Tool 1: King County Public Hospital District Map Quick-Reference

Governance Models, Tax-Backing, Bed Acuity, and Non-District Systems Beyond Seattle

1. PUBLIC HOSPITAL DISTRICTS (RCW 70.44) — MASTER REFERENCE MATRIX

District & Location	Operating Campus	Beds & Trauma	2026 Computed Rate	Governance & Financial Structure	Core Procurement / Active Work
District No. 1 South King County	Valley Medical Center (Renton)	341 licensed beds Level III trauma	**0.74215** per $1,000 *(Nov 2025 vote: 57.53%)*	Oldest & largest in WA. Community-owned municipal corp under RCW 70.44. In UW Medicine system, but no longer component unit; 2 UW seats vacant (FY25). Est. ~$42M/yr new levy revenue.	Cancer Center Ph 1A/1B/2 ($60M total); Covington MOB FSED conversion ($17.96M); GC/CM public works.
District No. 2 North Eastside	EvergreenHealth (Kirkland)	318 licensed beds Level III trauma	**0.49639** per $1,000 *(Aug 2025 vote: 60.83%)*	7 elected commissioners. Serves >1M residents in north King & south Snohomish counties. Sold $39.6M bonds (Feb 2024); debt service <70% M&O levy.	2-Silver surgery (73k SF shell, 7 ORs, 6 cath, 1 hybrid; $170M PRC / $115M Mortenson); $100M Weidner gift.
District No. 4 East King Foothills	Snoqualmie Valley Health (Snoqualmie)	25 licensed CAH beds Level V trauma	**0.25006** per $1,000 *(No 2025 lid lift)*	Formed 1972 along Snoqualmie Valley School District boundaries. Avg daily census 19–20 patients incl. swing beds.	$147M campus hub ($130M revenue bonds + $17M LTGO bonds); 4 detached ORs under hospital license + climbing gym.
District No. 5 Vashon Island	Vashon Health Care District (Vashon)	0 hospital beds Primary/urgent clinic	**0.43024** per $1,000 *(No 2025 lid lift)*	Hospital district without a hospital. Levies taxes to subsidize Sea Mar clinic operations & build capital reserves ($500k toward $3M target).	New 21-exam, 6-dental operatory clinic across from Vashon IGA Plaza completed mid-to-late July 2026.
Missing No. 3 Bellevue Anchor	Overlake Medical Center (Bellevue)	349 licensed beds Level III trauma	**$0.00 (No levy)** Private nonprofit	Intended as District No. 3 before 1960; opened private. MultiCare sole corporate member since Oct 1, 2024 (North Sound anchor; local board retained).	Project FutureCare completed Jan 2023 (240k SF tower, Level III childbirth, 14-bed psych); Wilburton light-rail.

2. NON-DISTRICT SUBURBAN SYSTEMS & PRIVATE BEDS (SURROUNDING RESIDENTS PAY ZERO DISTRICT LEVY)

System & Campus	Location	Licensed Beds & Trauma	Regulatory Constraints & Capital Status
VMFH • St. Francis Hospital	Federal Way	148 beds (Level IV)	CON approved capacity; private nonprofit; Rose Garden Café & 24-hour chapel; zero public levy funds.
VMFH • St. Anne Hospital	Burien	159 beds (Level IV)	Private nonprofit; 4th-floor cafeteria with 3 hot-meal windows and free surface parking below.
VMFH • St. Elizabeth Hospital	Enumclaw	38 beds (25 CAH, L-V)	Critical access hospital counting as 25 beds in state need math; unincorporated King County 2021 codes.
MultiCare • Auburn Medical Center	Auburn	195 beds (L-III)	131 medical-surgical + 58 psychiatric; pending CON to move 6-bed Level II nursery to Covington ($2.85M).
MultiCare • Covington Medical Center	Covington	58 beds	Family-centered design recipient for pending Auburn nursery transfer; located across from Valley MOB.
Swedish • Swedish Issaquah	Issaquah	175 licensed beds	Pending 3rd CON application for adult elective PCI ($0 capital cost; 33% total / 50% outpatient volume leakage).

3. BID QUALIFICATION & PURSUITS CROSS-CHECK (ESTIMATOR / BD LEAD LOG)

Project Target / Client:	`[ ] Evergreen [ ] Valley [ ] Snoqualmie`	**Procurement Type:**	`[ ] GC/CM [ ] Design-Bid [ ] Sub-tier`
Levy Backing Verified:	`2026 Computed Rate: _____`	**State CRS Meeting Held:**	`[ ] Yes (≥50% Design) [ ] Scheduled`
Infection Control Category:	`[ ] Class IV ICRA [ ] Negative Air Required`	**Clean Buildings Target:**	`Climate Zone 4C EUIt: 215 Target`

Tool 2: 2025 Lid-Lift Levy Math & Statutory Capital Worksheet

EvergreenHealth, Valley Medical Center, Snoqualmie, Vashon, and Medic One Reconciliation

1. STATUTORY FRAMEWORK (RCW 70.44) & 2025 BALLOT ELECTION AUDIT

RCW 70.44 Statutory Ceiling: Washington law permits public hospital districts to levy up to **$0.75 per $1,000** of assessed value for operations and maintenance. Exceeding the statutory limit factor requires a voter-approved lid lift.

Jurisdiction	Election Date & Ballot	Vote Margin	Pre-Lift Rate → Authorized	2026 Computed Rate	Bond Debt & Financial Purpose
District No. 2 (EvergreenHealth)	August 5, 2025 Proposition No. 1	**60.83% PASS** North King & Snohomish	$0.14 (2024) → **$0.50** per $1,000 AV	**0.49639** per $1,000 AV	Sold $39.6M bonds (Feb 2024); debt service structured <70% of M&O levy. Funds 2-Silver OR shell buildout.
District No. 1 (Valley Medical)	November 4, 2025 Proposition No. 1	**57.53% PASS** First lift in 20 years	~$0.29 → **$0.75** (+$0.46 increase)	**0.74215** per $1,000 AV	Generates est. **~$42M/year** in new operational revenue; sustains 24/7 trauma, ED, L&D, and workforce retention.
District No. 4 (Snoqualmie Valley)	No 2025 lid lift Regular levy	N/A (Historical)	Regular rate: $0.25	**0.25006** per $1,000 AV	$147M Hub funded via $130M revenue bonds + $17M limited-tax general-obligation (LTGO) bonds.
District No. 5 (Vashon Island)	No 2025 lid lift Regular levy	N/A (Historical)	Regular rate: $0.43	**0.43024** per $1,000 AV	Funds primary care reserve ($750k / $1.2M target) and capital acquisition reserve ($500k / $3M target).
Countywide Medic One (EMS Renewal)	November 4, 2025 Countywide EMS	**80.70% PASS** King County total	EMS Operating Levy	Countywide rate	**Pure emergency medical operations:** Delivers patients to hospitals; **zero capital dollars** for hospital construction.

2. ESTIMATOR'S LEVY CAPACITY & PUBLIC WORKS SOLVENCY CALCULATION WORKSHEET

Formula / Metric Line	District Statutory Benchmark	Project Pursuit Value / Calculation Entry
A. District Assessed Valuation (AV):	Total certified taxable property in district	`District: [ ] No. 1 [ ] No. 2 | AV: $_____`
B. 2026 Computed Levy Rate:	Evergreen: 0.49639 | Valley: 0.74215 | Snoq: 0.25006	`Rate applied: $_____ / $1,000 AV`
C. Annual M&O Property Tax Yield:	(AV / 1,000) × Computed Rate (Valley = ~$42M lift)	`Yield: $_____ / year`
D. Maximum Annual Debt Service Ceiling:	Evergreen covenant: Debt service < 70% of M&O levy	`70% Cap: $_____ / year`
E. Outstanding Bond Debt Balance:	Evergreen sold $39.6M (2024); Snoqualmie $147M total	`Current Principal: $_____`
F. Project Budget Allocation Match:	Verify project funding matches authorized purpose	`[ ] Capital Reserves [ ] M&O Operating Yield [ ] Bond Proceeds`

3. MEDIC ONE DISTINGUISHER & NON-CAPITAL REVENUE GUARDRAIL

Crucial BD & Estimating Guardrail: When reviewing King County municipal ballot results, never confuse the **80.70% Medic One levy renewal** with hospital district capital bonding. Medic One funds paramedic response, ambulance transit, and pre-hospital clinical triage. It provides zero dollars for hospital shell buildouts, HVAC platforms, or catheterization labs. Only RCW 70.44 hospital district levies and capital bonds fund facility construction.

Tool 3: Kirkland 2-Silver Occupied-Renovation Checklist

73,000 SF Shell Buildout, Surgical/Cath Suites, Rooftop AHU, and Active Hospital Constraints

1. PROJECT SPECIFICATIONS & ARCHITECTURAL SCOPE BASELINE

Department / Component	Square Footage	Clinical Program Elements	Key Engineering & Architectural Systems
2-Silver Main Surgery Expansion	**~73,000 SF** (Existing shell space)	7 Operating Rooms 6 Catheterization Labs 1 Hybrid OR + Prep/Recovery	Surgical booms, medical gas manifolds, integrated imaging, dedicated sterile core, surgical scrub sinks, clean corridors.
C-Section Surgical Modernization	**~5,000 SF** (Occupied renovation)	Modernized C-Section Operating Rooms	Dedicated **new rooftop air-handling unit (AHU) platform**; structural curbs, roof penetrations, HEPA filtration.
Blue Building Endoscopy Suite	**~15,000 SF** (Level 1 renovation)	5 Endoscopy Procedure Rooms	Scope wash/reprocessing room, dirty-to-clean flow, medical suction, procedure lighting, patient recovery bays.
Coral Building IDF Refresh	Solicitation: **$595,000** contract	Critical telecommunications & data hub	Requires 100% uninterrupted patient care, building operations, infection control, and continuous hospital IT systems.

2. OCCUPIED HOSPITAL CONSTRAINTS & MULTI-STORY INFECTION CONTROL PROTOCOLS

Adjacency / Level	Clinical Operations in Progress	Mandatory Contractor Control Protocol
Level Above 2-Silver:	**Intensive Care Unit (ICU):** High-acuity ventilated and critical patient beds directly overhead.	Strict acoustic/vibration limits; slab coring/anchor drilling restricted to pre-approved off-peak hours; overhead penetrations water-sealed.
Level Below 2-Silver:	**Emergency Department (ED):** 24/7 continuous acute trauma, ambulance bays, and rapid triage below.	Negative air pressure barriers; ceiling cavity inspection; drainage rerouting over ED requires continuous leak-monitoring basins.
Horizontal Boundaries:	Active inpatient patient rooms and clinical hallways adjacent at all times.	Class IV ICRA hard-wall barriers (flame-retardant drywall or modular metal); anterooms with digital differential pressure gauges (-0.02" wg).
Rooftop AHU Rigging:	Crane hoisting of new AHU platform over occupied obstetrics and surgery wings.	Engineered lift plan; temporary evacuation of top floor zones during active crane picks; weather-tight interim envelope flashings.

3. SUBCONTRACTOR COMPLIANCE & DAILY VERIFICATION CHECKLIST

Check	Standard / Specification Requirement	Responsible Sub / Trade	Verification Sign-off / Date
[ ]	**Negative Pressure Monitored:** Continuous manometer recording (≥ -0.02" wg) at all dust containment anterooms.	General Carpenter / ICRA Tech	Sign: _____ Date: ____
[ ]	**HEPA Discharge Routing:** Air scrubbers vented directly to hospital exterior; zero recirculation to patient zones.	Mechanical Subcontractor	Sign: _____ Date: ____
[ ]	**Sticky Mats & Boot Covers:** Double walk-off mats inspected every shift; sealed trash hoppers for debris egress.	All Trades / Demolition Sub	Sign: _____ Date: ____
[ ]	**Medical Gas Shutdown Protocol:** 14-day pre-notice for zone tie-ins; backfeed manifolds on standby; zero unannounced pauses.	Med-Gas Piping Sub (ASSE 6010)	Sign: _____ Date: ____
[ ]	**Interim Life Safety Measures (ILSM):** Daily corridor egress inspection; temporary fire alarm coverage maintained.	Life Safety / Electrical Sub	Sign: _____ Date: ____

Tool 4: Dual-Accounting Budget Reconciliation & Gift Sheet

Reconciling PRC Application $170M vs Mortenson $115M + $100M Weidner Patient Tower Gift

1. THE DUAL-ACCOUNTING GAP: UNDERSTANDING EVERGREENHEALTH'S PUBLISHED NUMBERS

Estimator's Golden Rule: The public record for EvergreenHealth 2-Silver surgery expansion carries two distinct figures: **$170 Million** in the state Project Review Committee (PRC) GC/CM application, and **$115 Million** published by Mortenson (GC/CM). Both figures are correct within their accounting frames. Any bidding subcontractor must identify which baseline an RFP or addendum utilizes.

Accounting Category	State PRC Filing ($170M All-In)	Mortenson Published ($115M)	Reconciliation Variance / Scope Inclusion
Direct Construction Cost	**$98,000,000** (Direct GC/CM construction contract estimate)	Core GC/CM contracted construction volume	Direct trade packages, core MEP, framing, finishes, drywall, medical gas infrastructure.
GC/CM Risk & Contingencies	Included in total project authorization buffer	GC/CM risk contingency, owner reserve	Escalation allowance, phased night-shift premiums, ICRA Class IV containment logistics.
Major Medical Equipment *(Cath Labs, Hybrid OR, Scopes)*	**Included in $170M All-In** (Owner-furnished medical equipment)	**Excluded from $115M** (Contractor scope excludes imaging)	6 cath lab systems, hybrid OR robotic imaging, fluoroscopy booms, endoscopy processors (~$35M–$40M).
Soft Costs & Fees *(A-E Design, DOH CRS, Legal)*	**Included in $170M All-In** NBBJ architectural & engineering fees	**Excluded from $115M** Owner-carried professional fees	Architectural/engineering design (NBBJ), DOH CRS plan reviews, commissioning, legal.
Total Budget Stated	**$170,000,000 All-In Capital Program**	**$115,000,000 Builder Project Cost**	**$55,000,000 Difference** = Owner Medical Equipment + Soft Costs + Direct Fitout.

2. CAPITAL RECONCILIATION AUDIT WORKSHEET FOR BID TEAMS

Bid Package Element	Contractor Scope ($115M)	Owner Direct ($170M Base)	Subcontractor Action
Structural Rooftop Platform	[ ] Mortenson Scope	[ ] Owner Furnished	Price steel & curbs to GC
Air Handling Unit (AHU) Equipment	[ ] Mechanical Subcontract	[ ] Pre-purchased by Owner	Confirm equipment procurement
Cath Lab Boom Rough-ins	[ ] Trade Package	[ ] Vendor Direct	Verify backing plates & conduit
Hybrid OR Shielding (Lead/RF)	[ ] Radiation Protection Sub	[ ] Turnkey Vendor	Confirm lead glass thickness
Endoscopy Scope Reprocessing Plumb	[ ] Plumbing Package	[ ] Owner Vendor Scope	Coordinate RO/DI water supply

3. THE DEAN WEIDNER ESTATE $100M GIFT: 8-STORY PATIENT TOWER PIPELINE

Gift Characteristic	Published Public Hospital Record	BD & Long-Term Capture Implications
Announced Date & Donor:	September 2026 • Estate of Dean Weidner	Largest philanthropic gift in EvergreenHealth history.
Designated Facility Scope:	**8-Story Inpatient Patient-Care Tower** on Kirkland campus.	New clinical chassis to modernize aging bed towers.
Current Budget & Timeline:	**No budget, size, or timeline published yet.**	Pre-design phase; programming team selection upcoming.
Capital Stack Interlock:	$100M private gift + 50¢ levy lid lift (60.83% Aug 2025 vote).	District has funded future in public, twice, in 13 months.

Tool 5: Valley Phased Build & Covington Shell Tracker

Cancer Center Phases 1A/1B/2, Bridge of Hope, and Covington $17.96M FSED Conversion

1. VALLEY MEDICAL CENTER CANCER CENTER: PHASED PROGRAM SEQUENCE (~$60M TOTAL)

Phase & Funding	Opening / Schedule	Clinical Programs & Square Footage	Amenities & Patient Experience	Contractors & Delivery Model
Phase 1A **~$15M** of $60M total	Opened: **February 3, 2025**	Infusion and immunotherapy bays, dedicated oncology infusion pharmacy, clinical prep.	**Bridge of Hope:** Enclosed skywalk connecting to main hospital. Trapper & Samantha Wellbeing Center.	Sellen Construction (Builder) NBBJ (Drawings) Flourish (Advisory)
Phase 1B **$6,000,000** grant Norcliffe Foundation	Under construction; **September 2026**	Oncology and hematology outpatient clinics, multidisciplinary conference clinic.	New dedicated **Cancer Center Café** for patient families and clinical staff.	Phase finishes out existing floor shell; occupied clinic protocols in place.
Phase 2 Contingent on fundraising	Public target: **Late 2027**	Radiation oncology, linear accelerators (vaults), advanced diagnostic imaging.	Expansion of supportive oncology spaces and survivorship consulting suites.	Heavy concrete shielding, MEP process chillers, high-voltage feeds (pending capital).

2. COVINGTON MOB CONVERSION: FREESTANDING ED & SHELL BUILD ($17,961,032)

Facility Component	Square Footage	Scope of Work & Structural Interventions	Occupied Delivery & Operational Constraints
Building Chassis	2-story MOB **37,550 sq ft total**	District-owned medical office building in Covington commercial core.	Located directly across from MultiCare Covington Medical Center campus.
First Floor Conversion	First Floor (Occupied Urgent Care)	Convert urgent care into **combined Freestanding Emergency Dept (FSED) and urgent care**.	**Urgent care remains operational throughout construction.** Phased barrier dust walls, off-hour utility tie-ins.
Structural & Mechanical Upgrades	First / Second Floor Slab & Rooftop	**Structural stiffening of second-floor slab** to support heavy clinical vibration; **new rooftop AHU**.	Structural steel shoring and column stiffening beneath occupied clinical suites; crane hoisting for AHU.
Second Floor Shell Buildout	**9,400 sq ft shell**	Build out vacant second-story shell as **multispecialty clinic** with exam rooms and provider offices.	Vertical MEP risers tied through active first-floor FSED without interrupting emergency operations.
Delivery Model & Phasing	$17,961,032 Total Capital + tax levy	Procured via **GC/CM under RCW 39.10** (Valley's second-ever GC/CM application).	**Learned from EvergreenHealth:** Application explicitly states Valley studied EvergreenHealth as model public-owner.

3. VALLEY COVINGTON PROJECT PHASING LOG & SUBCONTRACTOR TRACKER

Phasing Step	Target Milestone	Key Engineering Challenge	Status / Verification
1. GC/CM PRC Approval:	September 2026 Application	RCW 39.10 public-owner qualification review	[ ] Application Submitted [ ] PRC Approved
2. Slab Structural Stiffening:	Early 2027 Start	Under-slab reinforcement while urgent care operates	Engineering Sign-off: _____
3. Rooftop AHU Installation:	Mid 2027 Milestone	Crane rigging, curb installation, weather seal	Structural Permit No.: _____
4. FSED First-Floor Cutover:	Late 2027 Phase	24/7 med-gas, emergency power, trauma lighting	DOH CRS Presubmission: [ ] Complete
5. 9.4k SF Shell Multispecialty:	2028 Completion	Drywall, MEP branch, exam cabinetry, finishes	Substantial Completion: _____

Tool 6: Snoqualmie Hub & Detached OR CON Tracker

85,000 SF $147M Campus Hub, 4-OR Ambulatory Surgery, and Integrated Civic Amenities

1. PROJECT CAPITAL STACK & FINANCING OVERVIEW ($147,000,000 TOTAL)

Financing Instrument	Authorized Amount	Repayment Source / Covenant	Target Milestone / Delivery
Revenue Bonds	**$130,000,000**	Pledged hospital clinical operating revenues	Groundbreak August 22, 2025; Expected opening **Fall 2026**.
Limited-Tax GO Bonds (LTGO)	**$17,000,000**	District property tax regular levy capacity	District 4 regular rate (0.25006 per $1,000 computed for 2026).
Total Capital Program	**$147,000,000**	Combined revenue + tax-backed debt stack	Brings >30 new medical providers and 225 staff to Snoqualmie Valley.

2. CLINICAL & CIVIC PROGRAM DUAL ALLOCATION (~85,000 SQ FT)

Program Wing	Facility Components	Regulatory & Architectural Features
Ambulatory Surgery Facility (4 ORs)	**4 Operating Rooms** for outpatient procedures; pre-op bays, PACU recovery, sterile processing core.	**Certificate of Need Mandatory:** Detached from 25-bed hospital by a parking lot; licensed as part of hospital, triggering state CON review. Argued on out-migration to Bellevue/Seattle.
Outpatient Diagnostic & Clinic Chassis	Diagnostic imaging (CT/X-ray/Ultrasound), immediate care center, clinical laboratory, retail pharmacy, physical therapy gym, specialty clinics.	Full outpatient continuum reducing valley transit through I-90/SR 18 interchange (31,000 vehicles/day construction bottleneck).
Integrated Civic & Wellness Program	**Community restaurant**, public meeting rooms, retail fitness gym, and an **indoor climbing gym**.	Massing opens toward protected wetlands north of site; refuses typical clinical separation to build a community street inside the hospital campus.

3. CERTIFICATE OF NEED (CON) OUT-MIGRATION & HIGHWAY BOTTLENECK MATRIX

Need Criterion	Published District CON Justification	Estimating & Planning Implication
Out-Migration Leakage:	Snoqualmie Valley residents forced to travel to Bellevue (Overlake) or Seattle for routine surgeries scheduled months out.	Captures surgical procedures locally within Public Hospital District No. 4 boundaries.
Highway Construction Bottleneck:	I-90 & SR 18 interchange rebuild directly adjacent to campus carrying **31,000 vehicles per day**.	Emergency and outpatient transit to urban centers severely degraded during construction; creates demand for self-sufficient local care.
Critical Access Licensure:	Snoqualmie Valley Hospital operates 25 licensed beds (Level V trauma) with ADC of 19–20 patients.	Detached surgery center expands surgical volume without violating federal 25-bed CAH inpatient limit.

4. SUBCONTRACTOR SITE LOGISTICS & WETLAND PROTECTION LOG

Wetland Silt Buffer:	`[ ] Silt fence certified intact [ ] Turbidity <5 NTU`	**Climbing Gym Rigging:**	`[ ] Structural anchor points verified [ ] Clear height >28 ft`
OR HVAC Isolation:	`[ ] 20 ACH in ORs [ ] Positive pressure (+0.03" wg)`	**Restaurant Grease Interceptor:**	`[ ] Sized per local Snoqualmie code [ ] Vent separated from OR`

Tool 7: Two-Authority Permitting & Subcontractor Pursuit Scorecard

DOH Construction Review (CRS), Certificate of Need (CON), Clean Buildings, and Municipal Codes

1. THE TWO-AUTHORITY REVIEW MATRIX (STATE CRS + MUNICIPAL BUILDING DEPARTMENTS)

Reviewing Body	Trigger & Statutory Authority	Required Submittals & Procedural Gates
DOH Construction Review Services (CRS)	Mandatory for all acute hospital & surgical work. RCW 70.41 / WAC 246-320	**$500,000+ Trigger:** Projects ≥$500,000 must hold presubmission conference by 50% design. Must submit Infection Control Risk Assessment (ICRA) and Interim Life Safety Plan (ILSM). State review sits on top of local permits.
Certificate of Need (CON) Program	New clinical services, bed additions, or detached surgical suites. RCW 70.38	**Active King County CON Decisions:** • Snoqualmie: 4 detached ORs across parking lot. • MultiCare: $2.85M transfer of 6-bed nursery from Auburn to Covington. • Swedish Issaquah: Adult elective PCI ($0 capital cost).
Local Municipal Building Departments	City of Kirkland, City of Renton, City of Snoqualmie, City of Bellevue, Unincorporated King County	Building, plumbing, electrical, and stormwater permits. **Code baseline: 2021 Washington State Building Codes.** Municipal stormwater manuals apply. **Wildland-Urban Interface (WUI) is NOT in effect** in King County.
Clean Buildings Performance Standard	Department of Commerce. RCW 19.27A • Energy Target EUIt: **215**	Hospital gross floor area (including cafeterias, retail, and climbing gyms) must meet EUIt of 215. Compliance reporting deadlines: • Tier 1 (>220k SF): **June 1, 2026** • Tier 2 (90k–220k SF): **June 1, 2027** • Tier 3: **June 1, 2028**.

2. ESTIMATOR'S PUBLIC WORKS (GC/CM) PURSUIT SCORECARD

Scoring Dimension	District Public Owner Benchmark	Pursuit Team Score
1. Public Works Governance (RCW 70.44):	Prevailing wage rates certified; public bid openings; elected commissioner approval schedule tracked.	[ ] Pass [ ] Action Req.
2. Occupied Renovation Track Record:	Demonstrated ICRA Class IV execution with zero airborne containment breaches in active acute hospitals.	Score (1-10): _____
3. Multi-Floor Adjacency Control:	Demonstrated protocol for acoustic/vibration mitigation under ICUs and overhead drainage over EDs.	Score (1-10): _____
4. Clean Buildings Standard Integration:	MEP design validated against Climate Zone 4C EUIt 215 target with amenity space included.	[ ] Compliant [ ] Non-Compliant
5. Capital Stack Verification:	Proposal aligned with verified levy rate (0.49639 Evergreen, 0.74215 Valley, 0.25006 Snoqualmie).	[ ] Verified with Assessor

3. PURSUIT SIGN-OFF & GO / NO-GO DECISION GATE

Pursuit Name:	_____	**Target District:**	[ ] Evergreen [ ] Valley [ ] Snoqualmie
Lead Estimator:	_____	**BD Executive:**	_____
Final Gate Verdict:	[ ] FULL BID PURSUIT (GC/CM) [ ] DESIGN-ASSIST SUB [ ] NO-GO (Capacity / Risk)		