

# 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>UH East Tower- Elevator 10-11</u> <u>1492 East Broad Street</u>	Response Deadline	<u>04/14/2016</u>	<u>2:00 p.m.</u> local time
Project Location	<u>Main Building- Bld #398</u>	Project Number	<u>OSU-160422</u>	
City / County	<u>Columbus / Franklin</u>	Project Manager	<u>Jack Bargaheiser</u>	
Owner	<u>The Ohio State University</u>	Contracting Authority	<u>Local Higher Education</u>	
Delivery Method	<u>General Contracting</u>	Prevailing Wages	<u>State</u>	
No. of paper copies requested (stapled, not bound)	<u>3</u>	No. of electronic copies requested (PDF)	<u>1-USB</u>	

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

Submit all questions regarding this RFQ in writing to Jack Bargaheiser at [Bargaheiser.2@osu.edu](mailto:Bargaheiser.2@osu.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 Ohio State University Wexner Medical Center is requesting architecture firms to submit qualifications for an elevator modernization project in the 1492 East Broad Street - Main Building located at University Hospital East.

The Elevator Modernization Project will renovate, upgrade and modernize two (2) gearless patient/staff elevators 10 & 11. The renovation will upgrade the MEP elevator support spaces which include new equipment room, electric, plumbing & fire suppression. This is a major elevator modernization in a working hospital which is open for public business and will continue to operate throughout the phase of work. A concurrent work and modernization plan in conjunction with building operation will be integrated in the Bid Documents. Note, only one (1) elevator shall be down at a time throughout renovation and modernization for the Main Building -University Hospital East.

#### B. Scope of Services

Architecture & Elevator Consultants Services with emphasis placed on Elevator Modernization design for High-rise hospital buildings are required. Mechanical, Electrical engineering services will be required to complete the project design elements. Additionally, structural engineering, interior design and on-site construction administration services are required.

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. Required Professional Liability Insurance will be per Exhibit A – A/E Terms and Conditions Article 7.2.6.

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 *Ohio Facilities Construction 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>. The selected A/E will be required to sign the standard agreement. No modifications to the requirements in the agreement will be accepted.

During the construction period, provide not less than 4 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 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.

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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. Elevator Modernization Project for Hospital
2. Successful Elevator Modernization for high-rise
3. Experience with CURRENT Elevator Code
4. Experience with Elevator Mechanical Room Design
5. Demonstrated design execution with critical delivery deadlines
6. Coordination with Hazardous Material Consultant

For the purpose of the selection of 10 Relevant Projects in Section F of the Statement of Qualification (Form F110-330), projects must be designed by the Lead Firm.

### C. Funding / Estimated Budget

Total Project Cost	<u>\$1,490,345</u>	State Funding	<u>\$0</u>
Construction Cost	<u>\$999,728</u>	Other Funding	<u>\$1,490,345</u>
Estimated A/E Fee	<u>7.9% to 9.5%</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., 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>Architecture</u>
Secondary	<u>Elevator Consultant</u>
	<u>Mechanical Engineer</u>
	<u>Electrical Engineer</u>
	<u>Structural Engineer</u>
	<u>The following services will be selected in consultation with the University: Hazardous Materials, Testing &amp; Geotechnical Services</u>
Others	<u></u>

### E. Anticipated Schedule

Professional Services Start	<u>05 / 16</u>
Construction Notice to Proceed	<u>12 / 16</u>
Substantial Completion of all Work	<u>10 / 17</u>
Professional Services Completed	<u>12 / 17</u>

### F. EDGE Participation Goal

Percent of <i>initial</i> TOTAL A/E Fee	<u>5.0%</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.
- Design quality and demonstrated ability of prospective firm and its proposed consultants to provide design services which represent the University's *Design Guidelines for Buildings and Landscape* [buildings-landscape.pdf](#)
- 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.

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- Proposer's apparent resources and capacity to meet the needs of this project.
- The ability for the entire team to effectively collaborate and share models and data.
- Each discipline model manager and their relevant experience.
- How you support a subcontractor that does not have sufficient BIM experience to meet the above expectations.

Interested A/E firms are required to address how they will implement Building Information Modeling ("BIM") on the project, experience and level of training of staff related to BIM, incorporation of team partners that have previous BIM experience, and an understanding of collaborative BIM processes, including but not limited to the *State of Ohio BIM Protocol* available at the OFCC website at <http://ofcc.ohio.gov>.

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) Section H. Additional Information 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 A/E'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 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.

### 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>.

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 or similar software for creating a PDF rather than using a scanner. If possible, please reduce the file size of the PDF. In Acrobat, go to Advanced, then PDF Optimizer. Also, please label the CD or DVD and the sleeve with the project number and firm name if applicable.

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.

Facsimile copies of the Statement of Qualifications will not be accepted.

Do not submit subconsultants for the following services as they will be selected in consultation with the University: Hazardous Materials, Testing, and Geotechnical Services. These subconsultants are not eligible for consideration in meeting the stated EDGE goals.

Firms are requested to identify professional registrations, memberships and credentials including: LEED GA, LEED AP, LEED AP+, CCCA, CCM, CCS, CDT, CPE, 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.

# Architect / Engineer Selection Rating Form

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Project Name UH East Tower- Elevator 10-11 Proposer Firm \_\_\_\_\_  
 Project Number OSU-160422 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	Less than 50 miles	5	
	50 miles to 100 miles	2	
	More than 100 miles	0	
b. Amount of fees awarded by Contracting Authority in previous 24 months	Less than \$200,000	2	
	\$200,000 to \$1,000,000	1	
	More than \$1,000,000	0	
c. Number of licensed professionals	Less than 2 professionals	3	Max = 3
	2 to 10 professionals	2	
	More than 10 professionals	1	
<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 - 10	
c. Technical staff	Experience / ability of technical staff to create fully coordinated construction documents	0 - 5	
d. Construction administration staff	Experience / ability of field representative to identify and solve issues during construction	0 - 5	
<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 point for every 2 percent increase in professional services over the EDGE participation goal	0 - 5	
<b>4. Overall Team Qualifications (Maximum 10 points)</b>			
a. Previous team collaboration	Less than 2 sample projects	1	Max = 3
	2 to 4 sample projects	2	
	More than 4 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	Less than 3 projects	0 - 3	
	3 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	Less 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 lead firm ** Leadership in Energy & Environmental Design administered by the Green Building Certification Institute		<b>Subtotal</b>	

Notes:

Evaluator:

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_