

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



ITEM
3.22
(ID # 6659)

MEETING DATE:

Tuesday, April 24, 2018

FROM : ECONOMIC DEVELOPMENT AGENCY (EDA) AND RIVERSIDE UNIVERSITY HEALTH SYSTEM :

SUBJECT: ECONOMIC DEVELOPMENT AGENCY (EDA) AND RIVERSIDE UNIVERSITY HEALTH SYSTEM: Riverside University Health System Capital Improvement Program Development Project - Approval of Amendment No. 2 to the Professional Services Agreement with Ewing Cole, Inc. for Consulting Services and Project Budget, District 5. [\$795,600 – RUHS Enterprise Fund 40050 - 100%]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve Amendment No. 2 to the Professional Services Agreement between the County of Riverside (County) and Ewing Cole, Inc. (Ewing Cole) in the amount of \$655,600, for the Riverside University Health System (RUHS) Capital Improvement Program (CIP) Development Project and authorize the Chairman of the Board to execute the amendment on behalf of the County;
2. Authorize the Assistant County Executive Officer/EDA to administer Amendment No. 2 for Ewing Cole in accordance with applicable Board policies;

ACTION: Policy, CIP

Robert Field, Assistant County Executive Officer/EDA

4/9/2018

Jennifer Cruikshank, Chief Executive Officer - Health System

4/11/2018

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Jeffries, seconded by Supervisor Perez and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Tavaglione, Washington, Perez and Ashley
Nays: None
Absent: None
Date: April 24, 2018
xc: EDA, RUHS

Kecia Harper-Ihem
Clerk of the Board

By:
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

RECOMMENDED MOTION: That the Board of Supervisors:

3. Approve a project budget in the amount of \$795,600 for Year 3 of the RUHS CIP Development Project; and
4. Authorize the use of RUHS Enterprise Fund 40050, including reimbursement to the Economic Development Agency (EDA) for incurred project related expenses.

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 195,600	\$ 600,000	\$ 795,600	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: RUHS Enterprise Fund 40050 – 100%			Budget Adjustment: No	
			For Fiscal Year: 2017/18–2018/19	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

On December 15, 2015, Item 3-15, the Board of Supervisors (Board) approved the professional services agreement with Ewing Cole in the amount of \$530,900, to provide consulting services for Year 1 of the RUHS CIP Development Project. The Project was established to help implement and manage a program for short-term and long-term planning of capital projects at the hospital for the duration of five years.

On February 7, 2017, Item 3.15, the Board approved Amendment No. 1 for Ewing Cole for Year 2 of the Project in the amount \$600,000, for a revised contract value of \$1,130,900. This contract was established to assist hospital administrative staff with the many short-term upcoming building projects, as well as the long-term planning and site development issues over the span of 5 years.

In Years 1 and 2, Ewing Cole began establishing the framework for the future planning of RUHS and has worked with RUHS to accomplish numerous programming and conceptual design objectives for the Project. These included: an Existing Conditions Survey, Project Visioning Sessions with RUHS Executive Team, and Project Lean Delivery Sessions; Conceptual Signage Standards as well as the short-term immediate needs of the Ambulatory Care Environment, which included development of programming and design for a Medical Office Building (MOB). Also included were the Ambulatory Care Center, eight Community Care Clinics, the Corona Clinic Building, a Lobby/Café Building, Radiology Remodel, and the Emergency Department Remodel. Behavioral Health design options were developed for the RUHS Campus and Larry D. Smith Correctional Facility. RUHS Off-Site administrative areas were also programmed and designed for the Campus Professional Center Building.

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

BACKGROUND:

Summary (Continued)

For Year 3, the goals include refinement and further development of the short-term immediate needs for the hospital including Ambulatory Care, Acute Care, and off-site administrative areas including leased spaces. EDA recommends the Board approve Amendment No. 2 for Ewing Cole in the amount of \$655,600, for a new contract value of \$1,786,500 for their continued efforts. EDA will return to the Board annually for the remaining years for approval of amended agreements and costs.

Impact on Residents and Businesses

The RUHS CIP Development project, through defining, planning and programming, will lay the foundation for an efficient, patient centered approach to the delivery of health services, ultimately benefitting patients, residents and businesses in Riverside County.

Additional Fiscal Information

The approximate allocation of the project budget is as follows:

PROJECT BUDGET LINE ITEMS	BUDGET YEARS 1-2	BUDGET YEAR 3	PROJECT BUDGET
Consultant Design	1,130,900	655,600	1,786,500
Project Management	63,480	45,000	108,480
Other Soft Costs / Specialty Consultants	115,000	55,000	170,000
Project Contingency	90,000	40,000	130,000
Project Budget	\$ 1,399,380	\$ 795,600	\$ 2,194,980

This is an on-going project with an anticipated duration of five years going on its third year. Expenditures for FY 2017/18 are estimated at \$195,600; expenditures for FY 2018/19 are estimated at \$600,000. All costs associated with this Board action will be 100% funded through RUHS Enterprise Fund 40050.

Attachment:

Amendment No. 2 to Agreement with Ewing Cole, Inc.


RF:HM:VC:SP:RM;mg

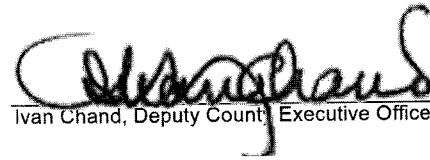
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6659-13811

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

S:\Project Management Office\FORM 11'S\FORM 11's_In Process\6659 - 13811_D2 - 006820 - RUHS CIP Dev Proj - Amend No. 2 for Ewing Cole_042418.doc


Reshmi Dasika, Principal Management Analyst 4/16/2018


Ivan Chand, Deputy County Executive Officer 4/17/2018


Gregory V. Priamos, Director County Counsel 4/12/2018

1 **AMENDMENT NO. 2 TO PROFESSIONAL SERVICES AGREEMENT**
2 **BY AND BETWEEN THE COUNTY OF RIVERSIDE AND EWING COLE INC.**
3 **FOR THE RUHS CAPITAL IMPROVEMENT PROGRAM DEVELOPMENT PROJECT**
4

5 The County of Riverside, a political subdivision of the State of California, (herein referred to as
6 "COUNTY"), and Ewing Cole Inc. (herein referred to as "ARCHITECT"), hereby agree to amend the
7 Professional Services Agreement first approved on December 15, 2015, Agenda Item 3-15 and Amendment
8 No. 1 approved on February 7, 2017, Agenda Item 3.15.

9 **NOW, THEREFORE**, in consideration of the mutual covenants contained herein and providing
10 that all other sections not amended remain in full force and effect, the parties hereto agree to amend the
11 Agreement as follows:

- 12 I. Section 1. SCOPE OF SERVICES: is hereby amended to include the Scope of Services described
13 in the attached Exhibit A-2, consisting of twelve (12) pages attached and incorporated herein.
- 14 II. Section 2. PERIOD OF PERFORMANCE shall be modified to reflect a revised project completion
15 date of December 31, 2019.
- 16 III. Section 3. COMPENSATION shall be modified by replacing section 3.1 with the following:
17 "COUNTY shall pay ARCHITECT for services performed and approved expenses incurred in
18 accordance with the terms of the original Agreement, Exhibit A, Exhibit A-1 and Exhibit A-2. The
19 total amount of the original Agreement was Five Hundred Thirty Thousand, Nine Hundred Dollars
20 \$530,900. The additional compensation for Amendment No. 1 and Exhibit A-1 was Six Hundred
21 Thousand Dollars \$600,000. The additional compensation for Amendment No. 2 and Exhibit A-2
22 is Six Hundred Fifty-Five Thousand, Six Hundred Dollars \$655,600 for a new Not-To-Exceed Total
23 of One Million, Seven Hundred Eighty-Six Thousand, Five Hundred Dollars \$1,786,500, unless a
24 written amendment to this Agreement is executed by both parties prior to performance of additional
25 services."
- 26 IV. Section 21. NOTICES change contact name under COUNTY to read "Attn: Rebecca McCray"

APR 24 2018 3.22

1 IN WITNESS HEREOF, the parties hereto have caused their duly authorized representatives to execute
2 this Amendment No. 2.

3
4 "COUNTY"

5 COUNTY OF RIVERSIDE

6
7 By: Chuck Washington

8 Chairman ~~CHUCK WASHINGTON~~
9 Board of Supervisors

10
11 ATTEST:

12 KECIA HARPER-IHEM

13 Clerk of the Board

14 By: Kecia Harper-Ihem
15 Deputy

16
17 (SEAL)

18
19
20
21 APPROVED AS TO FORM:

22 GREGORY P. PRIAMOS

23 County Counsel

24 By: Synthia M. Gunzel

25 Synthia M. Gunzel, Chief Deputy County Counsel

CONSULTANT:

EWING COLE INC.

By: Roger Rudy
Roger Rudy

Title: Assistant Sec. / Director of Operations

Address: Discovery Business Center

15231 Laguna Canyon Rd, Ste 200

Irvine, CA 92618

Federal Tax ID No. 23-1891628

November 3, 2017

Ms. Rebecca McCray
Supervising Project Manager
County of Riverside
Economic Development Agency
Project Management Office
Via E-Mail: RMcCray@RIVCO.ORG

**Re: Proposal for A/E Professional Services
County of Riverside Economic Development Agency (EDA)
Riverside University Health System (RUHS)
Health System Capital Improvement Program – Year 3**

Dear Rebecca:

We are pleased to submit this proposal for architectural and engineering services for the above referenced Project located in Moreno Valley, California.

Components of the Capital Improvement Program Work for Year 3:

Refer to Attachment 1 for hours/level of effort proposed for Year 3 Scope of Services.
Refer to Attachment 2 for tasks completed under the Years 1 and 2 Scope of Services.

<u>Year 3 Task</u>	<u>Year 3 Scope Emphasis</u>
<input type="checkbox"/> Current Facilities Assessment	5 percent
<input type="checkbox"/> Project Visioning	5 percent
<input type="checkbox"/> Space & Functional Programming	15 percent
<input type="checkbox"/> Exploration - Options Development	40 percent
<input type="checkbox"/> Recommendation & Implementation - Preferred Option	30 percent
<input type="checkbox"/> Final Presentation(s)	5 percent

Program Areas:

The following Program Areas are included in the Year 3 Scope of Services:

- Ambulatory Care Environment:
 - o Medical Office Building (MOB1)
 - o Off-site Clinic Programs (i.e. Corona, Jurupa, etc.)
- Acute Care Environment:
 - o Behavioral Health Hospital on the RUHS Campus
 - o Off-Site Behavioral Health (i.e. Smith Correctional Facility, etc.)
 - o Hospital Backfill Projects:
 - Security Operations Center
 - Gift Shop
 - Inpatient Registration
 - Outpatient Clinic (Options)
 - Infusion Center
 - Radiology/Emergency Departments
 - Detention Clinic
 - Other Departments as deemed appropriate by RUHS

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- RUHS Off-Site Administrative Areas (i.e. Leased Space)

Scope of Basic Services

Phase 1.0 – Current Facilities Assessment

- 1.1 Conduct field investigations/assessment of existing RUHS patient care building assets.
- 1.2 Develop block diagram floor plans that determine the departmental boundaries and create a table of departments by square feet.
- 1.3 Review of as-built drawings as provided by EDA.
- 1.6 Prepare AutoCAD/Revit base drawing files for each site/building depicting:
 - a) Current Department Use
 - b) Departmental Gross Area
 - c) Horizontal & Vertical Circulation
 - d) Building Structure
 - e) Mechanical & Electrical Spaces
 - f) Site Analysis

Deliverables to be provided to EDA and RUHS: AutoCAD/Revit Existing Conditions Model.

Phase 2.0 – Project Visioning

- 2.1 Conduct a Visioning Session attended by key-stakeholders identified by RUHS to establish parameters for the Master Plan. The material developed during the Visioning Session will be high level but should at a minimum, address the qualitative and quantitative goals for the project. These results will help set Guiding Principles for the project.
- 2.2 Prior to the Visioning Session, we distribute a Questionnaire to solicit feedback and set themes for discussion.

Visioning Tasks:

- Articulate goals and expectations
- Identify primary functional alignments
- Discuss current and future trends
- Prepare draft of questions/formats for departmental interviews
- Collaborate with P3 Developer and attend P3 strategy meetings

Visioning Deliverables to be provided to EDA and RUHS:

- A Visioning Report including a clear mission statement, project goals, priorities and evaluation criteria. Supporting meeting minutes, sketches, and attachments will accompany this document.

Phase 3.0 – Functional and Space Programming

- 3.1 The goal of this phase is to create a comprehensive Needs Assessment Report that is functional (programmatic) and physical in nature with an emphasis on service lines analysis and recommendations.
- 3.2 Qualitative Inputs to Programming (Functional Program)

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What qualities will drive the outcome of this project? How will the hospital grow and what will be the clinical strengths of the institution? Questions like these must be answered as we consider the amount of space and capital to be deployed renewing the RUHS campus. That capital needs to return improved patient outcomes and increased service volumes. Physicians and practices need to be encouraged and become part of the success of the hospital. External forces need to be anticipated and plans put in place to deal with them. New technologies need to be considered. The qualities of the project planning will help interpret the quantitative forecasts of services that come next as a precursor to space listing and planning.

3.3 Quantitative Inputs to Programming (Space Program)

The amount of physical hospital and ambulatory space needed must be directly tied to the anticipated amount of business that RUHS is anticipating. For this step, we need numerical forecasts by Clinical Service Line carried out to the planning horizon – some future date. These forecasts will need to be based on an agreed logic, e.g. an aggressive growth assumption, and perhaps several alternative forecasts will be required to arrive at supportable plans. As the forecasting is underway, the team will develop planning standards and flexibility concepts to be applied to the programming and to inform the design.

3.4 Program Scenarios

Understanding that the national benchmarks are influenced locally, we issue a specific departmental questionnaire which outlines each department current work process, environment, staffing and technology and inspires innovation of new ideas within their departments. We interview each key departmental leader/user team about significant changes in their field of expertise and perceptions of operational and facility needs. We will test additional scenarios to estimate impact that technology and industry changes may have on total volume. The goal is to identify the likely "bookends" of volume and allow RUHS to plan capacity accordingly. Once there is a general consensus on key drivers and operational work processes, we will tabulate recommended departmental square footages. We can then compare where RUHS falls in the range of National Benchmarks. This will act as a foundation for the future size of each department at RUHS.

Methodology:

1. Analysis of questionnaires
2. Square footages by existing, benchmarked and proposed
3. Departmental square footages
4. Meeting review
5. Benchmark data

3.5 Comprehensive Programming Report

The purpose of the Programming Report is to synthesize a wide-range of factors into a set of guidelines and square footages. We will review preliminary project assumptions and develop a comprehensive functional and space program. We will continue to refine this program as departmental adjacencies, operational efficiencies and user criteria are developed. This will inform the design process about image, space allocations, adjacencies, equipment needs, expandability, and various operational flows including

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staff, patient and materials. The detailed planning information will show the underlying business basis for the master plan.

Programming Tasks

- Prepare planning survey questionnaires for distribution to service line representatives
- Departmental User Meetings – Interview senior management and key physicians/staff about challenges, perceptions of operational and facility needs and requirements for reorganization or growth.
 - Understand Existing & Future Operations
 - Understand Department Locations and relationships
 - Determine Future Trends, Technologies and Efficiencies
 - Introduce New Concepts
 - Verify Key Drivers for use in Master Plan
- Identify OSHPD and CDPH requirements that impact the recommended use of facilities
- Discuss distribution of bed need by bed type.
- Based on the acute care bed need projections, discuss inpatient ancillary service volume projections that incorporate the impact of inpatient service line shifts and technology trends
- Discuss outpatient ancillary service volume projections. As with the inpatient projections, the impact of reform, technology changes, and efficiencies will be analyzed.
- Operational Assessment - Review statistical throughput/key drivers (volume per key planning unit) for major patient care departments and benchmark against our standards
- For departments with significant variances from our benchmarks, re-interview key departmental staff to identify operating inefficiencies and the contribution that facilities make to those inefficiencies.
- Facilitate a discussion with the Steering Committee to review findings of the interviews and generate consensus regarding which efficiencies will be incorporated in projecting facility need in the Master Facility Plan.

Programming Deliverables to be provided to EDA and RUHS:

- Meeting minutes
- Comprehensive Programming Report
- Summary of clinical goals, objectives, priorities
- Space program (existing and proposed space allocations)
- Staffing assumptions, utilization and volume assumptions
- Adjacency and work flow requirements
- Conceptual planning diagrams
- Analysis diagrams (block/stack) of campus-wide space allocation

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Phase 4.0 – Exploration - Options Development

- 4.1 During this phase, we will generate scenarios reflecting organizing principles, key components, and distribution of services utilizing new and existing facilities to be retained, modified or expanded.
- 4.2 We will create a prioritized list, for review by the Committee, of the Functional and Physical Deficiencies based upon Buildings Existing Conditions Report.
- 4.3 EwingCole will conduct a workshop with RUHS management and the P3 Developer to develop preliminary phasing concepts, order-of-magnitude budget costs and related schedule options for the scenarios.
- 4.4 Some considerations include:
 - We will “right-size” departmental programs based on the customized benchmarks and create bubble diagrams that are reflective of the desired work processes and operational goals.
 - We will prepare block and stacking diagrams to examine intradepartmental circulation and the adjacency of major healthcare services and their support facilities. We will identify areas for various levels of renovation from finish upgrades to complete overhaul including construction of new facilities with the end in mind that the future spaces will generate additional patient safety and satisfaction.
- 4.5 Therapeutic Environments. We believe that access to natural light, views and landscape elements such as healing gardens and green roofs should be visible from all patient rooms and visitor waiting areas whenever possible. Our team has extensive experience integrating therapeutic exterior spaces to complement architecture and enhance patient/visitor/staff experience.
- 4.6 Sustainability. Evaluate opportunities for passive and active energy efficiency improvements. Design opportunities for solar orientation and protecting the facility from winds to reduce energy utilization will be explored, as well as incorporating native plant material and more natural landscapes to reduce the need for irrigation and site maintenance. We will look for positive ways to mitigate stormwater runoff, using vegetation as interceptors, including rain gardens, porous pavement and green roofs.
- 4.7 Walkability. Develop pedestrian-oriented connections between the hospital, downtown business center, and public parks, which can help promote community economic development.
- 4.8 Circulation. We will develop separate vehicular circulation to define the main hospital entrance, emergency room, staff and visitor parking, and service facilities. Within these defined entrances we will create welcoming pedestrian linkages that allow patients, visitor and staff to “decompress” before entering the facility. All designs will incorporate the most current ADA standards in pedestrian linkages.
- 4.9 Parking. Our approach to master planning parking is to integrate the parking solution with the pedestrian experience. We understand that the “parking experience”, from signage to availability to price, is vital to visitor, patient and staff satisfaction.

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Exploration Tasks

- Provide options to illustrate departmental relocation/ reorganization within existing or new buildings in order to develop a growth/option matrix for future campus development and improve work/patient flows
- Develop gross building square footages for site planning purposes using space projections (key drivers) gleaned from department interviews, inpatient/outpatient volumes, utilization rules of thumb (benchmarks) and other indexes developed as part of the Programming Phase
- Prioritize infrastructure and/or building obstacles to phasing sequence
- Prepare site plan and building blocking/stacking options diagrams
- Identify significant engineering systems to improve or replace
- Identify optimal locations for entrances and services
- Develop phasing and expansion options for buildings and parking
- Look at off-campus potential development impacts on the main campus
- Collaborate with P3 Developer and attend P3 strategy meetings
- Compare implications for cost and timing of each planning scenario, ranking them in terms of minimum to maximum
- Evaluate pros and cons of each scenario based on a "scorecard" matrix

Exploration Deliverables to be provided to EDA and RUHS:

- Minutes of Meetings
- Supporting Graphic Material presented at work sessions
- Planning Options Report with evaluation criteria, pros and cons
- Cost and Phasing Scenarios

Phase 5.0 – Recommendation & Implementation - Preferred Option

5.1 After review by RUHS and establishment of best direction, we will prepare documentation for the recommended scenario.

5.2 Comprehensive Master Plan Report

This comprehensive report will illustrate the Master Plan for RUHS. Generally, this document will include:

- Overview including Goals, Objectives, Mission, Priorities
- Concept Site Plan (circulation, parking, landscape)
- Concept Floor Plans
- Departmental Blocking/Stacking (existing and proposed)
- Space Allocations – Net, Departmental Gross, and Building Gross
- Site Analysis and Recommendations, including Zoning Strategy, Environmental Analysis, Traffic Analysis, Landscape Analysis and Infrastructure Analysis
- Code Observations and Recommendations
- Existing Facilities Assessment including site and buildings systems and key equipment; all disciplines including mechanical, electrical, plumbing, structural, life safety, architectural
- Phasing Plan
- Order of Magnitude Cost Estimate (and other financial strategies, if applicable).

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- Appendix: Pertinent Data, Meeting Minutes, Previous Development Options, etc.

Recommendation and Implementation Tasks

- Develop magnitude of cost - cost estimates for proposed options
- Prepare pros and cons of each option for future reference, including financial modeling
- Select Preferred Option and refine selected approach
- Revise Programming Report as required
- Finalize spreadsheets enumerating existing and projected space needs
- Prepare campus plan/diagrams for campus improvements showing any changes in roads, proposed parking, access/entries, new building zones, utility distribution concepts
- Refine blocking/stacking diagrams of each floor to illustrate program growth, relocation, new construction and demolition
- Prepare architectural rendering of building and site to communicate the Master Plan vision
- Collaborate with P3 Developer and attend P3 strategy meetings
- Prepare a phasing plan tied to projected capital expenditures
- Establish immediate facility needs, vs. near-term and long-term
- Identify "tipping points" that could alter development in the future
- Prepare campus plans/diagrams illustrating infrastructure improvements, including changes to parking, access/entries, new building zones, landscape, stormwater and utilities
- Summarize physical plant, infrastructure and utility distribution improvements required to support the Master Plan; illustrate corresponding energy and operations impact by phase.

Recommendation and Implementation Deliverables to be provided to EDA and RUHS:

- Minutes of meetings/work sessions
- Update of graphics and tabulations from each work session
- Final Master Facility Plan Report
- Magnitude of Cost - Cost estimates and financial strategies based on preferred phasing scenario
- Presentation to RUHS for approval.

Phase 6.0 – Final Presentation

- 6.1 Prepare final presentation materials required by EDA and RUHS; and participate in presentations, as requested by EDA or RUHS Executive Office.

Owner's Responsibilities

- 7.1 The Owner shall furnish as-built drawings, and site surveys describing physical characteristics, legal limitations and utility locations. Owner shall provide testing and measuring services to establish existing system capacities (i.e. air balance reports, electrical panel readings, etc.)

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- 7.2 The Owner shall provide full information regarding the requirements for the Project including a program describing the Owner's objectives, schedule, budget, and design criteria.
- 7.3 The Owner shall be responsible for all plan check fees, permit fees and other fees associated with agency/jurisdictional reviews and approvals.
- 7.4 The Owner shall assist the Architect in identifying the appropriate User Group participants and schedule the required design review meetings.

Reimbursable Expenses

- 8.1 Expenses of printing and reproduction for Owner-requested documents and presentation materials.
- 8.2 Delivery charges.
- 8.3 Any costs expended by the Architect on behalf of the Project with the authorization of the Owner.

Additional Services

- 9.1 Additional Services shall be provided if authorized by the Owner and shall be paid for by the Owner as provided in this agreement.
- 9.2 The Architect will notify the Owner of any potential scope changes or changes in schedule as soon as they are identified. Any changes in scope will be authorized by the Owner in advance in writing before being undertaken by the Architect.

Fee for Professional Services

Our fee for the Basic Services for Phase 1.0, 2.0, 3.0, 4.0, 5.0 and 6.0 as described above will be billed at our standard hourly rates for architectural/engineering services and direct reimbursement for consultants not-to-exceed:

	<u>Low Range</u>	<u>High Range</u>
Phase 1.0 – Current Facilities Assessment:	\$11,900.00	\$ 13,200.00
Phase 2.0 – Project Kick-Off & Visioning:	\$18,400.00	\$ 20,400.00
Phase 3.0 – Space & Functional Programming:	\$100,200.00	\$ 111,300.00
Phase 4.0 – Options Development:	\$246,900.00	\$ 290,500.00
Phase 5.0 – Preferred Option:	\$157,300.00	\$ 185,000.00
Phase 6.0 – Final Presentation:	<u>\$9,200.00</u>	<u>\$ 10,200.00</u>
TOTAL:	\$543,900.00	\$ 630,600.00

Standard Hourly Rates by Staff Type:

Principal	\$255
Project Architect	\$210
Medical Planner	\$185
Project Designer	\$120
Structural Engineer (SE)	\$245
Electrical Engineer	\$224
Mechanical Engineer	\$224

Key Personnel:

Michael Lehman AIA
Max Swider AIA
Bamik Pegahi AIA
Jennifer Smith, Nannette Emerson
Vahid Tavakoulia SE
Kyle Kavanaugh PE
Tony Castro PE

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Plumbing Designer	\$167	TBD
Cost Estimator	\$155	TBD
CAD 1	\$137	TBD
CAD 2	\$92	TBD

For reimbursable expenses compensation shall be at 1.00 times the amount expended by the Architect or consultant and are estimated to be \$25,000.00.

For Additional Services as authorized by the Owner compensation will be billed at our standard hourly rates. Consultant fees for Additional Services shall be billed at 1.00 times direct cost.

Payments for Basic Services and Reimbursable Expenses shall be made monthly upon presentation of the Architect's statement of services rendered and/or expenses incurred. Payments are due and payable within 60 days from the date of the Architect's invoice.

Contract and Business Terms

1. The scope of EwingCole's services for this Agreement does not include any responsibility for detection, remediation, accidental release, or services relating to waste, oil, asbestos, lead, or other hazardous materials, as defined by Federal, State, and local laws or regulations

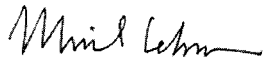
List of Attachments:

- Attachment 1 – Project Hours
- Attachment 2 – Scope Status Matrix

Thank you for the opportunity to propose on this project. Please contact if me there any questions regarding this proposal. If you are in agreement with this proposal, please sign one original and return it to our office as our authorization to proceed.

Very truly yours,

EwingCole



Michael Lehman, AIA
Direct Dial 949.417.6489
mlehman@ewingcole.com

Approved for:

County of Riverside EDA

(Print Name)

Attachment 1-RWCo CIP - PROJECT HOURS Year 3
 Capital Improvement Program-Y3

	Architecture						Engineering						Consultants			
	Principal Planner	Medical Planner	Project Architect	Project Designer	CAD 1	CAD 2	Structural Engineer	Structural CAD	Mechanical Engineer	Plumbing Designer	M/P CAD	Electrical Engineer	Electrical CAD	Cost Estimator	Space Audit	Signage
1.0 CURRENT FACILITIES ASSESSMENT																
			40.0													
			40.0													
2.0 PROJECT VISIONING																
			40.0													
			40.0													
3.0 SPACE & FUNCTIONAL PROGRAMMING																
			80.0													
			100.0													
			100.0													
4.0 OPTIONS DEVELOPMENT																
			80.0													
			100.0													
			100.0													
5.0 PREFERRED OPTION																
			120.0													
			300.0													
			500.0													
6.0 FINAL PRESENTATION																
			120.0													
			200.0													
			200.0													
			40.0													
			40.0													
			40.0													

Attachment 2-RivCo CIP STATUS MATRIX
CIP Year 3 - Scope of Services

ID	Scope Component	Consulting Scope of Services provided to:	Survey			Visioning			Programming			Options Development			Preferred Option			Presentations					
			Phase 1 - Audit	Phase 2 - Measurement	Phase 3 - Space Assignment	User Group Visioning Session	Patient Volume Data Review	Flow Diagrams	Draft Space Program	Program Review & Refinement Process	Program Finalization & Approvals	Prepare Multiple Options	User Group Review of Multiple Options	Refinement of Multiple Options	Prepare Preferred Options	User Group Review of Preferred Options	Refinement of Preferred Options	Finalize Preferred Option	Prepare Summary Documentation	Presentation to User Group	Presentation to RUHS Executives	Presentation to EDA	
AMBULATORY CARE ENVIRONMENT																							
	MOB 1 - Ambulatory Care Center - Base Program	Trammell-Crow & Ware Malcom	N/A	N/A	N/A	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	
	MOB 1 - Ambulatory Care Center - PACT Concept	Trammell-Crow & Ware Malcom	N/A	N/A	N/A	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	
	MOB 1 - Ambulatory Care Center - Alternate 1	Trammell-Crow & Ware Malcom	N/A	N/A	N/A	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	
	Corona Clinic	Tony Prings	N/A	N/A	N/A	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	N/A	N/A	N/A	
	Jurupa Clinic	Tony Prings	N/A	N/A	N/A	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	N/A	N/A	N/A	
	Riverside Clinic (FATCO)	N/A	N/A	N/A	N/A	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	
	Banning Clinic	N/A	N/A	N/A	N/A	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	
	Hemet Clinic	N/A	N/A	N/A	N/A	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	
	Moreno Valley Clinic	N/A	N/A	N/A	N/A	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	
	Stoneridge Clinic (Office Max)	N/A	N/A	N/A	N/A	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	
	Stoneridge Residents Clinic	N/A	N/A	N/A	N/A	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	
	Other Clinics (TBD)	N/A	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
	Lobby/Cafe Building	Trammell-Crow & Ware Malcom	N/A	N/A	N/A	1/2	TBD	TBD	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	
ACUTE CARE ENVIRONMENT																							
	GI Lab Convert to I-Occupancy	N/A	1/2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	RUHS Clinic Spaces (Buildback)	N/A	1/2	3	3	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
	Security Operations Center	Trammell-Crow & Ware Malcom	1/2	3	3	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
	Gift Shop	Trammell-Crow & Ware Malcom	1/2	3	3	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
	Inpatient Registration	Trammell-Crow & Ware Malcom	1/2	3	3	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
	Outpatient Clinic (Options)	N/A		3	3	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
	Infusion Center	N/A		3	3	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
	Radiology/Emergency Depts.	N/A	1/2	3	3	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
	Detention Clinic	N/A	1/2	3	3	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
	Other Departments (TBD)	N/A	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	Behavioral Health Hospital	N/A	N/A	N/A	N/A	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
	Smith Correctional Facility	N/A	N/A	N/A	N/A	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2

Legend:
 N/A Not Applicable to this Scope
 1/2 Completed in Year 1 and 2 - Prime Scope
 1/2 Completed in Year 1 and 2 - Consulting Scope
 3 Proposed in Year 2 Scope of Services
 TBD To Be Determined

Attachment 2-RivCo CIP STATUS MATRIX
 CIP Year 3 - Scope of Services

ID	Scope Component	Consulting Scope of Services provided to:	Survey			Visioning			Programming			Options Development			Preferred Option			Presentations			
			Phase 1 - Audit	Phase 2 - Measurement	Phase 3 - Space Assignment	User Group Visioning Session	Patient Volume Data Review	Flow Diagrams	Draft Space Program	Program Review & Refinement Process	Program Finalization & Approvals	Prepare Multiple Options	User Group Review of Multiple Options	Refinement of Multiple Options	Prepare Preferred Options	User Group Review of Preferred Options	Refinement of Preferred Options	Finalize Preferred Option	Prepare Summary Documentation	Presentation to User Group	Presentation to RUHS Executives
	CPC Building	N/A	N/A	N/A	N/A	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
	Other Administrative Areas (TRD)	N/A	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3