

# Request for Qualifications (Architect / Engineer)

## State of Ohio Standard Forms and Documents

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**Administration of Project:** Local Higher Education

Project Name	<u>RHC – Renovations for O/P Clinics</u>	Response Deadline	<u>March 27, 2015 4:30pm</u> local time
Project Location	<u>3125 Transverse Drive</u>	Project Number	<u>5009-15-1831/UTO-151831</u>
City / County	<u>Toledo/Lucas</u>	Project Manager	<u>Jason Toth</u>
Owner	<u>The University of Toledo</u>	Contracting Authority	<u>The University of Toledo</u>
Delivery Method	<u>Multiple-Prime</u>	Prevailing Wages	<u>State</u>
No. of paper copies requested (stapled, not bound)	<u>4</u>	No. of electronic copies requested on CD (PDF)	<u>0</u>

Submit the requested number of Statements of Qualifications (Form F110-330) directly to Joy Martin at 2801 W. Bancroft Street, MS 216, Toledo, Ohio 43606. See Section H of this RFQ for additional submittal instructions.

Submit all questions regarding this RFQ in writing to Daniel P. Klett @ [daniel.klett@utoledo.edu](mailto:daniel.klett@utoledo.edu) with the project number included in the subject line (no phone calls please). Questions will be answered and posted to the Opportunities page on 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.

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### Project Overview

#### A. Project Description

The University of Toledo is soliciting qualifications for professional services for the renovation of the Ruppert Health Center (RHC) located on the University's Health Science Campus to improve out-patient clinics. RHC is a two-story 114,000 GSF facility that was constructed in 1985. The project will include the renovation of approximately 26,000 SF on the upper (entry-level) floor of the building. The area being renovated is envisioned to contain spaces for an Out-Patient Surgery Clinic and expanded space for the General Internal Medicine Clinic (including perhaps Rheumatology, Gastroenterology, Infectious Diseases and Endocrinology). The renovation is also envisioned to contain space for a Laboratory and a multi-purpose Bariatric Clinic, as well as the main public circulation space. The scope of this project may be expanded to include additional renovation at RHC for clinic or office space, either as part of the initial work or as a future phase. The project will focus on O/P clinics in RHC, but the project might also include related renovations to clinic spaces in other buildings and/or renovations related to the domino moves required for the renovation of the O/P clinics in RHC. During the renovations, the other out-patient clinics and office areas will be required to maintain their operation in an uninterrupted manner.

#### B. Scope of Services

For projects advertised with an appropriately developed Program of Requirements (POR), upon award of the Agreement, commence with Design. For projects without such a POR, upon award of the Agreement, commence by developing the Program of Requirements.

This project does not have a POR. Preliminary floor plans were created to test program fit and develop cost estimates. These floor plans will be provided to the sort-listed firms. CAD plans of the building and copies of the original construction documents will also be provided to the short-listed firms. There will be a non-mandatory pre-interview walk-through for the short-listed firms.

The selected Architect/Engineer (A/E), as a portion of its required Scope of Services and prior to submitting its proposals, will discuss and clarify with the Owner and/or the Contracting Authority, the cost breakdown of the Architect/Engineer Agreement detailed cost components to address the Owner's project requirements. Participate in the Encouraging Growth, Diversity & Equity (EDGE) Program as required by statute and the Agreement.

As required by the Agreement, and as properly authorized, provide the following categories of services: Program Verification, Schematic Design, Design Development, Construction Document Preparation, Bid and Award Support, Conformed Documents, Construction Administration, Post-Construction, and Additional Services of all types.

Refer to the *OFC Manual* for additional information about the type and extent of services required for each. A copy of the standard Agreement can be obtained at the OFCC website at <http://ofcc.ohio.gov>.

During the construction period, provide not less than 6 hours (excluding travel time) on-site construction administration services each week, including (1) attendance at progress meetings, (2) a written field report of each site visit, (3) on-site

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representation comprised of the A/E and its consultant staff involved in the primary design of the project, all having relevant and appropriate types of construction administration experience.

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. Design of out-patient medical clinic facilities.
2. Renovation of medical clinic facilities.
3. Design of out-patient surgery clinic facilities.
4. Engineering for infrastructure/building system upgrades in renovations.
5. Experience in managing healthcare facility renovation projects in facilities that need to maintain operation.
6. Previous experience working with identified sub-consultants.
7. Previous experience working with UT.
8. Previous experience working with State of Ohio.

### C. Funding / Estimated Budget

Total Project Cost	<u>\$3,800,000</u>	State Funding	<u>\$0</u>
Construction Cost	<u>\$2,500,000</u>	Other Funding	<u>\$3,800,000</u>
Estimated A/E Fee	<u>7.5% to 8.0%</u>		

NOTE: The A/E fee percentage for this project includes all professional design services, and consultant services necessary for proper completion of the Basic Services for the successful completion of the project, including but not limited to: review and verification of the Program of Requirements provided by the Owner, 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 a Program of Requirements, extensive evaluation or validation of site conditions, extensive pre-design investigations, code-required special inspection and testing, Quality Assurance testing during the construction period, and testing due to unforeseen conditions).

### D. Services Required (see note below)

Primary	<u>Architectural</u>
	<u>HVAC</u>
	<u>Electrical</u>
	<u>Plumbing</u>
	<u>Technology/AV/Data</u>
	<u>Fire Protection</u>
Others	<u></u>

### E. Anticipated Schedule

Professional Services Start (mm/yy)	<u>05/15</u>
Construction Stage Start (mm/yy)	<u>01/16</u>
Construction Stage Completed (mm/yy)	<u>09/16</u>
Professional Services Completed (mm/yy)	<u>11/16</u>

### F. EDGE Participation Goal

Percent of <i>initial</i> TOTAL A/E Fee	<u>12.5%</u>
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NOTE: The primary A/E shall be (1) a registered architect holding a license and certificate of authorization issued by the Ohio Architects Board pursuant to ORC Chapter 4703, (2) a landscape architect holding a license and certificate of authorization issued by the Ohio Landscape Architects Board pursuant to ORC Chapter 4703, or (3) a professional engineer or professional surveyor holding a license and certificate of authorization issued by the Ohio Engineers and Surveyors Board pursuant to ORC Chapter 4733.

### G. Evaluation Criteria for Selection

- Demonstrated ability to meet Owner's programmed project vision, scope, budget, and schedule on previous projects.
- Previous experience compatible with the proposed project (e.g., type, size).
- Relevant past work of prospective firm's proposed consultants.
- Past performance of prospective firm and its proposed consultants.
- Qualifications and experience of individuals directly involved with the project.
- Proposer's previous experience (numbers of projects, sizes of projects) when working with its proposed consultants.
- Specification writing credentials and experience.
- Experience and capabilities of creating or using Critical Path Method (CPM) schedules and of using CPM schedules as a project management resource.
- Approach to and success of using partnering and Alternative Dispute Resolution.
- Proximity of prospective firms to the project site.
- Proposer's apparent resources and capacity to meet the needs of this project.
- The selected A/E and all its consultants must have the capability to use the Internet within their normal business location(s) during normal business hours.

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Interested A/E 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 to response to the RFQ, to indicate its intent to contract with and use EDGE-certified Business Enterprises(s), as a part of the A/E's team. The Intent to Contract and Perform and / or waiver request letter and Demonstration of Good Faith Effort form(s) with complete documentation must be attached to the A/E's Technical Proposal. Both forms can be accessed via the OFCC website at <http://ofcc.ohio.gov>. 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.

The Contracting Authority reserves the right to reject any or all submissions and cancel at any time for any reason this solicitation, any portion of this solicitation, or any phase of the Project. If Contracting Authority and the apparent chosen A/E are unable to reach agreement on the terms and conditions of the A/E Agreement, Contracting Authority reserves the right to reject the firm and utilize the short list to select an A/E. The Contracting Authority shall have no liability to any firm arising out of such cancellation or rejection. The Contracting Authority reserves the right to waive minor variations in the selection process.

### 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>.

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.

In Section H of Statement of Qualifications (Form F110-330), provide a summary of your firm's/team's qualifications in each of the selection criteria included on the Architect/Engineer Selection Rating score sheet included in the RFQ. Use the number system of the selection criteria on the score sheet to organize your response in Section H. Identify by name the individuals(s) you are proposing to serve in the roles identified in election criteria 2 and 3.

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, CPE, 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.

# Architect/Engineer Selection Rating Form

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Project Name RHC-Renovations for O/P Clinics Proposer Firm \_\_\_\_\_  
 Project Number 5009-15-1831/UTO-151831 City, State, Zip \_\_\_\_\_

Selection Criteria		Value	Score
<b>1. Primary Firm Location, Workload and Size (Maximum 10 points)</b>			
a. Proximity of firm to project site	Fewer than 25 miles	5	
	25 miles to 150 miles	2	
	More than 150 miles	0	
b. Amount of fees awarded by Contracting Authority in previous 24 months	Fewer than \$200,000	2	
	\$200,000 to \$500,000	1	
	More than \$500,000	0	
c. Number of licensed professionals	Fewer than 5 professionals	1	Max = 3
	5 to 10 professionals	2	
	More than 10 than professionals	3	
<b>2. Primary Firm Qualifications (Maximum 30 points)</b>			
a. Project management lead	Experience / ability of project manager to manage scope / budget / schedule / quality	0 - 10	Max = 20
b. Project design lead	Experience / creativity of project designer to achieve owner's vision and requirements	0 - 8	
c. Technical staff	Experience / ability of technical staff to create fully coordinated construction documents	0 - 6	
d. Construction administration staff	Experience / ability of field representative to identify and solve issues during construction	0 - 6	
<b>3. Key Consultant Qualifications (Maximum 20 points)</b>			
a. Key discipline leads	Experience / ability of key consultants to perform effectively and collaboratively	0 - 15	
b. Proposed EDGE-certified Consultant participation*	One additional point for every 2 percent increase in professional services over the advertised EDGE participation goal	0 - 5	
<b>4. Overall Team Qualifications (Maximum 10 points)</b>			
a. Previous team collaboration	Fewer than 3 sample projects	1	Max = 3
	3 to 6 sample projects	2	
	More than 6 sample projects	3	
b. LEED** Registered / Certified project experience	Registered projects	1	Max = 2
	Certified projects	2	
c. BIM project experience	Training and knowledge	1	Max = 3
	Direct project experience	3	
d. Team organization	Clarity of responsibility / communication demonstrated by table of organization	0 - 2	
<b>5. Overall Team Experience (Maximum 30 points)</b>			
a. Previous team performance	Past performance as indicated by evaluations and letters of reference	0 - 10	
b. Experience with similar projects / delivery methods	Fewer than 4 projects	0 - 3	
	4 to 6 projects	4 - 6	
	More than 6 projects	7 - 10	
c. Budget and schedule management	Performance in completing projects within original construction budget and schedule	0 - 5	
d. Knowledge of Ohio Capital Improvements process	Fewer than 3 projects	0 - 1	
	3 to 6 projects	2 - 3	
	More than 6 projects	4 - 5	
* Must be comprised of professional design services consulting firm(s) and NOT the primary firm ** Leadership in Energy & Environmental Design administered by the Green Building Certification Institute		<b>Subtotal</b>	

Notes:

Evaluator:

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_