



July 13, 2016

RFP # 7550785

TITLE: Architectural and Engineering (A&E) Design Services: Master Plan for Reorganizing and Improving the Eleanor Slater Hospital Building Facilities

Submission Deadline: Monday August 29, 2016 at 11:00 am (Local Time)

PRE-BID/ PROPOSAL CONFERENCE/ SITE TOUR: YES Mandatory: YES
DATE: Thursday July 28, 2016 at 9:00 AM
LOCATION: Pastore Center, Arnold Conference Center, Regan Building, 1 Regan Court, Cranston Rhode Island, in addition at 2:00 pm at Zambarano Center, Wallum Lake House, Auditorium, 2090 Wallum Lake Road, Burrillville Rhode Island (use ambulance entrance in rear of building). Both locations are mandatory.

Questions concerning this solicitation may also be e-mailed to the Division of Purchases at Thomas.bovis@purchasing.ri.gov no later than 8/4/2016 @ 4 PM (Local Time). Please reference the RFP # on all correspondence. Questions received, if any, will be answered and posted on the Division of Purchases website as an addendum to this solicitation. It is the responsibility of all interested parties to monitor the Division of Purchases' website for updated solicitation information and addenda.

SURETY REQUIRED: No
BOND REQUIRED: No

Thomas Bovis
Interdepartmental Project Manager

NOTE TO VENDORS:

Vendors must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Offers received without the entire completed RIVIP Generated Respondent Certification Form attached shall be deemed to be non-responsive.

THIS PAGE IS NOT A RESPONDENT CERTIFICATION FORM

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SECTION 1 – INSTRUCTIONS AND NOTIFICATIONS TO RESPONDENTS

1.1) INTRODUCTION

- a) The Rhode Island Department of Administration, Division of Purchases, on behalf of the Rhode Island Department of Administration, Division of Capital Asset Management & Maintenance (DCAMM) and the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), hereby solicits proposals from qualified firms to provide architectural and engineering (A&E) services to produce a detailed Master Plan that will articulate and evaluate the short term and long term facility needs for the various functional components of the Eleanor Slater Hospital and provide a road map to accomplish that plan. As part of the Master Plan, the consultant shall provide a Building Study for the Wallum Lake House at the Zambarano Campus. In addition to the Master Plan and Building Study, the consultant shall provide full A&E design services for the design and construction administration of proposed improvements to the Wallum Lake House that are recommended by the Building Study and approved by DCAMM, BHDDH and the Steering Committee. The Eleanor Slater Hospital provides skilled services to both medical and psychiatric patients. Patients include long term acute care medical patients, forensic patients, adult psychiatric patients and geriatric psychiatric patients.

The Master Plan is to be prepared by a qualified consulting team under the supervision of DCAMM. The consulting team shall include an experienced hospital programming consultant, an architecture firm with mechanical, electrical, plumbing, HVAC, structural, and civil engineering sub-consultants, a hazardous materials consultant, a professional cost estimator and a security consultant. A steering committee will be formed to guide the process and be comprised of representatives from BHDDH, DCAMM and the Pastore Center / Zambarano Working Group. The Working Group is chaired by DCAMM and comprised of various individuals involved in planning, design, construction, maintenance, and in general capital improvements at the Pastore Campus and the Zambarano campus. The Master Planning Study is to be comprised of both Short Term Goals and Long Term Goals for the Eleanor Slater Hospital with associated budget costs for the recommended physical improvements. The study should also include existing baseline operational costs and anticipated changes in operational costs be it additional operational costs or operational cost savings. The scope of the Master Plan is explained in more detail below.

- b) This solicitation and any subsequent contract award shall be by the Division of Purchases' Procurement Regulations and General Conditions of Purchase (available at www.purchasing.ri.gov).
- c) This is a Request for Proposal (RFP), not an Invitation for Bids. Responses shall be evaluated on the basis of the relative merits of the proposal, in addition to price; there will

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be no public opening and reading of responses received by the Division of Purchases, other than to name those respondents who have submitted proposals.

- d) The respondent selected for contract award, or any subcontractor(s) retained by the selected respondent to assist with the project, shall not be eligible to bid on any underlying construction or future consulting services for this project.

1.2) NOTIFICATIONS TO RESPONDENTS

- a) Potential respondents are advised to review all sections of this RFP carefully and to follow instructions completely. Failure to make a complete and accurate submission as described herein shall result in rejection of the proposal.
- b) In order to submit a proposal, respondents must register with the Division of Purchases. For information of registering, please see the Division of Purchases' website at www.purchasing.ri.gov under the heading "Vendor Registration Information."
- c) All proposals should include the respondent's FEIN or Tax Identification number as evidenced by an IRS Form W-9, downloadable from the Division of Purchases' website at www.purchasing.ri.gov.
- d) Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP shall be rejected as being non-responsive.
- e) All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the respondent. The State assumes no responsibility for these costs.
- f) Proposals submitted in response to this solicitation shall be considered to be irrevocable for a period of not less than ninety (90) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
- g) All pricing submitted by Respondents in response to this solicitation shall be considered to be firm and fixed unless otherwise indicated herein.
- h) Proposals misdirected to locations other than the Division of Purchases, or which are otherwise not submitted to the Division of Purchases prior to the time of opening for any cause shall be determined to be late and shall not be accepted, opened, or considered. The "official" time clock is located in the reception area of the Division of Purchases, 2nd floor, One Capitol Hill, Providence, RI.
- i) In accordance with R. I. Gen. Laws § 7-1.2-1401 no foreign corporation has the right to transact business in Rhode Island until it has procured a certificate of authority to do so

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from the Secretary of State (401/222-3040) www.sos.ri.gov. However, this is a requirement only for successful bidder(s).

- j) Respondents are advised that all documents and materials submitted to the Division of Purchases for consideration in response to this solicitation shall be considered to be public records, as defined in Title 38 Chapter 2 of the Rhode Island General Laws.
- k) Respondents should be aware of all applicable MBE requirements, as set forth in R. I. Gen. Law § 37-14.1-1, *et seq.* The State's goal is for a minimum ten per cent (10%) participation by MBE's in all State procurements. For further information, contact the State MBE Administrator at (401) 574-8253 or Dorinda.Keene@gw.doa.state.ri.us. Visit the website <http://www.mbe.ri.gov>.
- l) Equal Employment Opportunity-R. I. Gen. Laws § 28-5.1 Declaration of Policy. – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies in all areas where the state dollar is spent, in employment, public service, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Employment Opportunity Office, at 222-3090 or via e-mail raymond.lambert@doa.ri.gov.
- m) Subcontractors are permitted for this project, provided that the identity of the proposed subcontractor(s) and scope of the subcontractor's services are clearly stated in the respondent's proposal.
- n) Questions concerning this solicitation may be e-mailed to the Division of Purchases in accordance with the terms and conditions expressed on the cover page of this solicitation. All questions received by the Division of Purchases shall be posted on the Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to monitor the Division of Purchases' website for updated solicitation information and addenda.
- o) The Division of Purchases reserves the right to accept or reject any or all proposals submitted in response to this solicitation, to waive minor irregularities, or to negotiate with any respondent, as necessary, to serve the best interests of the State.

1.3) ARCHITECTURAL / ENGINEERING SERVICES

- a) Persons or firms practicing architectural and/or engineering services in the State of Rhode Island must be registered with the Rhode Island Division of Design Professionals and possess a current Certificate of Authorization in accordance with Rhode Island General Laws.

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- b) A copy of a current Rhode Island Certificate of Authorization for the firm and current Rhode Island registration(s) for the individual(s) who would perform work on the project must be included behind the front page of each copy of the proposal.
- c) The Division of Design Professionals can be contacted as follows:

Department of Business Regulation
Division of Design Professionals
1511 Pontiac Avenue (Bldg 68-2)
Cranston, RI 02920
Tel: 401-462-9530
Fax: 401-462-9532
Website: www.bdp.state.ri.us
- d) Proposals that fail to include the required current Rhode Island Certificate of Authorization for the firm and current Rhode Island registration(s) for individuals shall be determined to be non-responsive to the solicitation.

SECTION 2 – SCOPE OF WORK

2.1) BACKGROUND AND PURPOSE

I. Short Term Goals:

The short term goals are to provide improved facilities for the psychiatric population of the Eleanor Slater Hospital in an expedient and achievable manner and to consolidate long term care for medical patients from two (2) facilities into a single facility. This may include reducing the psychiatric population at the Eleanor Slater Hospital by utilizing private facilities to some extent for psychiatric patient services. The short term plan shall ameliorate immediate concerns in an expeditious manner. It is not intended to satisfy long term goals or a vision for more modern state operated health care facilities. Long Term Goals are addressed separately below under section II.

BHDDH is considering transferring some of the psychiatric services for patients from the State system into the private sector due to the difficulty BHDDH is experiencing in obtaining staff psychiatrists. As part of the Master Planning services to be performed, the selected consultant shall analyze and determine what portion of the population that receives psychiatric care from BHDDH can be serviced by the private sector and how that can be best achieved. This may or may not impact the current number of beds needed for psychiatric patients.

The following provides an overview of the Short Term Goals for various functional components of the Eleanor Slater Hospital which will need to be evaluated by the consultant:

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1. PASTORE CENTER:

- a. Forensic Unit:** This component of the Eleanor Slater Hospital is housed in the existing Pinel Building. The building was built in 1936. Approximately one third of the building is used for the Forensic Unit. The appearance of the facility is old, tired and make-shift. The population of the Forensic Unit is limited to only twenty (20) men based on the size of the existing unit. It is the desire of the BHDDH administration to relocate that population to a larger and more modern facility with the capability of increasing the population to 40-50 beds comprised of 75% Male and 25% Female. Renovation of the existing facility for a modern Forensic Unit is not deemed desirable based on the long linear, multi-story configuration of the building and the overall condition of the building. The consultant is to evaluate relocating the Forensic Unit to the Mathias Building which is attached to the Regan Hospital Building. The Mathias Building would need to be renovated for this use. This may or may not include an addition to the building.
- b. Psychiatric Step Down Unit:**
In order to facilitate transition of psychiatric patients into the community, BHDDH would like to create a transitional Psychiatric Step-Down Unit. The unit should accommodate 12-15 patients in single rooms. This should be developed in conjunction with other psychiatric functional units such as the psychiatric hospital, psychiatric services, and proposed psychiatric out-patient services. The Mathias Building should be evaluated to understand the feasibility (cost benefit analysis) of constructing a Step-Down Unit in that building. Relocation of existing occupants in the building is possible if needed to accommodate the proposed facilities in this building. (Existing occupants consist of the Providence Center, Parole Board and the Fire Code Safety Board of Appeals which occupy only a portion of the building.)
- c. Psychiatric Out-Patient Services:**
As new services, BHDDH would like to provide out-patient psychiatric services. The consultant should identify potential physical locations for this function in the Regan Building or adjacent Mathias Building. The consultant should take into consideration the relationship of other psychiatric services to be provided in the Regan Building and potentially the Mathias Building. In addition, the consultant should evaluate physical ease of access for out-patient individuals and the desirability of developing a separate suite for this function. The consultant will be responsible for programming the space requirements of this component. Reusing the existing clinic on the first floor of the Regan building as an out-patient suite should be evaluated.
- d. Adolph Myer Building:**
This building is currently used predominantly for psychiatric patients including Forensic patient overflow. BHDDH would like to move that population to the existing Regan Building and move medical patients currently in the Regan

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Building to the Wallum Lake House on the Zambarano campus in Burrillville. The Adolph Myer Building currently has 108 licensed beds with a current occupancy of approximately 85 psychiatric patients. The Regan Building has 77 licensed beds with a current occupancy of approximately 30 medical patients. There are approximately 22 psychiatric patients currently at Regan.

e. Regan Building – Proposed Psychiatric Hospital:

As mentioned above, the BHDDH administration has proposed that the existing Regan Hospital be repurposed as a psychiatric hospital and the current 30 existing medical patients in the Regan Hospital be relocated to the Wallum Lake House at the Zambarano Campus. There are currently 22 psychiatric patients in Regan. The Regan facility will need to be renovated to accommodate a total of approximately 75 psychiatric patients in single rooms depending on the extent private facilities are to be utilized for psychiatric patient services. Many of the patient rooms in the Regan Building are single rooms and the existing four (4) patient rooms lend themselves to being divided into two (2) single rooms (see Attachment “A”). This concept is to be evaluated by the consultant. Programming of other spaces related to the intended use will need to be prepared by the consultant. This will include support services and administrative spaces as well as the proposed psychiatric out-patient services mentioned above. The consultant shall evaluate, discuss with BHDDH and make recommendations regarding the number of administrative staff to be accommodated and the number of administrative offices to be provided.

The usefulness of keeping the existing Radiology Unit on the second floor needs to be evaluated by the consultant as the unit may not be practicable in the near future with the relocation of medical patients to the Wallum Lake House. The existing wall configuration of the Radiology Unit, however, may need to remain in order to not preclude reestablishing that unit as part of a long term plan. The space could be occupied as part of the short term plan for office use. Keeping any other existing occupants or patient services in the building which have not been mentioned above will need to be identified and evaluated by the consultant and discussed with BHDDH.

As mentioned above, the consultant should evaluate reusing the existing first floor clinic space at Regan for the proposed psychiatric out-patient services unit.

f. Mathias Building:

This existing building is adjacent and attached to the Regan Building. It is a one story building with a walk-out basement level that is about half the size of the first floor (See Attachments “B” & “C”). In addition to a Psychiatric Step-Down Unit as described above, this building should be evaluated for psychiatric support services that cannot fit in the Regan Building. The building contains four (4) outdoor courtyard spaces which could be utilized for patient outdoor recreational activities. Programming for psychiatric services and related space requirements

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is to be provided by the consultant. The services may be located in the Regan Building to the extent possible with potential overflow into the attached Mathias Building. Similarly proposed psychiatric out-patient services may be located in the Regan Building to the extent possible with potential overflow into the attached Mathias Building. This is to be evaluated by the consultant and should take into consideration how private facilities might be utilized for psychiatric patient services.

The Mathias Building will need to be evaluated to understand the feasibility (cost benefit analysis) of renovating the building for these purposes. As mentioned above, the consultant is to also evaluate relocating the Forensic Unit to the Mathias Building. This may or may not include an addition to the building. Relocation of existing occupants in the building is possible if needed to accommodate the proposed facilities in this building. Existing occupants consist of the Providence Center, Parole Board and the Fire Code Safety Board of Appeals which occupy only a portion of the building. In addition, hospital records are stored in the building.

2. ZAMBARANO CAMPUS - THE WALLUM LAKE HOUSE AT ELEANOR SLATER HOSPITAL

As mentioned above, approximately thirty (30) medical patients are to be relocated from the Regan Building at the Pastore Center to the Wallum Lake House at the Zambarano campus for a total of one hundred and forty (140) medical patients in the Wallum Lake House. This will require some reorganization of uses in the building. As part of this consolidation effort, BHDDH has requested that all existing triple occupancy rooms be reduced to double occupancy. In the future, all patient rooms will be either single or double occupancy. As a result, additional patient rooms may be needed to house one patient from each of the triple occupancy rooms and two patients from each of the four person occupancy rooms, as well as the 30 patients to be transferred from the Regan Building. There are currently 15 triple occupancy rooms and 6 quadruple occupancy rooms based on the number of beds in each room. For a Summary Bed Analysis, please see Attachment "D".

A number of original patient rooms are currently being used for offices and other purposes. There are also other portions of the building that are not being used for patient rooms such as the northeast and the southeast wings, however these wings have narrow corridors and do not lend themselves to being used for patient rooms (See Attachment "E"). The 2nd and 3rd floors of the northeast wing are vacant or used for storage. Due to the narrow corridors, it does not appear that these areas can be used for patient rooms. The same situation exists for the 3rd floor of the southeast wing. However, the vacant floors with the narrow corridors could potentially be used as office areas if the current office use in former patient rooms were to be relocated so that the former patient rooms could be reused as patient rooms.

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The building has received recent mechanical improvements including two pipe fan coil heating and cooling units. However, fan coil units were not installed in the unused portions of the building and a limited number of spaces in the occupied portions of the building, however, some vertical piping was installed for future installation of fan coil units.

Improvements to the building that are planned for the near future include new windows to be installed throughout the building, replacement of existing slate roofs on three wings of the building with new slate roofs and exterior masonry repairs that include the monumental front steps.

3. EXISTING CONDITIONS STUDY:

The consultant shall perform an existing conditions survey of all buildings deemed to be applicable to the proposed Master Plan **for both Short Term Goals and Long Term Goals**. The existing conditions survey and report shall evaluate each entire building, structure, and all systems. This shall include providing up to date Revit floor plans and documentation of layouts for all mechanical, electrical and plumbing components in the buildings including HVAC and Sprinklers. Some basic CAD floor plans exist for the Regan Building, the Mathias Building and the Wallum Lake House. CAD drawings do not exist for the other buildings. DCAMM will make available any relevant existing plans it may have.

An RFP for a general Facilities Condition Assessment (FCA) of all state owned buildings that does not require the consultant to provide drawings as part of the work is currently out to bid. The Hospitals are to be given priority in that assessment. A copy of the information from that assessment which pertains to hospital buildings will be provided to the consultant if available within the time frame of the Master Planning effort.

Additionally, as part of the Existing Conditions Study, the consultant shall provide the following:

- a. Documentation and evaluation of available utility infrastructure such as: water pressure for fire protection, potable water, sewer, electricity, generator back-up, telephone, cable TV, Data, WIFI, etc.
- b. An evaluation of existing storm water management systems.
- c. An evaluation of existing structures based on current structural requirements for essential facilities including wind, snow, and seismic.
- d. Full building code analysis for the intended uses.
- e. Full fire code analysis for the intended uses.
- f. Summary of recent Fire Marshal's inspections and findings.
- g. Summary of recent Joint Commission report findings.
- h. Full analysis of universal design/accessibility in consultation with the Governor's Commission on Disabilities.
- i. Evaluation of fire suppression and fire alarm design.

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- j. Evaluation of security design and positive security control such as through card access, cameras, key pad, motion detectors, etc.
- k. Evaluation of condition and adequacy of telecommunications and IT cabling.
- l. A hazardous materials survey, testing, report and plan shall be conducted by a hazardous materials consultant for all buildings included in the Master Plan for the Eleanor Slater Hospital. The architect is to supply and coordinate these services. The hazardous materials consultant should be a sub-consultant to the architect. This work is to be included in the Offeror's fee proposal.

4. BUILDING STUDY FOR THE WALLUM LAKE HOUSE:

Since a primary component of the Short Term Goals is to relocate the medical patients from the Regan Building to the Wallum Lake House, an existing conditions assessment and Building Study for the Wallum Lake House needs to take place at the onset of the consultant's work and be completed in advance of the rest of the Master Plan. As mentioned above, a general Facility Condition Assessment (FCA) for all State Owned Buildings is to be undertaken under a separate contract and the hospital information generated by that assessment shall be made available to the successful Respondent to this RFP. That FCA does not include providing up to date floor plans and documentation of layouts for all mechanical, electrical and plumbing components in the buildings including HVAC and Sprinklers. This shall be provided in Revit as part of this RFP. The Building Study for the Wallum Lake House shall include the more detailed existing conditions assessments, programming, conceptual floor plan layouts, proposed improvements, engineering narratives, cost estimate and other items which are to be included in the Short Term Goals portion of the Master Plan. As part of the consultant's proposed Work Plan, the consultant shall describe how this work would be accomplished and provide a schedule to accomplish this phase of the work. The Building Study for the Wallum Lake House shall be a stand-alone study completed prior to the Master Plan and incorporated by the successful Respondent into the overall Master Planning document as a separate chapter or section.

In addition, the consultant shall provide full A&E design services for the design and construction administration of proposed improvements to the Wallum Lake House recommended by the Building Study and approved by DCAMM, BHDDH and the Steering Committee. This is explained in more detail further below.

5. PROGRAMMING:

The consultant shall provide detailed building programs listing existing and proposed spaces for all functional hospital units within the Eleanor Slater Hospital including those at the Wallum Lake House. This shall include identification of all functional units, the type/use of all required spaces, the number of spaces, the size and square footage of all spaces, the square footage for ancillary functions such as janitorial, loading, receiving, electrical rooms, mechanical rooms, circulation, sallyport, storage, etc. Outdoor recreational space and parking shall also be included. Programming shall conform to all required Hospital regulations and

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licensing criteria.

6. CONCEPTUAL FLOOR PLAN LAYOUTS:

The architect is required to provide three design options for each building that are feasible for meeting the Short Term program portion of the Master Plan. Options shall include conceptual floor plans to accommodate the proposed program.

7. ENGINEERING NARRATIVE ON PROPOSED MECHANICAL, ELECTRICAL AND PLUMBING SYSTEM IMPROVEMENTS:

The consultant shall provide narratives for proposed mechanical, electrical and plumbing improvements based on the findings of the Existing Conditions Survey including deficiencies and remaining life cycle usefulness; Programming; and Conceptual Floor Plan layouts. Proposed improvements should fully support options identified.

8. COST ESTIMATES FOR DESIGN OPTIONS FOR SHORT TERM PLAN:

The consultant's professional cost estimator shall provide preliminary construction cost estimates for proposed improvements by line item. The estimate shall include costs for the design options by building. Costs for deferred maintenance items shall be identified in a separate column. Similarly, costs for energy conservation measures (ECMs) shall also be identified in a separate column. The cost estimate shall include overhead and profit, contingency, and escalation to projected construction start. The cost estimate shall include an estimate for any new Furniture, Fixtures and Equipment (FF&E) required.

9. PROJECTED OPERATIONAL COSTS COMPARED WITH EXISTING OPERATIONAL COSTS:

This section shall identify and compare projected operational costs with existing operational costs for the Eleanor Slater Hospital. This shall include a staffing cost analysis by facility comparing the existing number of FTEs versus the projected number of FTEs after the different moves. In addition, other major budget components of the existing operations budget shall be compared with similar components of a projected future operations budget to be provided by the consultant.

10. AMORTIZATION OF OPERATIONAL COST SAVINGS:

The consultant shall provide an analysis of any projected operational cost savings and determine the dollar amount that those cost savings can amortize for construction.

11. SHORT TERM SCHEDULE:

The Short Term Goals and Short Term Plan are part of the Master Plan, therefore, the overall schedule for the Short Term Goals and Short Term Plan are the same as the Master Plan which is approximately nine (9) months. However, it is also required that the existing conditions assessment and Building Study for the Wallum Lake House be started immediately after the successful Respondent receives a

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Purchase Order and be completed within approximately four and a half (4.5) months. The consultant shall provide a detailed schedule to accomplish the short term phases of the Master Plan and the Building Study for the Wallum Lake House.

II. Long Term Goals:

The long term goals are to provide modern state operated medical and psychiatric care facilities that will provide comprehensive rehabilitative and long term care services and help achieve a high quality of daily living for the next 25 plus years and to transfer to the extent possible, existing psychiatric care from state operated facilities to private care facilities. In addition to diagnosis and treatment, the Eleanor Slater Hospital focuses on issues connected to the quality of living. Achieving a high quality of living for patients is an important part of the Long Term Goals. To help achieve these goals, it is necessary to determine what the long term operational and facility needs are and how they can be best provided for in terms of operational function and physical facilities. The vehicle for accomplishing this is a Long Term Master Plan that includes a method of implementation. The ultimate goal is to develop a plan to provide in the upcoming years, a modern, operationally efficient, financially viable, and attractive environment conducive to promoting physical and psychological wellness for the population served. The plan should also exemplify superior energy conservation measures.

1. **APPROACH:** The following approach is intended to delineate a method to help formulate a vision for the future that is based on long term programmatic and facility needs. The Master Plan shall include a feasibility section to critically evaluate and financially justify proposed major investments in existing buildings and any new facilities that may be recommended. The following illustrative tasks shall be addressed by the consultant as part of their contractual work:

Programmatic Tasks:

- a. To confirm with BHDDH, DOH and other applicable governmental agencies, the client base/census to be served by the Eleanor Slater Hospital including long term acute care medical patients, forensic patients, adult psychiatric patients, geriatric psychiatric patients and out-patient psychiatric services.
- b. To provide a projected demand analysis for the population to be served for the next 25 years.
- c. To evaluate the current method of delivery of services to provide medical and psychiatric care for the population currently served by the Eleanor Slater Hospital and to evaluate the potential use of private hospitals and other private facilities as a potential part of that equation.
- d. To identify the financial implications of different delivery of service options including a public and private mix of delivery of services including any potential

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impact on federal reimbursement if the resident medical population falls below 51% of the overall population.

- e. Based on the program developed under Short Term Goals, to provide a detailed building program comparison with program square footages for the Eleanor Slater Hospital that exists today and one which results from the Short Term Goals recommendations required above.
- f. To expertly formulate and develop a building program applicable to new modern state of the art medical and psychiatric hospital facilities that would be programmed today. This shall include the type/use of all required spaces; the number of spaces, the size and square footage of all spaces, the square footage for ancillary functions such as janitorial, loading, receiving, electrical rooms, mechanical rooms, circulation, sallyport, storage, etc. Outdoor recreational space and parking shall also be included. Programming shall conform to all required Hospital regulations and licensing criteria.
- g. To compare the new modern hospital facility program developed above with the current building program of the Eleanor Slater Hospital and also the Short Term recommendations developed under Short Term Goals above and provide an evaluation on how the existing facilities compare with contemporary hospital models.
- h. To determine the level of improvements and physical plant that needs to be provided in the upcoming years in order to provide a modern, operationally efficient, financially viable, and attractive environment. The consultant shall provide a minimum of three (3) viable program options. The options may include scattered site development on two (2) campuses.

Facility Tasks:

- a. To list any current building or operational deficiencies.
- b. To evaluate and determine useful building life expectancies for the various existing buildings being used for hospital purposes.
- c. To analyze and evaluate the long term facility needs of the various existing functional components of the Eleanor Slater Hospital including major life cycle elements.
- d. To estimate the capital investment that will be necessary in the existing facilities over the next 25 years.

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2. BUILDING DEVELOPMENT OPTIONS AND FEASIBILITY ANALYSIS:

- a. Based on the three (3) program options identified above, the Architect is to provide a minimum of one (1) conceptual design for each of the three (3) program options. These shall include preliminary floor plan layouts for all programmed spaces and site plans. Site plans should allow for potential future expansion of any proposed building. The designs may include scattered site development on two (2) campuses. Preliminary floor plans and exterior elevations shall be provided for all development options including renovation and expansion of the existing buildings and construction of entirely new buildings.
- b. Design Considerations: The architect should be mindful of the historic buildings on the two campuses as listed in the publication titled "Rhode Island: State-owned Historic Properties" by the Rhode Island Historical Preservation Commission, published in 1989. The exterior design and architectural vocabulary of any proposed new buildings are to relate to or be derivative of the existing historic red brick Georgian style buildings on the two campuses. Proposed additions to existing buildings shall be compatible with the architecture of the existing building.
- c. Site location: Based on the program options developed by the consultant, there may be multiple development sites either at the Pastore Center, Zambarano Campus, or both, which the consultant will need to evaluate and provide related conceptual site plan designs.
- d. The consultant shall provide the design options to the Steering Committee for review and comment.
- e. Comments shall be compiled by DCAMM for transmittal to the Architect. The Architect shall formally respond to the comments and integrate into the required design options as applicable.

3. ENGINEERING NARRATIVE ON PROPOSED MECHANICAL, ELECTRICAL, PLUMBING AND HVAC SYSTEM IMPROVEMENTS:

The consultant shall provide narratives for proposed mechanical, electrical, plumbing, and HVAC improvements based on the following: the findings of the Existing Conditions Survey including deficiencies and remaining life cycle usefulness; programming by the consultant; and the consultant's conceptual floor plan layouts.

4. COST ESTIMATE FOR DIFFERENT DESIGN OPTIONS FOR LONG TERM GOALS:

The consultant's professional cost estimator shall provide preliminary construction cost budget estimates for proposed improvements by line item. The estimate shall include costs for the different design options by building and site. Costs for deferred

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maintenance items shall be identified in a separate column. The cost estimate shall include overhead and profit, contingency, and escalation to projected construction start. The cost estimate shall include any new Furniture, Fixtures and Equipment (FF&E) required.

5. PROPOSED LONG TERM OPERATIONAL COSTS COMPARED WITH EXISTING OPERATIONAL COSTS:

This section shall identify and compare proposed operational costs with existing operational costs for the Eleanor Slater Hospital. A comparison of the existing number of FTEs versus the proposed number of FTEs and related costs shall be provided.

6. AMORTIZATION OF LONG TERM OPERATIONAL COST SAVINGS:

The consultant shall provide an analysis of any projected operational cost savings and determine the dollar amount that those cost savings can amortize for construction.

7. BUDGET ESTIMATES FOR OVERALL PROJECT COSTS FOR SHORT TERM IMPROVEMENTS AND LONG TERM IMPROVEMENTS:

In addition to the Cost Estimates to be developed above, the consultant shall provide budget estimates for projected overall project costs including A&E services, property survey and topographical mapping, geological report, abatement, infrastructure improvements, the State's statutory requirement for 1% art, FF&E, etc. These budget estimates shall provide a comprehensive understanding of the potential financial scale involved including the additional project costs for soft costs that are not typically part of a construction contract.

8. PROGRAM ASSUMPTIONS:

DCAMM with the help of BHDDH has developed preliminary programs for a proposed Psychiatric Step Down Unit, the Forensic Unit, and a Psychiatric Hospital (see Attachment "F"). This is preliminary information only and is provided for informational purposes to apprise the consultant of discussions that have taken place and to help provide some preliminary information for review.

9. POTENTIAL SHORT TERM MOVES:

DCAMM has developed several potential options related to Short Term Goals and related moves for review by BHDDH and evaluation by the Master Planning consultant. These are listed in Attachment "G".

10. RECOMMENDATIONS:

The consultant shall make recommendations and provide a cost benefit analysis (including operations and physical plant) on how best to deliver services to the population served.

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III. A&E Services for Improvements to the Wallum Lake House:

1. As mentioned above, the consultant shall provide full A&E design services for the design and construction administration of proposed improvements to the Wallum Lake House recommended by the Building Study and approved by DCAMM, BHDDH and the Steering Committee. This shall include the development of full Construction Documents and Construction Administrative Services.
2. Full architectural design services with design submissions at the Schematic Design Phase, Design Development Phase, 90% Construction Document Phase and 100% Construction Document Phase.
3. Full Mechanical, Electrical, and Plumbing (MEP), engineering design services.
4. Full HVAC design. The building is to be fully air conditioned.
5. Full Fire Suppression and Fire Alarm Design.
6. Code Analysis.
 - i. Conduct a full building code analysis for the intended uses.
 - ii. Conduct a full fire code analysis for the intended uses.
 - iii. Universal access design in consultation with the Governor's Commission on Disabilities.
7. Security Design. Positive security control such as through card access, cameras, key pad, motion detectors, etc.
8. Telecommunications, Cable TV, WIFI and IT cabling layouts and specifications.
9. Audio Visual Equipment specifications and layouts.
10. FF&E layout and specifications. The successful offeror will provide specialty interior design services as required for coordination of existing Furniture, Fixtures and Equipment (FF&E) to be incorporated into the new facility, assistance with purchasing new furnishings, and services for the design, specification and coordination of finishes. The firm will also provide services to produce all required life safety signage including but not limited to evacuation signs, interior identification and directional signage and site signage.
11. Testing
12. Special Inspection Program
13. Construction Testing/Inspections

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14. Commissioning
15. LEED Design Services. The building renovation project (if applicable) will be designed to meet a minimum of LEED (Leadership in Energy and Environmental Design) Silver Level certification as governed by the US Green Building Council or a similar equivalent standard. All references to LEED certification in this document shall be interpreted to mean LEED Silver or an equivalent standard as approved by the State. In addition, as part of this contract, the Respondent is to provide all administrative services, prepare any required applications, provide required documentation, etc., as may be required in the LEED Silver Level certification process. The Respondent will be responsible for all aspects of this endeavor.
16. Coordination of the State's 1% Art requirement.
17. Professional cost estimates are to be provided at the Design Development Phase and the 90% Construction Document Phase. The cost estimates shall be carried forward to the projected bid date. This is to include FF&E. After review of the cost estimates, if the cost estimate(s) are over the construction budget, the owner shall reserve the right to initiate value engineering and redesign services at no additional cost to the owner, terminate the contract or continue with services. Any and all cancellation shall be considered as "cancellation for convenience". The firm shall at that juncture have no basis of claim for any damages or for lost profits for work not performed. The construction budget shall be determined following the Wallum Lake House Building Study based on itemized improvements and costs identified in the study which have also been approved by DCAMM, BHDDH and the Steering Committee.
18. The Respondent will provide a definitive program. The successful Respondent will be required to obtain end user and DOA Capital Projects sign off on the preliminary layout and make changes as needed to the program based on owner/end user feedback.
19. The Respondent shall hire a qualified firm to determine the extent and nature of all hazardous building and environmental materials. A hazardous materials survey, testing, report and plan should be conducted by a hazardous materials consultant. The architect is to supply and coordinate these services. The hazardous materials consultant should be a sub-consultant to the architect. This work is to be included in the Respondent's fee proposal. The architect's hazardous materials consultant will also be responsible for monitoring the contractor's removal of hazardous materials during the demolition portion of the work.
20. Provide for preparation of any additional environmental permitting applications that may be required along with any additional related studies or support documentation that may be required.

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21. The successful offeror will prepare documentation and hold primary meetings with all authorities having jurisdiction including but not limited to the Rhode Island Building Code Commission, The Rhode Island State Fire Marshal's Office, and the Governor's Commission on Disabilities.
22. Respondent shall be responsible to log and maintain all information related to the Construction Closeout Procedures Document from the start of construction until final issuance of Final payment to the contractor. It will be the responsibility of the successful Respondent to make sure that three sets get submitted by the Contractor after approval of all closeout documents.

IV. Consultant Deliverables Checklist and Required Copies:

MASTER PLAN ITEMS:

1. Revit Drawings of Existing Buildings (1 full size set, 2 half size sets and 2 CDs)
2. Hazardous Materials Reports and Plans for each building (5 hard copies and 2 CDs each)
3. Existing Conditions Study (5 hard copies and 2 CDs)
4. Building Study for the Wallum Lake House (5 hard copies and 2 CDs)
5. Short Term Program (5 hard copies and 2 CDs)
6. Long Term Program (5 hard copies and 2 CDs)
7. Short Term Design Options (1 full size set, 2 half size sets and 2 CDs)
8. Total of two (2) Renderings (24" x 36") of preferred Short Term Design Options (2 hard copies plus digital copy)
9. Long Term Design Options (1 full size set, 2 half size sets and 2 CDs)
10. Total of two (2) Renderings (24" x 36") of preferred Long Term Design Options (2 hard copies plus digital copy)
11. Short Term Engineering Narratives (digital copy)
12. Long Term Engineering Narratives (digital copy)
13. Short Term Cost Estimates – Preliminary and Final (digital copies)
14. Long Term Cost Estimates – Preliminary and Final (digital copies)
15. Short Term Operational Costs (digital copy)
16. Long Term Operational Costs (digital copy)
17. Short Term Amortization of Operational Costs (digital copy)
18. Long Term Amortization of Operational Costs (digital copy)
19. Consultant's proposed schedule to implement the Short Term Master Plan and the Long Term Master Plan (digital copy)
20. Draft Master Plan Report which includes a Table of Contents and an Executive Summary (5 hard copies and 2 CDs)
21. Final Master Plan Report which includes a Table of Contents and an Executive Summary (5 hard copies and 2 CDs)
22. Ten (10) combined meetings with BHDDH, DCAMM and the Steering Committee

WALLUM LAKE HOUSE - DESIGN AND CONSTRUCTION PROJECT ITEMS:

1. Finalized Program (2 hard copies and 2 CDs)

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2. Revisions if needed to Hazardous Materials Report and Plan included above (5 hard copies and 2 CDs)
3. Schematic Design Submission (1 full size set, 2 half size sets, 2 project manuals, 2 CDs)
4. Design Development Submission (1 full size set, 2 half size sets, 2 project manuals, 2 CDs)
5. Design Development cost estimate (digital)
6. 90% Construction Documents Submission (1 full size set, 2 half size sets, 2 project manuals, 2 CDs)
7. 90% Construction Documents cost estimate (digital)
8. Interior Design Presentation Boards (1 copy each plus digital photo)
9. 100% Construction Documents (1 full size set, 2 half size sets, 2 project manuals, 2 CDs)
10. Permit Sets of Construction Documents (number of drawing sets, project manuals and CDs as required by AHJ)
11. Construction Bid Package (2 CDs)
12. FF&E Bid Package (1 full size set, 2 half size sets, 2 project manuals, 2 CDs)
13. Construction Administration
14. Close-Out Documents

V. SHORT TERM AND LONG TERM SCHEDULE:

A preliminary Short Term and Long Term Schedule developed by DCAMM is attached (see Attachment "H"). This schedule is provided for informational purposes and may need to be revised slightly to adjust for RFP solicitation date if applicable and to include more detail, however the basic time allotments should remain unchanged. The Master Planning phase is estimated to take approximately nine (9) months. The schedule for design and construction of Short Term improvements is based on DCAMM's current understanding of potential moves and related improvements. This would take approximately three and a quarter (3 1/4) years after the Master Planning Report is due. The Long Term schedule is future oriented and illustrates the time it would take to design and build a new hospital if a new hospital was considered to be a viable option. It is estimated that this process would take approximately four and one half (4 1/2) years. Consequently, in order to have a new building completed by November of 2027, the design would need to start by May of 2023. This illustrates a long range plan. The consultant will need to determine when and if a new facility is needed. Time frames for other options to be developed in the Master Plan cannot be determined at this time as those options are yet to be determined.

Also, see Attachment "H" for the preliminary schedule for design and construction of potential improvements to the Wallum Lake House.

The successful Respondent is to provide an updated Short Term and Long Term Schedule based on proposed improvements and long term building plan.

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SECTION 3 –SELECTION PROCEDURE AND SUBMISSION REQUIREMENTS

3.1) RESPONSES:

- a) Responses will be evaluated in two parts for a maximum score of 100 points. Part One is a Technical proposal (70 points max) and Part Two is a Professional Fee proposal (30 points max). Both the Technical and Professional Fee proposals are required on the due date listed on page 1 of this solicitation, they are to be submitted in separate sealed envelopes.

Part One – Technical Proposal

The Technical Proposal will be evaluated on the following criteria (All Respondents must receive a minimum score of 55 points on the Technical proposal. Respondents not scoring at least 55 points will not be considered for fee proposal evaluation).

A. Experience of the Respondent and Project Principals (0-25 points):

Describe the respondent's and the respondent's consultants general experience as well as its specific experience and qualifications for projects of this size, scope and use. List the percentage of work to be completed by the respondent and the percentage to be completed by outside consultants. Include Standard Form 330 (for prime contractor and all sub-contractors) in this section. Indicate the plan for compliance with the State's MBE requirements.

Proposals must provide answers to the following questions:

- i. What experience does the Respondent have with projects of a similar size, scope and use? Has a list of at least three projects completed in the last ten (10) years been provided?
- ii. Does the Respondent have specific experience in forensic, psychiatric and medical hospital design?
- iii. Does the Proposal illustrate that the Project Manager and each consultant assigned to the project have the background and experience necessary for a successful hospital master planning and renovation project? Are specific project examples included?
- iv. Are staff and consultants assigned to this project experienced with projects of a similar size, scope and use? Has their experience been provided for the last ten (10) years and includes three or more relevant projects?
- v. Has an organization chart of the Respondent and any sub-consultants been provided for the project, indicating also MBE status for any Respondent?
- vi. Is the cost estimator familiar with projects of this nature?
- vii. Does the Respondent's team have the capability to incorporate program goals and criteria into their design work?
- viii. Does the Respondent have LEED Accredited Professionals on Staff?

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B. Project Plan (0-35 points):

This section shall describe the Respondent's understanding of the State's requirement, including the result(s) intended and desired, the approach and/or method to be employed, and a Work Plan for accomplishing the results proposed. It **must** include a project schedule with personnel assigned to project tasks.

Proposals must provide answers to the following questions:

- i. Does the plan illustrate the Respondent has analyzed, interpreted and understands issues presented by this project?
- ii. Does the plan provide solutions for the issues presented by the project in a manner likely to meet the needs of the client and other customers and end users?
- iii. Does the proposed plan appear sensitive to budget and time constraints?
- iv. Does the plan address relevant design and program issues, by providing possible solutions?
- v. Does the plan include a discussion of value engineering and LEED standards?
- vi. Does the Respondent identify both constraints and opportunities posed by this project?
- vii. Is there a project schedule provided by the Respondent and is that schedule achievable (not overly optimistic or needlessly long)?
- viii. Is the staff to be assigned to the project, including a project manager, subcontractors, engineers and others, identified including FTE and/or hourly effort?
- ix. Does the level of effort for each appear adequate?
- x. Does the Respondent describe their current workload and the availability of their personnel to perform the project? Is it feasible?

C. References (0-10 Points):

Select a minimum of three and a maximum of five projects and provide principal contacts, including all contact information, for projects of a similar size and scope and use to the proposed project. These individuals may be contacted by members of the selection committee for further information.

Proposals must provide answers to the following questions:

- i. Were the references provided related to projects of a similar size, scope and use to the proposed project?
- ii. Did the Respondent's final project provide a good design and program fit?
- iii. Did the Respondent identify problems and issues in a timely and complete manner?
- iv. Were technical, budget and aesthetic issues fairly balanced with a good outcome resulting?
- v. Did the projects come in on time and in budget? If yes, what was the budget and what were the number of change orders on the project?
- vi. Did the Respondent adequately research relevant design and program issues?

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- vii. Was the Respondent's design process characterized by effective communication, clear graphic and verbal presentations and appropriate inclusion of all designated stakeholders?

Part Two – Professional Fee Proposal

- a) Professional Fee proposal will be evaluated (respondents that met minimum of 55 points in Part One) on the following criteria (will represent 30 points max):
 - i. The Professional Fee proposal shall be submitted in a **separate, sealed envelope**.
 - ii. The Professional Fee proposal shall be submitted as a Lump Sum price. The price must be provided on the attached Fee Proposal Form. This shall be a fixed fee (dollar amount), which includes, as a separate line item, an allowance for expected reimbursables of \$10,000.00 (See Section 3.5.g for what expenses will be considered reimbursables).
 - iii. The Professional Fee proposal shall indicate the number and type of professionals to be employed and the hourly rate, including overhead, for each and shall include full services as listed in this RFP including all deliverables for all phases of the project plus LEED design, identification of available utility company rebates, and close-out phases of work.
 - iv. The Professional Fee proposal shall include continued probable cost estimates and value engineering and redesign services (including re-submittal of documents) at no additional cost. All fees associated with USGBC pertaining to proposed construction at the Wallum Lake House should be included as part of the lump sum price.
 - v. The proposal with the lowest opened Professional Fee proposal shall receive the full **30 points**. The other opened Professional Fee proposals shall be allocated points prorated in correlation to the lowest Professional Fee proposal (e.g. a bid of twice the amount of the low bid will receive 15 points). Professional Fee proposal points are determined by the following formula: x/n (y) = **points awarded**; whereas "x" = lowest opened bid, "n" = any bid under consideration and "y" = 30 points.
- b) All services described in this RFP must be included in the proposal, with **no exclusions** and a lump sum fixed fee (dollar amount) must be provided, or the proposal shall be rejected as being non-responsive.
- c) The State reserves the right to award based upon the most favorable cost proposal.
- d) Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all responses, and to award in its best interest.

3.2) PRE-SUBMISSION QUESTIONS, PRE-SUBMISSION MEETING

- a) Questions, in **Microsoft Word Format**, concerning this solicitation may be e-mailed to the Division of Purchases at thomas.bovis@purchasing.ri.gov no later than the Date &

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Time indicated on page 1 of this solicitation. Please reference the RFP # (found on page 1 of this solicitation) on all correspondence. Answers to questions received, if any, will be posted on the Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to monitor the Division of Purchases' website for updated solicitation information and addenda.

- b) A **mandatory** pre-bid meeting will be held at the location, date & time indicated on page one of this solicitation.

3.3) PROPOSAL SUBMISSION

- a) Proposals to provide the services set forth in this solicitation must be received by the Division of Purchases on or before the date and time indicated on page one of this solicitation. Responses (an original plus five (5) copies) should be mailed or hand-delivered in a sealed envelope marked with the RFP number and **Architectural and Engineering (A&E) Design Services: Master Plan for Reorganizing and Improving the Eleanor Slater Hospital Building Facilities**.

RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

- b) **Reminder:** Proposals misdirected to locations other than the Division of Purchases, or which are otherwise not submitted to the Division of Purchases prior to the time of opening for any cause shall be determined to be late and shall not be accepted, opened, or considered. The "official" time clock is located in the reception area of the Division of Purchases, 2nd floor, One Capitol Hill, Providence, RI.

3.4) ADDITIONAL PROPOSAL CONTENTS

- a) In addition to the contents described in Section 3.1 proposals must include the following:
 - i. A completed and signed three-page RIVIP generated respondent certification cover sheet (downloaded from the Division of Purchases' website: <http://www.purchasing.state.ri.us>)
 - ii. A completed and signed IRS Form W-9 which may be downloaded from the Division of Purchases' website. In proposal marked **Original** only
 - iii. In addition to the multiple hard copies of proposal required, respondents are requested to provide their proposal in electronic format (CD-Rom, Diskette, flash drive). Microsoft Word / Excel or PDF for is preferable. Only one (1) electronic

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copy is requested. This CD or diskette should be included in the proposal marked "Original".

3.5) ADDITIONAL TERMS AND CONDITIONS

- a) Responses found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further. The State reserves the right to reject any or all responses submitted and to waive any informality in any vendor's submission.
- b) A Selection Committee will evaluate submitted proposals on the basis of the criteria identified above. Respondents achieving a score of 55 points or higher on the Technical Proposal may be invited to appear before the Committee for in-person presentations during this solicitation process.
- c) The successful respondent shall be solely responsible for meeting all terms and conditions specified in this RFP, and any resulting contract. The use of any subcontractors or other vendors must receive prior approval by the State. The Division of Purchases reserves the right to clarify the terms and conditions of any proposal submitted. The respondent recommended for contract award will be notified by the Division of Purchases. A contract, based on standard A.I.A. forms will be developed by the Division of Purchases and Division of Capital Projects which incorporate a final work plan and schedule. The selected respondent must agree to provide all deliverables by the dates established in the final work plan and schedule.
- d) The selected Respondent must complete the scope of services in this RFP within the time frame specified in the final work plan and schedule and shall be required to appoint a representative from their firm who will act as their project manager and who will be responsible for seeing that all services are performed with the final work plan and schedule. The selected Respondent shall not change its designated representative during the project without prior written consent from the Division of Capital Asset Management and Maintenance (DCAMM).
- e) The selected Respondent must comply with all State and Federal statutory, regulatory and ANSI standards. The selected Respondent must cooperate and coordinate with other State agencies, contractors, or entities, as necessary, to successfully complete the project. Rights to data, work products, etc., revert to the State of Rhode Island upon completion of the contract. All information related to vital records and systems must be kept confidential at all times during and after completion of the project.
- f) Payment Schedule: Payments shall be made monthly in proportion to services performed so that compensation shall aggregate to the following percentages at the completion of each phase of work:
 - Existing Conditions Study and AutoDesk Revit Drawings = 15%

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- Building Study for Wallum Lake House = 20%
 - Wallum Lake House A&E Services for Design and Construction Admin. = 40%
 - Master Plan Programming = 50%
 - Master Plan Schematic Design Options = 75%
 - Master Plan Draft Report = 85%
 - Acceptance of Final Master Plan Report = 95%
 - Closeout = 100%
 - Five percent (5%) retainage shall be held on all but reimbursable expenses until project close out.
- g) All drawings shall be submitted in hard copy as well as Revit and PDF formats. Master Planning drawings shall be in Revit LOD 200. Construction drawings for the Wallum Lake House shall be in Revit LOD 500. Revit models shall be made available to the project team including all disciplines. Additionally, the Revit model for the Wallum Lake House shall be made available to the contractor at no cost.
- h) Reimbursable expenses: Only the actual reimbursable expenditure will be paid. When authorized in advance in writing by the Division of Capital Asset Management and Maintenance, reimbursable expenses shall be paid based on verified costs plus a fee not to exceed four percent (4%) and shall generally be limited to document reproductions, postage and handling requested by the Owner beyond the number of reproductions outlined in **Section IV, Consultant Deliverables Checklist and Required Copies**. Reproductions for office use by the selected Respondent and its' consultants shall not be reimbursable. Transportation, telephone expenses and other telecommunication expenses are not considered reimbursable expenses under this RFP.
- i) Conflicts of interest: The selected Respondent shall certify that neither the firm, its employees, nor its consultants, have or enter into, any contract or business venture with any general contractor or trade sub-contractor who is selected to work on this project. This provision, shall not apply to sub-contractors hired to provide sub-contractor services during the investigation phase.
- j) Cancellation for convenience: The State reserves the right to cancel, for its convenience, any and all contracts that are entered into as the result of this award and the selected respondent shall have no claim to any reimbursement for lost work or profits and shall have only a claim for work done until the date of cancellation for convenience. The State shall provide seven (7) days notice of any cancellation.
- k) Bid review and Respondent de-scoping: The selected Respondent shall make their project principals and all key engineering staff and/or consultant(s) available for de-scoping.
- l) The selected respondent shall be allowed to invoice monthly based on the percentage of work completed.

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m)The professional cost estimator required for construction cost estimates shall NOT be an employee of the selected Respondent and shall NOT be a regular employee of a construction firm.

END