

May 8, 2025

Mr. Paul Garza, Chair
Mendocino Coast Health Care District
775 River Drive
Fort Bragg, CA 95437

Project: **Adventist Health Mendocino Coast Hospital | Hourly Planning Support Services**
Project No.: 0180.25.XXXX

Dear Paul,

We are pleased to submit this proposal to provide Special Services for the above-mentioned Project located in Fort Bragg, CA. The scope of our proposal is based on information obtained during the planning meeting on April 22, 2025. A description of the project and our services is as follows:

SECTION 1. DESCRIPTION OF THE PROJECT

The intent of the Project is to provide planning support services related to seismic compliance in accordance with California state regulations, including California Department of Health Care Access and Information (HCAI).

We will perform these services described herein consistent with the professional skill and care ordinarily provided by architects practicing in the same or similar locality under the same or similar circumstances. We will perform these services as expeditiously as is consistent within the profession.

SECTION 2. DESCRIPTION OF SPECIAL SERVICES

A. PLANNING SUPPORT/CONCEPT DESIGN

We propose to provide as-needed planning support in the following areas:

- Prepare concept level options for meeting seismic compliance based on User input.
- Prepare a space allocation program based on needs assessment prepared by Innova.
- Work with a cost consultant to develop estimates for the selected option(s).
- Attend meetings with MCHCD groups to review and discuss options for meeting seismic compliance.

Proposed Meeting Outline and Topics:

- Meeting #1:
 - o Review Process.
 - o Set Outcome Goals.
 - o Review Feedback.
 - o Discuss Space Program.
- Meeting #2:
 - o Review Departmental Blocking Layout and Adjacencies.
 - o Discuss Departmental Space Program and Areas.
 - o Review Site Impacts.
- Meeting #3:
 - o Review Concept Plans.
 - o Discuss Updated Space Program and Areas.
 - o Review Feedback.

We estimate this effort to be approximately eight (8) weeks to complete.

SECTION 3. COMPENSATION FOR SPECIAL SERVICES

Payments for services shall be billed hourly “not to exceed” per the hourly rates listed in Appendix A. Payments are due and payable upon presentation of our invoice.

A breakdown of the architectural compensation is as follows:

Company	Sub Total
Devenney Group Ltd., Architects	\$ 50,000
The Innova Group	\$ 4,000
Cumming Group	\$ 17,500
Reimbursable Expenses	NIC
Consultant Administration	\$ 2,150
TOTAL PROJECT COSTS	\$ 73,650

Any changes in the above scope will result in additional work and will require additional fees. Our staff can be utilized for work beyond the scope described above. Additional special services may be quoted as a fixed fee if requested by the Owner prior to commencing with the work.

SECTION 4. REIMBURSABLE EXPENSES

Reimbursable expenses are in addition to compensation for special services and include expenses incurred by us, our employees, and consultants in the interest of the project for the following expenses:

Transportation and authorized out-of-town travel and subsistence; dedicated data and communication services; fees paid for securing approval of authorities having jurisdiction over the Project; printing, reproductions, plots; postage, handling and delivery; renderings, models, mock-ups, professional photography, and presentation materials requested by the Owner; all taxes levied on professional services and on reimbursable expenses; other similar Project-related expenditures.

For reimbursable expenses, the compensation shall be the expenses incurred by us and our consultants plus an administrative fee of 10% of the expenses incurred.

SECTION 5. ADDITIONAL/SPECIAL SERVICES

If additional services are required, we will prepare an Additional Services Authorization. We will not commence additional services without written authorization.

SECTION 6. OWNER RESPONSIBILITIES

The Owner shall provide information in a timely manner regarding requirements for the Project, including a written program defining the Owner's objectives, schedule, constraints and criteria, including space requirements and relationships, flexibility, expandability, special equipment, systems and site requirements.

The Owner shall identify a representative authorized to act on the Owner's behalf with respect to the Project.

SECTION 7. NOTICE TO PROCEED

If this proposal meets with your approval, please sign, date, and return one signed copy.

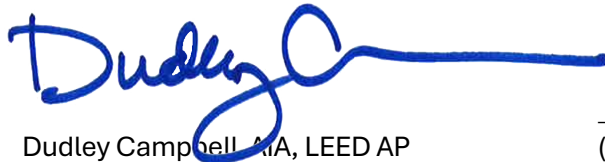
We look forward to working with you and your team at Mendocino Coast Health Care District on this Project. If you have any questions or comments, please do not hesitate to call.

Sincerely,

So agreed as set forth herein, this

Devenney Group Ltd., Architects

_____ day of _____ 2025.



Dudley Campbell MA, LEED AP
Chief Operating Officer

(Signature)

(Name/Title)

Appendix A

cc: K. Wylie / MCHCD
J. Dorsey / DGL
T. McKenna / DGL
File
Emailed 05.07.2025

DEVENNEY GROUP
2025 BILLING RATE SCHEDULE

Labor Category	Billing Rate
Principal	\$290.00
Director	\$275.00
Designer IV	\$265.00
Designer III	\$215.00
Designer II	\$180.00
Designer I	\$140.00
Graphics III	\$175.00
Graphics II	\$150.00
Graphics I	\$140.00
Interior Designer III	\$200.00
Interior Designer II	\$175.00
Interior Designer I	\$150.00
Project Architect III	\$220.00
Project Architect II	\$195.00
Project Architect I	\$175.00
Project Manager III	\$230.00
Project Manager II	\$195.00
Project Manager I	\$175.00
BIM Manager	\$175.00
Project Coordinator III	\$170.00
Project Coordinator II	\$145.00
Project Coordinator I	\$110.00
Technical IV	\$160.00
Technical III	\$140.00
Technical II	\$120.00
Technical I	\$110.00