

Request for Qualifications (Planning Services)

State of Ohio Standard Forms and Documents

Administration of Project: Local Higher Education

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|--|---------------------------------------|--|-------------------------------|----------------|------------|
| Project Name | <u>Dentistry - New Facility Study</u> | Response Deadline | <u>10/15/13</u> | <u>2:00 pm</u> | local time |
| Project Location | <u>Columbus Campus</u> | Project Number | <u>OSU-140142</u> | | |
| City / County | <u>Columbus / Franklin</u> | Project Manager | <u>Rebekah Gayley</u> | | |
| Owner | <u>The Ohio State University</u> | Contracting Authority | <u>Local Higher Education</u> | | |
| Delivery Method | <u>N/A</u> | Prevailing Wage Requirements? | <u>None</u> | | |
| No. of paper copies requested (stapled, not bound) | <u>4</u> | No. of electronic copies requested on CD (PDF) | <u>1</u> | | |

Submit the requested number of Statements of Qualifications (Form F110-330) directly to Rebekah Gayley at 400 Enarson Classroom Building, 2009 Millikin Rd, Columbus, Ohio 43210. See Section H of this RFQ for additional submittal instructions.

Submit all questions regarding this RFQ in writing to Rebekah Gayley at Gayley.3@osu.edu with the project number included in the subject line (no phone calls please). Questions will be answered and posted to the OFCC website at <http://ofcc.ohio.gov> on a regular basis until one week before the response deadline. The name of the party submitting a question will not be included on the Q&A document.

Project Overview

A. Project Description

The Office of Physical Planning and Real Estate (PPARE), on behalf of the College of Dentistry, requests new facility concepts for an academic and clinical dentistry building, including conceptual floor plans, building massing, site plans, and renderings for fundraising purposes. Conceptual costs estimates will also be required. General program, project vision/goals, and data collected in previous studies will be provided. Documentation is for planning purposes only.

B. Scope of Services

INTRODUCTION:

The One Ohio State Framework Plan provides a long-term, high-level vision for the future of OSU's campus. The health science colleges are creating an interprofessional model of health care delivery aimed at improving people's lives through personalized health care. A new dentistry building has been identified as a priority project in the University's Framework Plan. Before the project will be considered for funding, more comprehensive planning as to feasibility, cost, program, site, and massing is necessary..

We are seeking a team of planning and design consultants that can provide more detailed analysis and recommendations for the design and construction of a new dentistry building, which would replace Postle Hall. OSU's Physical Planning and Real Estate (PPARE) office has been working with the College of Dentistry (executive and steering committees) since July 2013 to develop vision, goals, and general program for the building. To complete the project, design consultants will be hired to develop conceptual building plans that detail floor plans, building massing, site plans, exterior renderings, and conceptual cost estimates.

BACKGROUND:

The College of Dentistry has observed a need for new facilities for nearly a decade. Postle Hall, originally designed in 1948 and constructed in 1950, has been home to the College for more than sixty years. The original Postle Hall expanded through 3 separate addition projects between 1959 and 1977. Other renovation projects have been completed in the interim to keep pace with national standards for pedagogy and technology. While the College has done a tremendous job adapting the building over time, it is recognized that Postle Hall is approaching the end of its useful life.

The College spends \$1.2 million annually on repairs and unscheduled maintenance. The university's facility assessors inspected the building and found that while the College has spent \$13.4 million in renovations since 1995, a substantial amount more is needed to upgrade Mechanical/Electrical/Plumbing (MEP) systems in the near future. Postle Hall's Facility Condition Index (FCI) is 66 percent, reflecting a ratio of repair to replacement costs. The target for university structures is 80 percent, suggesting substantial investment is necessary. The estimated cost of renewal and deferred maintenance (RDM) is currently \$23 million.

Request for Qualifications (Planning Services) continued

H. Submittal Instructions

Firms are encouraged to form teams that can provide all or part of the skills required for this project. Please make it clear in your submission which types of expertise your firm or team will provide. Please include the following information in your submittal:

1. Firm description outlining planning approach, design philosophy, and areas of expertise your firm or team will provide.
2. Description of all team member firms. Include years of experience in each area of expertise (Item #1 above), information about the role each firm will play, and a description of how the team will be organized.
3. Biographies or resumes of all personnel who will be working on this project from each firm. Identify the areas of expertise each member will provide as well as their role in the project.
4. Statement of qualifications, including 4-6 examples of similar projects. Provide examples demonstrating experience in all areas identified in item #1 (above).
5. Proposed project schedule.
6. Fee for proposed services.

Firms are required to submit the current version of Statement of Qualifications (Form F110-330) available via the OFCC website at <http://ofcc.ohio.gov>.

Paper copies of the Statement of Qualifications, if requested, should be stapled only. Do not use special bindings or coverings of any type. Cover letters and transmittals are not necessary.

Electronic submittals should be combined into one PDF file named with the project number listed on the RFQ and your firm's name. Use the "print" feature of Adobe Acrobat Professional or similar software for creating a PDF rather than using a scanner. If possible, please reduce the file size of the PDF. In Adobe Acrobat Professional, go to Advanced, then PDF Optimizer. Also, please label the CD and the CD cover with the project number and firm name.

Facsimile or e-mailed copies of the Statement of Qualifications will not be accepted.

Firms are requested to identify professional registrations, memberships and credentials including but not limited to: LEED GA, LEED AP, LEED AP+, CCCA, CCM, CCS, CDT, DBIA, and any other appropriate design and construction industry credentials. Identify that information on the resume page for individual in Block 22, Section E of the F110-330 form.

LEED Credentials: Leadership in Energy & Environmental Design (Green Building Certification Institute)

GA: Green Associate
AP: LEED AP (Legacy LEED Accredited Professional without specialty)
AP +: (see below):
LEED AP BD+C (Building Design and Construction specialty)
LEED AP ID+C (Interior Design and Construction specialty)

LEED AP O+M (Operations and Maintenance specialty)
LEED AP ND (Neighborhood Development specialty)
LEED AP Homes (Specialty for residential LEED construction)

Other Industry Credentials:
CCCA: Certified Construction Contract Administrator (CSI)
CCM: Certified Construction Manager (CMAA)
CCS: Certified Construction Specifier (CSI)
CDT: Construction Document Technologist (CSI)
DBIA: Design-Build Institute of America

Planning Services Selection Rating Form

State of Ohio Standard Forms and Documents

Project Name Dentistry - New Facility Study Proposer Firm _____
 Project Number OSU-140142 City, State, Zip _____

| Selection Criteria | | Value | Score |
|---|---|-----------------|----------|
| 1. Firm Location, Workload and Size (Maximum 15 points) | | | |
| a. Proximity of firm to project site | Less than 150 miles | 5 | |
| | 100 to 300 miles | 2 | |
| | More than 300 miles | 0 | |
| b. Amount of fees awarded by Contracting Authority | Less than \$50,000 | 5 | |
| | \$50,000 to \$200,000 | 2 | |
| | More than \$200,000 | 0 | |
| c. Number of relevant professionals | Less than 5 planning professionals | 1 | Max = 5 |
| | 5 to 9 planning professionals | 2 | |
| | More than 9 planning professionals | 3 | |
| 2. Primary Qualifications (Maximum 30 points) | | | |
| a. Master Planning Lead | Experience / ability of MP Lead to manage visioning / capital improvement plans | 0 - 10 | |
| b. Assessment Lead | Experience / ability of lead to manage assessors of various disciplines | 0 - 5 | Max = 20 |
| c. Planning Staff | Experience / ability of planning staff to develop long range master plans | 0 - 15 | |
| d. Technical Staff | Experience / ability of assessors to accurately collect and evaluate systems and components | 0 - 10 | |
| 3. Sub-Consultant Qualifications (Maximum 10 points) | | | |
| Key Discipline Leads | Experience / ability of all key discipline leads to effectively perform the work | 0 - 10 | |
| 4. Project Team Qualifications (Maximum 15 points) | | | |
| a. Previous team collaboration | Less than 2 projects (Low) | 0 | Max = 5 |
| | 2 to 4 projects (Average) | 2 | |
| | More than 4 projects (High) | 5 | |
| b. LEED Registered / Certified consultant participation | No projects | 0 | Max = 5 |
| | Registered | 2 | |
| | Certified | 5 | |
| c. Team Organization | Clarity of responsibility / communication demonstrated by table of organization | 0 - 5 | |
| 5. Overall Project Team Experience (Maximum 30 points) | | | |
| a. Criteria development and prioritization | Performance in establishing owner criteria for capital improvement plans | 0 - 5 | |
| b. Experience with similar projects / delivery methods | Less than 3 projects (Low) | 0 - 3 | |
| | 3 to 6 projects (Average) | 4 - 6 | |
| | More than 6 projects (High) | 7 - 10 | |
| c. Past performance | Level of performance as indicated by past evaluations / letters of reference | 0 - 10 | |
| * LEED = Leadership in Energy & Environmental Design developed by the U.S. Green Building Council ** LEED AP = LEED Accredited Professional credential by the Green Building Certification Institute | | Subtotal | |

Notes:

Evaluator:

Name _____

Signature _____ Date _____