

Request for Qualifications (Criteria Architect / Engineer)

State of Ohio Standard Forms and Documents

Administration of Project: Local Higher Education

Project Name	<u>Morehouse Pavilion - AHU1 Replacement</u>	Response Deadline	<u>10/04/2018</u>	<u>2:00 p.m.</u> local time
Project Location	<u>2050 Kenny Road</u>	Project Number	<u>OSU-180467</u>	
City / County	<u>Columbus / Franklin</u>	Project Manager	<u>Kevin Koesters</u>	
Owner	<u>The Ohio State University</u>	Contracting Authority	<u>Local Higher Education</u>	
Delivery Method	<u>Design Build</u>	Prevailing Wages	<u>State</u>	
No. of paper copies requested (stapled, not bound)	<u>0</u>	No. of electronic copies requested (PDF)	<u>1</u>	

Submit the Statements of Qualifications (Form F110-330) via email to 330Submittals@osu.edu. In the subject line, include the project number and name for the RFQ you are responding to. See Section H of this RFQ for additional submittal instructions.

Submit all questions regarding this RFQ in writing to **Kevin Koesters** at Koesters.11@osu.edu with the project number and name included in the subject line (no phone calls please).

Project Overview

A. Project Description

For this project, the Owner will be requesting a Competitive GMP at the time of Request for Proposal as part of the Best Value selection process.

The Ohio State University Wexner Medical Center Martha Morehouse Medical Plaza Pavilion building is served in large part by AHU-1. This dual duct unit consists of a 150,000 CFM cold deck, 100,000 CFM hot deck and a 150,000 CFM return section. The hot and cold deck fans serve constant volume dual duct terminal units. The unit has documented system performance issues including supply air shortages, hot deck ventilation and a poor mixing.

The University is seeking qualifications to replace the cold deck, hot deck and return fans as well as replacing components in the mixing section to improve same. Controls shall be upgraded from existing pneumatic system to DDC.

We are seeking a Criteria Architect/Engineer ("Criteria A/E") to complete the Program of Requirements ("POR") or Criteria Documents which will be provided to the short listed firms with the RFP.

All aspects of the project and related issues will be implemented and operated consistent with the Contracting Authority and/or Owner's policies and procedures.

B. Scope of Services

Our approach is to provide for the vision of a renovated LEED facility including the transformation from a constant volume dual duct to VAV with hot water reheat.

Pursuant to ORC 153.694, professional design firms selected to provide C-A/E services shall not provide any A/E of Record services for the project for which the professional design firm was selected as the C-A/E.

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.

The selected Criteria Architect/Engineer ("C-A/E"), as a portion of its required Scope of Services and prior to submitting its proposals, will discuss and clarify with the Owner/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: Concept and Design Criteria, Best Value Selection, Preconstruction, Construction and Closeout, and Additional Services of all types including Schematic Design and Design Development if a Design-Builder is not engaged to perform these services.

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>.

Interested C-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 C-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 C-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.

The **EDGE Participation Statement of Intent to Contract and Perform** from Section H. Additional Information must also be submitted. 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>.

PDF file: 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.

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.

Criteria Architect/Engineer Selection Rating Form

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Project Name Morehouse Pavilion - AHU1 Replacement Proposer Firm _____
 Project Number OSU-180467 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 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	0	Max = 3
	2 to 10 professionals	2	
	More than 10 professionals	1	
2. Primary Qualifications (Maximum 30 points)			
a. Project management lead	Experience / ability of project manager to manage scope / budget / schedule / quality	0 - 10	
b. Project criteria design lead	Experience / creativity of criteria designer to document owner's vision and requirements	0 - 10	
c. Technical staff	Experience / ability of technical staff to create accurate and complete design criteria	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	0	
	2 to 4 sample projects	2	
	More than 4 sample projects	5	
b. Team organization	Clarity of responsibility / communication demonstrated by table of organization	0 - 5	
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 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		Subtotal	

Notes:

Evaluator:

Name _____

Signature _____ Date _____