

Request for Qualifications (Architect / Engineer)

State of Ohio Standard Forms and Documents

Administration of Project: Ohio Facilities Construction Commission

Project Name	<u>Patient Unit Renovations</u>	Response Deadline	<u>March 23, 2017</u>	<u>4:00 p.m.</u> local time
Project Location	<u>Northwest Ohio Psychiatric Hospital</u>	Project Number	<u>DMH-170021</u>	
City / County	<u>Toledo / Lucas</u>	Project Manager	<u>Bruce Ratekin</u>	
Owner	<u>Ohio Department of Mental Health and Addiction Services</u>	Contracting Authority	<u>OFCC</u>	
Delivery Method	<u>General Contracting</u>	Prevailing Wages	<u>State</u>	
No. of paper copies requested (stapled, not bound)	<u>0</u>	No. of electronic copies requested via email (PDF)	<u>1</u>	

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

Please submit all questions regarding this RFQ in writing to Sarah Haight 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.

Project Overview

A. Project Description

Northwest Ohio Psychiatric Hospital (NOPH), located at 930 S Detroit Ave, Toledo, OH is a restricted and secure residential psychiatric hospital environment (Occupancy Group I-2; NFPA Health Care Occupancy, Limited Care Facility) that operates 24/7, 365-days per year. There are five separate residential patient units; of approximately 9,500 square feet. Approximately 4,300 sq ft are patient rooms, restrooms and corridors with the Administrative spaces making up approximately 5,200 sq

This project involves renovation to each of the five-existing patient residential units that will, in general, include, but not be limited to the following:

1. Selective demolition of existing spaces.
2. Reconstruction of patient bathroom that will include all new plumbing fixtures, new epoxy resin flooring and walls;
3. New doors, frames and hardware (locks are not tied to a central control system).
4. Patient room drywall partitions stop short of the ceilings. Walls will need to be extended above the ceilings and reinforced to better withstand patient abuse.
5. Removal of lay-in ceilings in areas accessible to patients.
6. Additional ventilation in the existing patient restroom and shower areas. The engineer will be required to determine if the current supply is sufficient.
7. Review and upgrading of all electrical as required to comply with code.
8. Sprinklers will need to be relocated in patient rooms and adjoining spaces as required to comply with code.
9. Demolition and rebuilding of nurse's station with improved sight lines for safety and security.

This project will require a phased construction approach. The 600 Unit is currently vacant and can be renovated first. Then each subsequent unit (100, 200, 300 and 400) can be renovated one at a time, and the 600 Unit can be used as a "Swing Space".

The project will not be a LEED project. BIM is not required.

B. Scope of Services

The selected 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: Schematic Design, Design Development, Construction Document Preparation, Bid and Award Support, Conformed Documents, Construction Administration, Post-Construction, and Additional Services as indicated.

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 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.

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

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 Patient Unit Renovations NOPH Toledo Proposer Firm _____
 Project Number DMH-170021 City, State, Zip _____

Selection Criteria		Value	Score
1. Primary Firm Location, Workload and Size (Maximum 10 points)			
a. Proximity of firm to project site	Less than 50 miles	5	
	50 miles to 150 miles	2	
	More than 150 miles	0	
b. Amount of fees awarded by Contracting Authority in previous 24 months	Less than \$100,000	2	
	\$100,000 to \$500,000	1	
	More than \$500,000	0	
c. Number of licensed professionals	Less than 3 professionals	0	Max = 3
	3 to 6 professionals	1	
	More than 6 professionals	2	
2. Primary Firm Qualifications (Maximum 30 points)			
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 - 5	
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 - 10	
3. Key Consultant Qualifications (Maximum 20 points)			
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	
4. Overall Team Qualifications (Maximum 10 points)			
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	
5. Overall Team Experience (Maximum 30 points)			
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 2 projects	0 - 3	
	2 to 4 projects	4 - 6	
	More than 4 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 4 projects	0 - 1	
	4 to 6 projects	2 - 3	
	More than 6 projects	4 - 5	
		Subtotal	

* 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

Notes:

Evaluator:

Name _____

Signature _____

Date _____