

Request for Qualifications (Planning Services)

The Ohio State University

Facilities Operations and Development

400 Central Classroom Building ▪ 2009 Millikin Road ▪ Columbus, OH 43210



<http://fod.osu.edu>

Phone: 614-292-4458

Administration of Project: Local Administration

Project Name	<u>Brain and Spine Hospital – Planning Study</u>	Response Deadline	<u>12/07/2012</u> <u>3:00 p.m.</u> local time
Project Location	<u>OSU Campus – Health Sciences District</u>	Project Number	<u>OSU - 130106</u>
City / County	<u>Columbus / Franklin</u>	Project Manager	<u>William Orosz</u>
Agency/Institution	<u>The Ohio State University</u>	Contracting Authority	<u>The Ohio State University</u>
No. of paper copies requested (stapled, not bound)	<u>5</u>	No. of electronic copies requested on CD (PDF)	<u>2</u>

Submit the requested number of Statements of Qualifications (SAO Form F110-330) directly to Paul Lenz, The Ohio State University, Facilities Operations and Development at 400 Central Classroom Building, 2009 Millikin Road, Columbus, Ohio 43210. See Section H for additional submittal instructions.

Project Overview

A. Project Description

Prepare a comprehensive planning study for the renovation of the existing James Cancer Hospital. The planned repurposing of this building is most likely a Brain and Spine Hospital, a new home for OSUWMC's signature Neurosciences program. The planning study will include a review and analysis of existing facilities, application of best practices and benchmarking related to national Neuroscience programs, accommodation of OSUWMC's three core mission groups in the space, function and concepts for meeting architectural and engineering needs. Deliverables include a prioritized functional and space program of requirements (PoR), an estimate of costs including potential program alternates, and critical path schedule required to rehabilitate and renovate the existing James Cancer Hospital to a Brain and Spine Hospital.

B. Scope of Services

OSUWMC seeks a national thought leader in the planning and programming of Neuroscience Facilities. The selected Team will have extensive experience in planning and programming large Neuroscience programs, with preference for experience working within existing buildings. The selected Team must have extensive planning and programming experience in academic medical centers. This planning study will evaluate how the OSUWMC Neuroscience program best fits within the existing James Cancer Hospital. This planning study requires the selected Team to evaluate the existing facility, provide programming and planning services, program prioritization, project documentation, and cost estimating and scheduling for the proposed program. Firms are encouraged to form teams which can provide all or part of the skills required for this project. Please make it clear in your submission which types of expertise each team member will provide, and identify the single source contacting entity. The university reserves the right to award separate contracts for portions of the study, as well as break apart or reassemble teams to obtain the highest level of skill in every category.

Participate in the Encouraging Growth, Diversity & Equity (EDGE) Program as required by statute and the Agreement.

Simultaneous Requests for Professional Services are being issued for the planning and programming of OSUWMC University Hospitals Facilities Upgrades, and for OSUWMC Women and Infants Facilities. Teams may submit for one or all. Integrated responses will be entertained, with the university again reserving the right to break apart or reassemble the teams.

Teams submitting a proposal on or before December 7th, 2012 at 3:00 p.m. local time will be considered for selection. Proposals should clearly indicate which areas of expertise are being provided, include a statement of qualifications with examples of similar projects. Please provide information about the team members who will be working on this project, including person specific references.

For purposes of completing the Relevant Project Experience Matrix in Section F of the Statement of Qualifications (Form #F110-330), below is a list of relevant scope of work requirements for this RFQ:

1. Planning and programming of Neuroscience programs
2. Planning and programming of Academic Medical Centers
3. Renovation of a major medical facility
4. Performance with project estimating and scheduling (per project references)



Request For Qualifications (Planning) continued

Project Name Brain and Spine Hospital – Planning Study Project Number OSU - 130106

C. Funding / Estimated Budget

Total Project Cost	<u>\$300,000.00</u>	State Funding	<u>\$0</u>
Estimated Fee	<u>\$300,000.00</u>	Other Funding	<u>\$300,000.00</u>

NOTE: The fee for this project includes all consultant services necessary for proper completion of the Basic Services for the successful completion of the project, including but not limited to: development of the Program of Requirements, validation of existing site conditions (but not subsurface or hidden conditions), preparation of cost estimates and design schedules for the project. Fees may be negotiated and allocated for Additional Services (e.g., creation of an extensive evaluation or validation of site conditions and extensive pre-design investigations.).

D. Services Required

Primary	<u>Neuroscience Facility Planning & Programming</u>
Secondary	<u>Architecture</u>
	<u>MEP</u>
	<u>Cost Estimating</u>
	<u> </u>
	<u> </u>

E. Anticipated Schedule

Professional Services Start (mm/yy)	<u>03 / 13</u>
Professional Services Completed (mm/yy)	<u>06 / 13</u>

F. EDGE Participation Goal

Percent of <i>initial</i> TOTAL A/E Fee	<u>5%</u>
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G. Evaluation Criteria for Selection

Teams will be evaluated and judged on their demonstrated thought leadership, creativity, and innovation in the facility planning and programming of national Neuroscience facilities. Applicants are required to demonstrate their experiences in academic medical center facility planning, large scale renovation work in clinical settings, and working successfully within an estimated cost model. OSUWMC seeks a project team committed to envisioning the future of this important signature program, and its successful integration with other programs.

Selected teams must demonstrate their ability to work effectively with senior leaders, physicians, and staff. They must also demonstrate their ability to meet the Owner's vision in programming, and to establish scopes in line with budgets and schedules. Such experiences must include projects where planning scenarios involved significant upgrades to existing facilities. Past performance and collaboration of prospective team members including Sub-consultants will be evaluated. Individuals proposed to work on the project must have relevant medical center and Neuroscience planning and programming experience. Engineering Sub-consultants are expected to bring creative and technical expertise to the team, demonstrating their grasp of best practices, trends, and sustainability. Individual team members must also be skilled in presenting information to diverse groups, and document all project information. Project documentation utilizing Microsoft Office and Revit software programs is preferred. Demonstrated experience in estimating and scheduling complex renovation projects is required. Selected Teams and Sub-consultants must be able to begin the work immediately.

Interested firms are required to submit the Commitment to Participate in the EDGE Business Assistance Program form in its Statement of Qualifications (Form F110-330) submitted in response to the RFQ, to indicate its intent to contract with and use EDGE-certified Business Enterprise(s), as a part of the Consultant's team. The Intent to Contract and to Perform and / or waiver request letter and Demonstration of Good Faith Effort form(s) with complete documentation must be attached to the Consultant's Technical Proposal. Both forms can be accessed at fod.osu.edu/vendor. The Intent to Contract and to Perform form is again required at the Fee Proposal stage.

For all Statements of Qualifications, please identify the EDGE-certified Business Enterprises, by name, which will participate in the delivery of the proposed professional services solicited in the RFQ.

Request For Qualifications (Planning) continued

Project Name Brain and Spine Hospital – Planning Study

Project Number OSU - 130106

H. Submittal Instructions

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/Documents.aspx>

Paper copies of the Statement of Qualifications 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.

For program or process related questions, contact William Orosz at William.orosz@osumc.edu.

For contract or submittal related questions, contact Paul Lenz at lenz.3@osu.edu.

Include the project number in the subject line (no phone calls please).

Planning Services Selection Rating

The Ohio State University

Facilities Operations and Development

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Phone: 614-292-4458

Project Name Brian and Spine Hospital – Planning Study Proposer Firm _____
 Project Number OSU - 130106 City, State, Zip _____

Selection Criteria		Value	Score
1. Consultant Firm Location (5 points)			
Proximity of primary firm office where majority of work is to be performed in relationship to project location	Less than 100 miles	4 - 5	
	100 to 300 miles	2 - 3	
	More than 300 miles	0 - 1	
2. Consultant Firm Size (5 points)			
Number of relevant planning professionals within primary Consultant firm available to perform the work.	Small = Less than 50 planning professionals	5	
	Medium = 50 to 250 planning professionals	3-4	
	Large = More than 250 planning professionals	1-2	
3. Current Workload (5 points)			
Amount of fees awarded by the Contracting Authority to the primary Consultant Firm in the previous 24 months (exclude projects on hold)	Less than \$150,000.00	4 - 5	
	\$150,000.00 to \$300,000.00	2 - 3	
	More than \$300,000.00	0 - 1	
4. Primary Consultant Qualifications (30 points)			
a. Project Management Lead	Experience / ability of project manager to manage scope / budget / schedule / quality	0 - 15	
b. Project Planning Lead	Experience / creativity of lead planner to meet needs of owner	0 - 10	
c. Technical Staff	Experience / ability of planning staff to develop quality planning reports	0 - 5	
5. Sub-consultant Qualifications (10 points)			
Key Discipline Leads	Experience / ability of all key discipline leads to effectively perform the work	0 - 10	
6. Project Team Qualifications (15 points)			
a. Previous Team Collaboration Number of projects that a majority of the team members have worked together	Less than 2 projects (Low)	0 - 1	
	2 to 4 projects (Average)	2 - 3	
	More than 4 projects (High)	4 - 5	
b. LEED* Experience within Team	LEED AP(s)** on Team	0 - 1	
	LEED Registered Project(s)	0 - 2	
	LEED Certified Project(s)	0 - 2	
	Satisfies ALL above Criteria	Sum = 0 - 5	
c. Team Organization	Clarity of responsibility / communication demonstrated by table of organization	0 - 5	
7. Overall Project Team Experience (30 points)			
a. Budget and Schedule Management	Performance in completing projects within original budget and schedule limitations	0 - 5	
b. Experience with Similar Project Type	Less than 3 projects (Low)	0 - 5	
	3 to 6 projects (Average)	6 - 10	
	More than 6 projects (High)	11 - 15	
c. Past Performance	Level of performance as indicated by past evaluations / letters of reference	0 - 10	
		Subtotal	

* 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

Notes:

Evaluator:

Name _____

Signature _____ Date _____