

Request for Qualifications (A/E)

Ohio Department of Mental Health



Department of
Mental Health

Capital Planning and Management
30 E. Broad Street – Room 1160 – Columbus, OH 43215-3430

<http://mentalhealth.ohio.gov/>
v: 614.466.3473 • f: 614.644.5621

Project Name	Campus Security Improvements	Response Deadline	01/19/2010	4:30 PM local time
Project Location	Northcoast Behavioral Healthcare	Project Number	DMH-100007	
City / County	Northfield / Summit			

Local Administration

Agency/Institution	Ohio Department of Mental Health	Agency/Institution	Ohio Department of Mental Health
Project Manager	Sharney Koch	Inquiries to*	Sharney Koch
Street	30 East Broad Street, Room 1160	Street	30 East Broad Street, Room 1160
City	Columbus Ohio	City	Columbus Ohio
Zip	43215	Zip	43215
Phone	614.466.5060	Fax	614.644.5621
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*Mail 1 copy(ies) of the most current version of the Statement of Qualification(s) (SAO Form #F110-330 available via the State Architect's Office Web site at <http://www.ohio.gov/sao>) directly to this contact.

Project Overview

A. Project Description

The Northcoast Behavioral Healthcare campus at Northfield, Ohio is a restricted and secure hospital environment (Occupancy Use Group I-2) that operates on a 24/7, 365-day per year schedule. This project involves work at two separate buildings, namely McKee and Building 22. The goals of this project are to create a main access point at the McKee Building where visitors and the public will register before entry; to establish a secure patient envelope at both buildings; and to improve monitoring of blind areas on all patient units in the McKee Building. The scope of work includes the installation of CCTV, remote access controlled door hardware, and intercom upgrades at both buildings. There will also be a need to reconstruct the nurse's stations to provide more desk space for monitors, increased privacy for viewing of records and a more secure station.

B. Scope of Services

Overall A/E responsibilities will include Schematic Design, Design Development, Construction Documents, Plan Review/Permit, Bidding, Bid Award, Construction Administration, Project Close-out. Specific responsibilities to include:

1. Review and modify Owner's Program of Requirements as required. Develop various layouts and options for Owner review. Assemble various product / fixture literature for Owner review.
2. Conduct on-site design review meetings with the Owner. Take and distribute meeting minutes. Meetings to culminate in Construction Documents ready for submission to State Department of Commerce for plan review and issuance of permit.
 - Owner will require 2 full-size printed sets of Plans & Specs for review purposes during DD and CD phases. Review of specific items during these phases can be accomplished via electronic distribution of PDF files.
3. Bidding phase. Attend Pre-Bid Meeting (distribute minutes to attendees), answer bidder questions and prepare and distribute Addenda as necessary. Attend Bid Opening at the site and assist in bid tabulation and review; recommend to owner bid awards. Distribute bid documents to various statewide plan rooms.
4. Construction Administration: AE to be on-site an average of 4 hours per week. Duties to include field inspections and conducting progress meetings. AE to be responsible for having the services of their sub-consultants available on-site on an as needed basis. Take and distribute minutes of meetings. Respond to RFI's in a timely manner. Prepare and distribute Bulletins, Field Work Orders and Change Orders.
5. Project Close-out: AE to review Contractor's Punchlist and develop AE's Punchlist. Review final work to verify completion of all punchlist items.
6. Reimbursables:
 - Plan review / Permit fees for State Department of Commerce.
 - Cost, if any, to comply with SAO requirement to distribute Plans & Specs to various statewide plan rooms and bid offices.

Printing and distribution of two (2) sets of contract documents for owner review at two stages of design (DD and CD).
Printing and distribution of two sets of the final bid documents to the owner. This final set to also be distributed to the owner in electronic (PDF) format.

Request For Qualifications (A/E) continued



Department of
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Project Name Patient Unit Improvements

Project Number DMH-1000007

B. Scope of Services continued

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

1. Work in Healthcare Occupancies, specifically Psychiatric Facilities
2. Familiarity with security systems for patient environments.
3. Familiarity with Ohio Department of Commerce, Division of Industrial Compliance plan review and permitting procedure

Participate in the Encouraging Growth, Diversity and Equity ("EDGE") Program as required by statute and the Agreement.

Request For Qualifications (A/E) continued



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C. Funding / Estimated Budget

Total Project Cost	<u>\$300,000</u>	State Funding	<u>\$300,000</u>
Construction Cost	<u>\$230,000</u>	Other Funding	<u>\$0</u>
Estimated Design Fee	<u>14% to 15%</u>		

NOTE: The design 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., creation of a Program of Requirements, 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

Primary	<u>Architectural</u>
Secondary	<u></u>
	<u></u>
	<u></u>
	<u></u>
	<u></u>
	<u></u>

E. Anticipated Schedule

Professional Services Start (mm/yy)	<u>03 / 10</u>
Construction Contracts Start (mm/yy)	<u>07 / 10</u>
Professional Services Completed (mm/yy)	<u>10 / 10</u>
Construction Contracts Completed (mm/yy)	<u>10 / 10</u>

F. EDGE Participation Goal

Percent of *initial* TOTAL Design Fee 5%

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. Specification writing credentials and experience. Approach to and success of using partnering and Alternative Dispute Resolution. Proximity of prospective firms to the project site. Proposer's apparent resources and capacity to meet the needs of this project. The selected A/E and all its consultants must have the capability to use the Internet within their normal business location(s) during normal business hours.

Interested A/E firms are required to submit the Commitment to Participate in the Edge Business Assistance Program form in its Statement of Qualifications (SAO 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 SAO Web site at www.ohio.gov/sao (click on Forms). The Intent to Contract and to Perform form is again required at the Fee Proposal stage.

Prior to executing the Architect/Engineer Agreement, the selected A/E must represent and warrant that it has not provided any material assistance, as that term is defined in O.R.C. Section 2909.33(C), to an organization that is identified by, and included on, the United States Department of State Terrorist Exclusion List and that it has truthfully answered "no" to every question on the Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization, and that it has provided or shall provide such to the Contracting Authority and/or the Ohio Business Gateway (<https://ohiobusinessgateway.ohio.gov/OBG/Membership/Security.mvc>).

Architect/Engineer Selection Rating

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Project Name Campus Security Improvements

Proposer Firm _____

Project Number DMH-100007

City, State, Zip _____

Selection Criteria		Value	Score
1. A/E Firm Location			
Proximity of primary A/E firm office where majority of work is to be performed in relationship to project site	Less than 50 miles	4 - 5	
	51 to 80 miles	2 - 3	
	More than 80 miles	0 - 1	
2. A/E Firm Size			
Number of relevant licensed professionals within primary A/E firm available to perform the work.	Small = Less than 5 licensed professionals	4-5	
	Medium = 6 to 10 licensed professionals	2-3	
	Large = More than 10 licensed professionals	0-1	
3. Current Workload			
Amount of fees awarded by the Contracting Authority to the primary A/E Firm in the previous 24 months (exclude projects on hold)	Less than \$250,000	4 - 5	
	\$250,001 to \$500,000	2 - 3	
	More than \$500,000	0 - 1	
4. Primary A/E Qualifications			
a. Project Management Lead	Experience / ability of A/E project manager to manage scope / budget / schedule / quality	0 - 10	
b. Project Design Lead	Experience / creativity of lead designer to meet needs of owner	0 - 5	
c. Technical Staff	Experience / ability of technical staff to develop quality construction documents	0 - 5	
d. Construction Administration	Experience / ability of field representative to identify / solve issues during construction	0 - 10	
5. A/E Consultant Qualifications			
Key Discipline Leads	Experience / ability of all key discipline leads to effectively perform the work	0 - 10	
6. Project Team Qualifications			
a. Previous Team Collaboration Number of projects that a majority of the team members have worked together	Less than 3 projects (Low)	0 - 1	
	3 to 5 projects (Average)	2 - 3	
	More than 5 projects (High)	4 - 5	
b. LEED* Experience within Team	LEED AP(s)** on Team	0 - 1	
	LEED Registered Project(s)	0 - 2	
	LEED Certified Project(s)	0 - 2	
	Satisfies ALL above Criteria	Sum = 0 - 5	
c. Team Organization	Clarity of responsibility / communication demonstrated by table of organization	0 - 5	
7. Overall Project Team Experience			
a. Budget & Schedule Management	Performance in completing projects within original budget and schedule limitations	0 - 5	
b. Experience with Similar Project Type	Less than 3 projects (Low)	0 - 3	
	3 to 5 projects (Average)	4 - 6	
	More than 5 projects (High)	7 - 10	
c. Past Performance	Level of performance as indicated by past A/E evaluations / letters of reference	0 - 5	
d. Knowledge of State of Ohio Capital Project Administration Process	Less than 2 projects (Low)	0 - 3	
	2 to 4 projects (Average)	4 - 6	
	More than 4 projects (High)	7 - 10	
		Subtotal	

* LEED = Leadership in Energy & Environmental Design developed by the U.S. Green Building Council
 ** LEED AP = LEED Accredited Professional credential by the Green Building Certification Institute

Notes:

Owner Evaluation:

Name _____

Signature _____

Date _____