMPROVES PATIENT
EXPERIENCE AND
OPERATIONAL NEEDS.