

Request for Qualifications (Claims Evaluation Services)

State of Ohio Standard Forms and Documents

Administration of Project: Ohio Facilities Construction Commission

Project Name	<u>Claims Evaluation Services</u>	Response Deadline	<u>04/06/2016</u>	<u>4:00 p.m.</u>	local time
Project Location	<u>Various</u>	Project Number	<u>SFC-150888</u>		
City / County	<u>Various / Various</u>	Project Manager	<u>Various</u>		
Owner	<u>Various</u>	Contracting Authority	<u>Ohio Facilities Construction Commission</u>		
No. of paper copies requested (stapled, not bound)	<u>0</u>	No. of electronic copies requested (PDF)	<u>1</u>		

Submit the requested number of Statements of Qualifications (Form F110-330) directly to Jill Hoobler at Jill.Hoobler@ofcc.ohio.gov. See Section H of this RFQ for additional submittal instructions.

Submit all questions regarding this RFQ in writing to Jill Hoobler at Jill.Hoobler@ofcc.ohio.gov 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.

A. Project Description

The Ohio Facilities Construction Commission (OFCC) invites interested parties to submit a statement of qualification to provide claim evaluation services for projects.

All firms submitting a statement of qualifications will be eligible for award of contracts for the period beginning July 1, 2016 and ending June 30, 2018. OFCC intends to award contracts to up to two firms. Fees are negotiated for each assignment. OFCC does not guarantee that a firm will be awarded any work or make a representation of the amount of work a firm may receive within the two-year period.

B. Scope of Services

The services are for the review and evaluation of claims for equitable adjustment of contracts made by a contractor in the building, remodeling, or renovation of facilities constructed for K-12 and Career Technical Schools, state agencies, and state institutions of higher education. The basis of the claim may be a conflict in the contract documents, or may involve a complex set of circumstances that will require details analysis of the critical path in the construction progress schedule. The services will include an entitlement analysis, as well as the analysis of all costs claimed by the contractor or contractors. The term contractor may include a construction manager at risk or a design-build firm.

The selected Consultant, as a portion of its required Scope of Services and prior to submitting its technical and fee proposals, will discuss and clarify with the OFCC, the cost breakdown of the Agreement detailed cost components to address the project requirements.

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

1. Review and analyze schedule related issues.
2. Review and analyze claim submissions and provide recommendations to mitigate and minimize additional cost.
3. Provide professional responsibility analysis on matters in dispute
4. Provide mediation support services.
5. Provide expert witness services for actual or potential litigation
6. Review and provide feedback on proposed regulatory language and contract terms and conditions
7. Provide educational information and training on construction administration, claims management and scheduling at seminars and training sessions convened by the Commission.

C. Funding / Estimated Budget

Total Project Cost	<u>Varies with each project</u>	State Funding	<u>As applicable</u>
Construction Cost	<u>Varies with each project</u>	Other Funding	<u>As applicable</u>
Estimated Design Fee	<u>TBD</u>		

D. Anticipated Schedule

Announce Short List for Interviews: April 18, 2016

Request For Qualifications continued

Interviews in Columbus: April 26, 2016

E. EDGE Participation Goal

Percent of initial TOTAL Fee: 0%

F. Evaluation Criteria for Selection

The evaluation of the statement of qualifications will be based primarily on the following: (1) competence of the firm to perform the required services, as indicated by the technical training, education and experience of the firm's personnel who are likely to be assigned to perform the planning services; (2) ability in terms of workload and availability of qualified personnel, equipment, and facilities to perform the required claims evaluation services competently and expeditiously; (3) experience of the proposed personnel in performing planning services; (4) past performance as reflected in evaluations of previous clients with respect to factors such as quality of work indicated by successful dispute resolution outcomes and meeting deadlines; and (5) other similar factors.

G. 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.

Statements of Qualifications are to be submitted electronically by e-mail. Submittals are to be limited to maximum of one e-mail with the total file size of 25 MB.

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

The following special instructions apply to completing the F110-330 form for this selection:

- Firms are requested to list the Project No. (indicated on Page 1 of this RFQ) on the first page of Part I and on Part II of the F110-330.
- Firms are requested to indicate their EDGE-certified business status as either "Certified" or Non-certified" on Part I Section C (Proposed Team).
- Do not submit Page 3 of Section H (Commitment to Participate in the EDGE Business Assistance Program).
- Firms are requested to identify professional registrations, memberships and credentials including but not limited to: CCCA, CCM, CCS, CDT, CFCC, DBIA, or 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.

CCCA: Certified Construction Contract Administrator (CSI)
CCM: Certified Construction Manager (CMAA)
CCS: Certified Construction Specifier (CSI)
CDT: Construction Document Technologist (CSI)
CFCC: Certified Forensic Claims Consultant (AACE International)
DBIA: Designated Design-Build Professional (Design-Build Institute of America)

Claims Evaluation Consultant Selection Rating

State of Ohio Standard Forms and Documents

Project Name Claim Evaluation Services Proposer Firm _____
 Project Number SFC-150888 City, State, Zip _____

Selection Criteria		Value	Score
1. Team Location, EDGE status and Workload (Maximum 20 points)			
a. Location of firm and EDGE status	Out of State	0	
	Ohio Firm	5	
	EDGE Certified	10	
b. Amount of contracts in previous 24 months	Less than \$50,000	10	
	\$50,000 to \$100,000	5	
	More than \$100,000	0	
2. Qualifications (Maximum 60 points)			
a.	Experience of Key Personnel including relevant industry credentials	0 - 10	
b.	Experience in providing professional responsibility analysis on matters in dispute	0 - 10	
c.	Experience in providing Claims Evaluation Services	0 - 10	
d.	Experience in providing critical path analysis of complex construction schedules	0 - 10	
e.	Experience in providing expert witness testimony in legal proceedings	0 - 10	
f.	Experience in providing training on scheduling, construction administration, and claims management and evaluation for initial decision makers	0 - 10	
3. Team Experience (Maximum 20 points)			
a.	Experience with Public Construction Claims Analysis engagements in the previous 24 months	Less than 2 projects	0
		2 to 3 projects	5
		More than 3 projects	10
b.	Past performance	Evaluations / Letters of Reference	0 - 10
		Subtotal	

Notes:

Evaluator:

Name _____

Signature _____ Date _____