

EXHIBIT "A"

THE BUILDING PROGRAM

PROJECT NO. K19-610-05-ORM, Part 01

AS PREPARED BY:

Louisiana State University

FOR:

Partial Renovation of University Hospital
Medical Center of Louisiana at New Orleans
New Orleans, LA

DATED:

November 2005

is hereby made part of this contract. The Designer shall refine and complete the program for approval of the User Agency and Owner. Construction documents are to be completed within 210 consecutive calendar days from the date of the pre-design conference. The number of consecutive calendar days shall include 30 days for review by the Owner and User. In accordance with Article 5.5 of the 1985 Procedure Manual, when the Designer exceeds the established time schedule, liquidated damages in the amount of \$5,000.00 per day will be assessed for each working day past the original or extended date that the Designer has not delivered all Construction Documents to the Owner complete, coordinated and ready to bid.

NOV. 2005



LSU

HEALTH CARE SERVICES DIVISION

CHIEF EXECUTIVE OFFICER: DONALD R. SMITHBURG

DEPUTY CEO: ROBERT M. PLAISANCE

MEDICAL DIRECTOR: MICHAEL K. BUTLER, M.D.

RORALDISA MEDICAL CENTER
 EARL K. LONG MEDICAL CENTER
 ROY J. LOVE MEDICAL CENTER
 SACCALOUP MEDICAL CENTER
 T. A. CRAIG MEDICAL CENTER
 MEDICAL CENTER OF LOUISIANA AT NEW ORLEANS
 UNIVERSITY MEDICAL CENTER
 M. G. MCGEE MEDICAL CENTER

Medical Center of Louisiana at New Orleans

Proposal:

Facility Planning and Control issue a RFQ for the selection of an Architect and or Engineer to provide the necessary professional services to assess the repairs necessary to open a portion of University Hospital to provide Level 1 Trauma Services. Prepare appropriate plans and specifications to effect the necessary repairs. The work shall be accomplished using a "Fast Track" methodology.

Scope of Work:

Document and establish the extent of damage and probable cost to repair the damage caused by Hurricane Katrina. The assessment tasks will be to observe, inspect, photograph, and document the existing conditions after the hurricane, and to establish the required remediation work necessary to bring the identified portions of the hospital back to pre-hurricane conditions. Work with long lead equipment order times shall be completed first and placed on the market in separate packages to expedite the completion of the overall project.

Not all of the hospital will be repaired but shall be made environmentally safe with necessary ventilation and/or containment areas established to protect the occupied space from non-occupied areas.

Program:

The basic program will be to repair and or replace the necessary infrastructure to open:

- Basement sterile processing, receiving, morgue and maintenance,
- First floor for Trauma, Radiology, Cardiology, Blood Bank
- Second floor for Surgery, Recovery, Anglo Suite, and ICU's
- Fourth floor for administrative functions and on call rooms
- 200 beds for University Hospital to function as a Level 1 Trauma Center.

This shall include the electrical vaults, electrical distribution, HVAC, life safety and medical utility systems in the basement & power plant, and evaluation of the building envelope of University Hospital. The following systems and their sub components shall be evaluated and repaired as appropriate. Electrical, HVAC, domestic water pumps, reheat pumps, fire pumps, sump pumps, medical air compressor, medical vacuum, nitrous oxide manifold, medical utility alarm systems, fire alarm systems, purging and certification of medical utility systems, nurse call system, sterilizing systems, morgue refrigeration, elevators, roof and windows.

The program shall also include basic renovation of the pediatric emergency area for a laboratory to include separate emergency generator system.

Minimal renovation of the basement shall be done as necessary to provide a safe environment. Only the following basic services shall be located in the basement: required building infrastructure repairs, sterilizing capabilities, receiving and storage, morgue, facility shops and dietary support (no major food preparation).

EXHIBIT "B"
2005

COMPUTATION OF FEE

PROJECT NO.: K-19-610-05-ORM PART: 01
 PROJECT NAME: Partial Renovation of University Hospital
 Medical Center of Louisiana at New Orleans

FUNDS AVAILABLE FOR CONSTRUCTION (AFC) = \$21,642,500.00

FEE COMPUTATION:

FEE % for calculation = $\frac{46.10}{\text{Log}(\text{AFC}(1975 \text{ BCI}/\text{Current BCI}))}$ = 6.7290%

RENOVATION FACTOR (RF) = 1.250
 MODIFICATION FACTOR (MF) = 1.150
 FEE = FEE % (AFC(1975 BCI/CURRENT BCI) (CURRENT CPI/1975 CPI) = \$2,319,887.00

FEE as a percentage of AFC 10.7151%

INDICES:

	1975	BCI	CPI
CURRENT	2004	1306	33.8
		3984	181.1

Professional Liability Insurance Coverage shall be in the amount as required by Article 15.1.4 of the "Manual". No deductible shall be in excess of 5% of the amount of the policy. The prime designer shall be fully responsible to the Owner for his associates and his professional consultants' work. Professional liability coverage for the total project design, (including all professional consultants) rests solely with the prime designer.

SCHEDULE

Limits of Professional Liability

<u>Construction Cost</u>	<u>Minimum Limit of Liability</u>
0 to \$1,000,000	\$ 500,000
\$ 1,000,000 to \$10,000,000	\$1,000,000
\$10,000,000 to \$20,000,000	\$1,500,000
\$20,000,000 to \$50,000,000	\$3,000,000
Over \$50,000,000	To be determined by Owner

EXHIBIT "C"

Professional Consultants to be retained for this project:

DISCIPLINE	NAME	LOUISIANA LICENSE NUMBER
CIVIL/STRUCTURAL	Morphy Makofsky, Inc.	10439
MECHANICAL	U.R.S.	17577
ELECTRICAL	U.R.S.	E-25010
LANDSCAPE ARCHITECTURAL		
OTHER		

Consultants listed shall not be replaced without prior written notification to the Owner.

FIRST (1ST) AMENDMENT TO CONTRACT

JFMS 633151

BETWEEN: State of Louisiana, Division of Administration
and
Blitch Knevel Architects, Inc.

DATED: December 20, 2005

FOR: Partial Renovation of University Hospital
Medical Center of Louisiana at New Orleans
New Orleans, Louisiana
Project No. K19-610-05-ORM, Part 01
State ID No. S09923 Site Code: 1-36-069

RECEIVED
MAR 29 2006
FPC ACCOUNTING

WHEREAS, the Designer is providing Environmental Evaluation per email proposal dated February 3, 2006, and is due reimbursable expense in the amount of \$33,300.00, and

WHEREAS, the Designer is providing Electrical Testing as indicated in the email of February 3, 2006 and is due reimbursable expense in the amount of \$39,600.00; now

THEREFORE, in accordance with Article 5 of the 1985 Edition of the Louisiana Capital Improvement Projects Procedure Manual for Design and Construction, the fee shall be recomputed as follows:

AVAILABLE FOR CONSTRUCTION:	\$21,642,500.00
FEE COMPUTATION:	6.7290%
Log (AFC (1975 BCI/Current BCI)) <u>46.10</u>	
RENOVATION FACTOR:	1.25
MODIFICATION FACTOR:	1.150
FEE: FEE%(1975 BCI/CURRENT BCI) (CURRENT CPM1975 CPI)	\$2,319,007.00
FEE AS A PERCENTAGE OF AFC	10.7151%
REIMBURSABLE EXPENSE (Environmental Evaluation)	\$33,300.00
REIMBURSABLE EXPENSE (Electrical Testing)	\$39,600.00
CONTRACT TOTAL	\$2,391,907.00

All other terms of original contract shall remain in effect.

WITNESS the following signatures this, the 20th day of the month
of MARCH, 2006.

STATE OF LOUISIANA
DIVISION OF ADMINISTRATION

WITNESSES:
Roberta A. Rodriguez
Melvin Thompson
Cand. Horton
Teresa Lamagnet

BY: [Signature]
JERRY W. JONES, DIRECTOR

Blitch Knevel Architects, Inc.
BY: [Signature]

Facility Planning & Control
DESIGN PHASE TRANSMITTAL

In account with:
 Blitch Knevel Architects
 757 St. Charles Ave.
 New Orleans, LA 70130

Project Name & Location:
 Partial Renovations of University Hospital
 Medical Center of Louisiana, New Orleans, LA
 Project No.: K19-610-05-ORM Part No.: 1
 Project Manager: Renny Schoen

Telephone No.: 504-524-4634

DESIGN PHASE SUBMITTAL

Note: Check one (1) only, as applicable.

- | | |
|---|---|
| <input type="checkbox"/> Program Completion | <input type="checkbox"/> Construction Documents |
| <input type="checkbox"/> Schematic Design | <input type="checkbox"/> Bidding and Contracts |
| <input type="checkbox"/> Design Development | |

Materials Transmitted

- | | | |
|---|--|--|
| <input type="checkbox"/> Time Schedule | <input type="checkbox"/> Statement of Probable Cost | <input type="checkbox"/> Fire Marshal |
| <input type="checkbox"/> Completed Program | <input type="checkbox"/> Design Develop. Drawing | <input type="checkbox"/> Div. of Health |
| <input type="checkbox"/> Schematic Drawings | <input type="checkbox"/> Design Development Specs. | <input type="checkbox"/> Ofc. of Telecom. |
| <input type="checkbox"/> Outline Specs. | <input type="checkbox"/> Design Calculations | <input type="checkbox"/> Bid Recommendation |
| <input type="checkbox"/> Code Analysis | <input type="checkbox"/> Const. Documents Drawings | <input type="checkbox"/> Previously Reviewed Documents |
| <input type="checkbox"/> Energy Analysis | <input type="checkbox"/> Construction Documents Specs. | |

CERTIFICATION OF PHASE COMPLETION

The signature below specifically certifies the following. (All boxes must be checked for the submittal to be complete.)

- The submittals for this phase have been prepared by me or under my direct supervision.
- The applicable phase is complete and that all aspects of the project have been coordinated and checked.
- I have reviewed the site, property and Topographic Surveys, Soils Reports and any other special services provided. Regulatory Agencies have been contacted as well as suppliers of utilities. Documents comply with the Public Bid Law, including R.S. 38:2200. ("Closed Specifications")
- I, or my consultants, have copies of, or ready access to, all standard specifications referenced in the documents and know their contents, purpose and application to this project.
- For Construction Document Phase Only: An interdisciplinary coordination review of all construction documents has been performed and review documentation has been provided.

Designer's Signature & Date

Date: February 21, 2006

copies provided to:
 Bob Arnold, LSU-HSC



Designer's Professional Seal

Facility Planning & Control
STATEMENT OF PROBABLE COST

DATE: February 21, 2006

PROJECT: Partial Renovation of University Hospital
 PROJECT NO: K19-610-05-ORM, PART NO: 01
 LOCATION: Medical Center of Louisiana, New Orleans, LA
 DESIGN PROFESSIONAL: Blich Knevel Architects, Inc.
 TOTAL NEW AREA BEING CONSTRUCTED: N.A. sq. ft.
 TOTAL EXISTING AREA BEING RENOVATED (see attached): 279,604 sq. ft.
 PROJECT PHASE: Programming A F C: \$21,624,500.00

			<u>PER CENT</u>	<u>AMOUNT</u>
DIVISION	1	General Requirements	_____	_____
DIVISION	2	Site Work	_____	_____
DIVISION	3	Concrete	_____	_____
DIVISION	4	Masonry	_____	_____
DIVISION	5	Metals	_____	_____
DIVISION	6	Woods and Plastics	_____	_____
DIVISION	7	Thermal & Moisture Protection	_____	_____
DIVISION	8	Doors and Windows	_____	_____
DIVISION	9	Finishes	_____	_____
DIVISION	10	Specialties	_____	_____
DIVISION	11	Equipment	_____	_____
DIVISION	12	Furnishings	_____	_____
DIVISION	13	Special Construction	_____	_____
DIVISION	14	Conveying Systems	_____	_____
DIVISION	15	Mechanical	_____	_____
DIVISION	16	Electrical	_____	_____
TOTAL CONSTRUCTION COST OF BASE BID			100.0%	\$19,478,640.00
ALTERNATE NUMBER 1			_____	_____
ALTERNATE NUMBER 2			_____	_____
ALTERNATE NUMBER 3			_____	_____
TOTAL CONSTRUCTION COST (BASE BID AND ALTERNATES)				\$19,478,640.00

UNIVERSITY HOSPITAL PROGRAM COST ESTIMATE

Issue Date: February 21, 2006

Partial Renovation of University Hospital

Medical Center of Louisiana, New Orleans, LA

Project No. K19-610-05-ORM, Part 01 Site ID: 1-36-069 State ID No.: 09923

PHASE I	\$/SF	SF	COST	
BASEMENT				
General Space	\$65	55,300	\$3,594,500	55,300
Sterilizers	\$110	3,460	\$380,800	3,460
Subtotal		58,760	\$3,975,100	
FIRST FLOOR				
Pharmacy	\$110	3,800	\$418,000	3,800
Blood Bank	\$160	3,417	\$546,720	3,417
Subtotal		7,217	\$964,720	
FOURTH FLOOR				
Lab	\$160	7,341	\$1,174,560	7,341
FIFTH THRU EIGHTH				
Refurbishment	\$4	88,000	\$352,000	88,000
ROOF				
Re-roofing / Lightning	\$16	26,495	\$414,425	26,495
UTILITIES				
Air Handling Units			\$161,655	
Electrical Refurbishment			\$1,200,000	
Subtotal			\$1,361,655	
ENVIRONMENTAL				
Testing			60,000	
Mitigation			100,000	
Subtotal			\$150,000	
TOTAL PHASE I			\$8,392,460	

PHASE II	\$/SF	SF	COST	SF
FIRST FLOOR				
On-Call	\$60	4,398	\$263,880	4,398
New ER	\$200	12,714	\$2,542,800	12,714
Refurbished ER	\$75	10,860	\$799,500	10,660
Subtotal		27,772	\$3,606,180	
SECOND FLOOR				
ICU - Surgical	\$200	10,838	\$2,167,600	10,838
ICU - Medical	\$50	10,682	\$534,100	10,682
Subtotal		21,520	\$2,701,700	
THIRD FLOOR				
Labor / Delivery	\$160	11,026	\$1,764,160	11,026
FOURTH FLOOR				
Lab	\$160	9,459	\$1,513,440	9,459
Trauma Beds	\$50	11,007	\$550,350	11,007
Post Partum Beds	\$50	11,007	\$550,350	11,007
			\$2,614,140	91,791
HELIPORT			\$400,000	187,813
				279,604

TOTAL PHASE II \$11,086,180

TOTAL PHASES I AND II \$19,478,640

ADMINISTRATIVE FEE (23.5%) \$4,577,480

TOTAL \$24,056,120



Louisiana State University System
3810 West Lakeshore Drive
Baton Rouge, Louisiana 70808

Office of Property and Facilities

March 20, 2006

225 / 578-2264
Fax 225 / 578-7987

Mr. Jerry Jones, Director
Facility Planning and Control
1201 North Third Street, Suite 7-160
Baton Rouge, Louisiana 70804

Attention: Mr. Renny Schoen

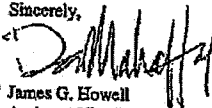
RE: PARTIAL RENOVATIONS OF UNIVERSITY HOSPITAL
MEDICAL CENTER OF LOUISIANA
LSU HEALTH SCIENCES CENTER, NEW ORLEANS
HEALTH CARE SERVICES DIVISION, BATON ROUGE
Project No. K19-610-05-ORM, Part 01

Dear Mr. Schoen:

Please find enclosed the original Professional Design Services Invoice No. 1 in the amount of \$115,950.40 submitted by Blitch Knevel Architects for payment for services rendered on the above referenced project.

Blitch Knevel Architects
Invoice No. 1
Amount due this invoice..... \$115,950.40

We have reviewed this invoice and found it to be in order. We, therefore, with your concurrence, recommend payment in the amount of \$115,950.40.

Sincerely,

for James G. Howell
Assistant Vice President and
University Architect

JGH:ld

Enclosure

cc: Blitch Knevel Architects

RECEIVED
2006 MAR 29 PM 2:49
FACILITY PLANNING & CONTROL

Louisiana State University of Agricultural and Mechanical College
LSU at Alexandria • LSU at Eunice • University of New Orleans • LSU in Shreveport
LSU Health Sciences Center • Hebert Law Center • LSU Agricultural Center • Pennington Biomedical Research Center

**STATE OF LOUISIANA
FACILITY PLANNING AND CONTROL
PROFESSIONAL DESIGN SERVICES INVOICE**

In Account With:
Blitch Knevel Architects
757 St. Charles Ave.
New Orleans, LA 70130

Application Number: 2 Date: April 26, 2006
Project Name:
Partial Renovations of University Hospital
Medical Center of Louisiana, New Orleans, LA
Project No.: K19-610-05-ORM Part No.: 1
CFMS NO. 633151

Telephone No.: 504-524-4634

CONTRACT Date: December 20, 2005

ORIGINAL DESIGN FEE: \$2,319,007.00

Amendment No.	Date	Reimbursable Expense
Expense Sum:		

RECEIVED
MAY 22 2006
FPC ACCOUNTING

Total Contract Amount (Reimbursable + Design Fee) **\$2,319,007.00**

A. PAYMENT DUE DESIGNER FOR SATISFACTORY COMPLETION OF SERVICES RENDERED

Phase Payment Due	%	Least Revised Design Fee	Fee Due
A1 Program Completion	05	X \$2,319,007.00	= \$115,950.35
A2 Schematic Design	10	X \$2,319,007.00	= \$231,900.70
A3 Design Development	20	X \$2,319,007.00	= \$463,801.40
A4 Construction Documents Submittal	20	X \$2,319,007.00	= \$463,801.40
A5 Construction Documents Approval	10	X \$2,319,007.00	= \$231,900.70
A6 Bidding and Contracts	05	X \$2,319,007.00	= \$115,950.35
A7 Construction	25	X	=
A8 Construction Close-out	05	X	=

(1) 70% Phase Completion X 76.22% AFC = 53.35%

B. Design Fee Earned to Date (A1 thru A8) = **\$1,623,304.90**
 (Adjusted by 76.22% AFC - see attached) = **\$1,237,248.45**
 C. Less Amount of Fee Previously Paid = **\$115,950.40**
 D. Amount of Fee Due (B-C) = **\$1,121,298.05**
 E. Reimbursable Expense Due: = **\$0.00**
 F. Total Amount Due (D+E) = **\$1,121,298.05**

s/ *K. Knevel*
Designer's Signature

Date: April 26, 2006

By signing this invoice the Designer warrants that all sub-consultants will be promptly paid these amounts due them out of the amount paid to the Designer.

Recommendation for Payment Design Phase only

Approved s/ *[Signature]* 5/3/06
User Agency Representative date

Approved s/ *[Signature]* 5-12-06
Official Agency Representative date

FACILITY PLANNING AND CONTROL ONLY

Approved s/ *[Signature]* 5-22-06
Project Manager date

Remarks: _____

Cat. B

**UNIVERSITY HOSPITAL AFC COMPLETION PERCENT**

Issue Date: April 25, 2006

Temporary University Hospital and Level I Trauma Center
Medical Center of Louisiana, New Orleans, LA

Project No. K19-610-05-ORM, Part 01; Site ID: 1-35-069; State ID No.: 09923

BID PACKAGE (FP & C)	Construction Amount
A Class I Electrical Refurbishment	\$779,000
B Ninth Level and Penthouse Roof	\$511,500
C Basement and Fourth Floor Demolition	\$962,000
D Phase I - Basement, Lab, Blood Bank, Pharmacy	\$13,059,000
E Phase II - ER, On-call, ICU, LDR, Trauma Beds	(to be bid)
Subtotal	\$15,301,500

EQUIPMENT PACKAGES (LSU-HSC)	
Air-Handling Units	\$161,655
Medical Gas	\$94,233
Pharmacy/On-call Generator	\$23,269
Transfer Switch	\$19,370
Substations and Switchboards	\$69,000
Booster Pumps	\$43,558
Lab Roof-top Air-Handling Unit	\$25,435
STERIS Equipment	\$757,435
Subtotal	\$1,193,953

Total Bid Amount to Date	\$16,495,453
Available Funds for Construction (AFC)	\$21,642,500

AFC Completion Percent	78.22%
------------------------	--------



Kathleen Babineaux Blanco
GOVERNOR

State of Louisiana
DIVISION OF ADMINISTRATION
FACILITY PLANNING AND CONTROL

Jerry Luke LeBlanc
COMMISSIONER OF ADMINISTRATION

May 22, 2006

Mr. Larry Lichtenberg
Office of Risk Management
P.O. Box 94095, Capitol Station
Baton Rouge, Louisiana 70804-9095

RE: Partial Renovations of University Hospital
Medical Center of Louisiana
Hurricanes Katrina Damage
LSU Health Sciences Center
New Orleans, Louisiana
Project No. K19-610-05-ORM, Part 1
Claim No. 06P0829HS0719
P.W. No. 3313

Dear Mr. Lichtenberg:

Please find the attached invoice from Blich Knevel Architects on the captioned project. We have reviewed same and authorize payment in the amount of \$1,121,298.05. Please make payment directly to the vendor and call me at 342-0830 to pick up the check for transmittal.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink that reads "Donna Roberts".

Donna Roberts
Accountant

Attachments

c: Blich Knevel Architects