

# REQUEST FOR PROPOSAL



**NORTH BAY PARRY SOUND DISTRICT HEALTH UNIT**

**ADVOCATE ARCHITECT**

**Reference No: RFP 2011-04**

## **1.0 INTRODUCTION**

The North Bay Parry Sound District Health Unit (the “Health Unit”) is a progressive, public health agency governed by the North Bay Parry Sound District Health Unit Board of Health. With a head office located in North Bay and two branch offices (Parry Sound and Burk’s Falls), the Health Unit consists of over 180 staff who deliver provincially legislated public health programs and services. Based on the 2006 Census, the Health Unit provides service to a population of 123,383 permanent residents. The service area contains 31 municipalities and covers approximately 17,000 square kilometers.

## **2.0 PURPOSE**

In order to meet present and future accommodation needs, the Health Unit is exploring options for leasing accommodation from a private sector landlord. This could entail leasing of existing vacant office space available in the community, or more likely by entering into an agreement to lease space which is not yet constructed, or some combination thereof (i.e. an addition to an existing facility).

The Health Unit requires an Advocate Architect (as opposed to a design architect engaged by a developer) to oversee and manage the process of calling for and reviewing developer proposals and construction in compliance with an already completed statement of facility requirements.

## **3.0 BACKGROUND**

The North Bay office location of the Health Unit is facing accommodation issues compromising the delivery of programs and services to our clients. In support of a proper, longer term solution, a Statement of Facility Requirements for accommodations was completed and includes the following (the Table of Contents is available upon request):

- Description of the North Bay Parry Sound District Health Unit
- Site Requirements
- Building Design Requirements
- Building Performance Criteria
- Space Data Sheets

The Health Unit now requires an Advocate Architect to move forward with the next phase of this initiative.

## **4.0 OBJECTIVES**

Proponents should submit the original, plus 3 hard copies (4 in total) of their Proposal. Proponents should complete the form of Proposal attached as Schedule A, including Schedules A-1 to A-4. Proponents are encouraged to use the forms provided and attach additional pages as necessary.

Proposals should be in a sealed package, marked on the outside with the Proponent's name, title of the Project ("Advocate Architect"), and RFP reference number ("RFP 2011-04")

Proposals received after the Closing Time of 1:00 p.m., October 17, 2011 (see section 11.0, Proposal Deadlines) will not be accepted or considered. Delays caused by any delivery, courier or mail service will not be grounds for an extension of the Closing Time.

The dollar value of this proposal must be valid for 60 days.

## 5.0 TIMELINE

Activities	Anticipated Completion Date
RFP submissions received by NBPSDHU	October 17, 2011
RFP submissions reviewed by NBPSDHU	October 21, 2011
Selection and notification of successful consultant/firm by NBPSDHU	October 24, 2011
Regular updates/meetings scheduled	Every 2 weeks, dates to be determined

## 6.0 SERVICES REQUIRED

The Advocate Architect would be responsible for, but not limited to, the following:

- 6.1 Provide architectural and mechanical/electrical engineering consulting services
- 6.2 Consult with the NBPSDHU and develop and manage a process by which the Health Unit will enter into a long term leasing of accommodation in North Bay, including but not limited to, the following services:
  - 6.2.1 Assist the NBPSDHU to engage other consultants as required (real estate, legal, financial, etc.)
  - 6.2.2 Develop, implement and manage a two-stage lease proposal call process which includes:
    - 6.2.2.1 Preparation of criteria for selection of a short-list of proponents
    - 6.2.2.2 Preparation and issuance of Request for Statement of Interest and Location
    - 6.2.2.3 Responding to inquiries from proponents, and in consultation with NBPSDHU, issuing clarifications as required

- 6.2.2.4 Assisting the NBPSDHU in reviewing and evaluating proposals received to determine a short-list of proponents to invite to submit detailed proposals
- 6.2.2.5 Preparation of detailed Request for Leasing Proposal Documents to be issued with an invitation to short-listed proponents (expected to include architectural design of base building and tenant improvements by the short-listed proponents and their consultants; payment of an honorarium will be considered)
- 6.2.2.6 Responding to inquiries from proponents, and in consultation with NBPSDHU, issuing clarifications as required
- 6.2.2.7 Assisting the NBPSDHU in reviewing and evaluating proposals received
- 6.2.2.8 Organizing and managing presentations/interviews with each short-listed proponent
- 6.2.2.9 Assisting the Health Unit in determining the preferred proponent
- 6.2.2.10 Assisting in negotiations to finalize an agreement with the preferred proponent
- 6.2.3 Review detailed design and construction documents produced by the preferred proponent (landlord) and bring to the attention of the Health Unit any deviation from the stated requirements
- 6.2.4 Review construction work as it proceeds and bring to the attention of the Health Unit any deviation from the stated requirements
- 6.2.5 Assist the Health Unit with preparation of furniture and equipment requirements and procurement processes if required
- 6.2.6 Assist the Health Unit with move preparation and coordination as required

## **7.0 REPORTING AND ACCOUNTABILITY**

The contractor/firm will be directly accountable to Paul Massicotte, Executive Director, Corporate Services, as work progresses through the Proponent's work schedule.

## **8.0 PROPOSAL REQUIREMENTS**

Proponents should complete the form of Proposal attached as Schedule A, including Schedules A-1 to A-4. Proponents are encouraged to use the forms provided and attach additional pages as necessary.

### **Contact Person / Signature**

The legal name of the person or firm submitting the Proposal should be clearly indicated within the Proposal. The Proposal should be signed by a person authorized to sign on behalf of the Proponent. (Schedule A)

### **References**

The Proponent will supply three references to demonstrate work quality. (Schedule A-2)

### **Work**

A schedule of work activities must be provided and agreed upon prior to work commencing to accommodate Health Unit staff.

### **Pricing**

All pricing shall be in Canadian funds, all applicable taxes shall be shown as extra. (Schedule A-4)

## **9.0 TERMS, CONDITIONS, AND SUPPLEMENTARY INFORMATION**

- a) There will be no payment for the preparation and submission of Proposals in response to this Request for Proposal.
- b) The Health Unit reserves the right to amend or modify the terms of this Request for Proposal upon written notice to all contractors/firms. The Health Unit reserves the right to enter into negotiations with the successful bidder prior to contract award. The Health Unit reserves the right to reject any Proposal, whether or not completed properly and whether or not it contains all required information without further questions or redress from any respondents.
- c) The Health Unit reserves the right to request that each contractor/firm clarify its proposal. The contractor/firm shall submit written responses within 48 hours of receipt of such requests. The supplementary documentation shall be considered to form part of the Proposals. After the date set for receipt of Proposals, only the supplementary documentation specifically requested for clarification shall be considered as additions to a Proposal. The Health Unit is not obligated to seek clarification of any aspect of a Proposal.

- d) A contractor/firm may alter or withdraw their Proposal at any time before the submission closing date.
- e) The award of any contract shall be conditional upon funding availability as dictated by the North Bay Parry Sound District Health Unit budget.
- f) The Health Unit reserves the right to refuse the assignment of the work/service to another contractor/firm.

## **10.0 PROPOSAL EVALUATION**

The Health Unit reserves the right to accept or reject any proposal based upon its evaluation. The lowest or any proposal is not necessarily accepted.

The following evaluation will be used to determine the winning bidder.

### **Managerial and Organizational**

- Proponents are to state their approach to the provision of the service in sufficient detail to demonstrate an understanding of the RFP requirements and demonstrate a grasp of associated problem areas and the manner in which the work will be controlled (quality assurance).
- Resources to be applied to the work including manpower, i.e. number of persons, schedules, etc. Proponents shall provide names of key personnel.
- Provide details of previous experience and contracts for similar services in comparable fields. (Schedule A-2)

### **Financial**

- The Proposal must demonstrate an understanding of the cost factors; a complete breakdown of hourly fees for staff involved (i.e. principal architect vs. junior architect, other staff) must be included in the Proposal. Additionally, identify the level of involvement of the principal architect and other staff. Include a detailed proposal for the number of hours for the project broken down by phases, as outlined in 6.0 Services, including disbursements. (Schedule A-4)

### **Evaluation Criteria**

- Proposals will be evaluated within 5 days of Proposal opening using a best value approach considering both merit and price. Proposals will be assessed on a point rating system for the following:

	POINTS
Managerial and Organizational	400
Financial	160
Total Points Available	560

Neither the qualifying proposal which scores the highest number of rating points, nor the one which contains the lowest price will be necessarily accepted. Contractor/firm selection will be based on the best overall value to the North Bay Parry Sound District Health Unit in terms of merit and price ratio.

- **Detailed Evaluation Criteria**

The following point system will be used when evaluating proposal components:

0.0	unacceptable
1.0	poor
2.0	fair
3.0	good
4.0	excellent

The total rating for each component will be obtained by multiplying the component points assigned by the evaluator by the component weight.

- **Managerial and Organizational**

	Weight Points Rating
A) relevant experience, numbers, and qualifications of key personnel	35
B) Demonstrated performance of contracts of this magnitude	30
C) Professional presentation reflecting confidence and direction	20
D) References of the contractor/firm	15
- **Financial**

A) Overall presentation demonstrating an understanding of the cost factors, adequate and supportable price and hours breakdown	20
B) Price provides good value for work performed	20

## **11.0 PROPOSAL DEADLINES**

Proposals must be received by:

**Shari McMillan  
Management Administrative Assistant  
North Bay Parry Sound District Health Unit  
681 Commercial Street  
North Bay, ON P1B 4E7**

On or before the following date and time (the “Closing Time”):

**Time: 1:00 p.m. local time  
Date: Monday, October 17, 2011**

Submissions by fax or e-mail will not be accepted.

The Health Unit intends to open Proposals at 3:00 p.m., Monday, October 17, 2011, at 681 Commercial Street, 2<sup>nd</sup> Floor Meeting Room.

## **12.0 PROPERTY OF THE OWNER**

By submitting this quote, the Proponent agrees that drawings and products produced in the course of this project and end result shall be and remain the sole and exclusive property of the North Bay Parry Sound District Health Unit. All submissions become the property of the Health Unit and will not be returned to the Proponent.

## **13.0 LICENSING**

Upon award, the contractor/firm will be responsible for a strict adherence to all Federal, Provincial, and Municipal codes and by-laws and must obtain all permits and licenses as applicable.

## **14.0 SAFETY CODES AND REGULATIONS**

Upon award, the contractor/firm must adhere to all safety rules, regulations, and labour codes in effect in all jurisdictions where the work is to be performed.

## **15.0 CONFIDENTIALITY**

Upon award, the contractor/firm must adhere to all confidentiality policies (draft or otherwise) of the Health Unit and be willing to enter into a Confidentiality Agreement with the Health Unit.

## **16.0 METHOD OF PAYMENT / CONTRACT AWARD**

Payment shall be made progressively upon presentation of detailed invoices for approval. Terms are net 30 days.

## **17.0 CONTRACT AWARD**

All inquiries related to the status of this RFP, including whether or not a Contract has been awarded, should be directed to the Health Unit Website, <http://www.healthunit.biz>, under the RFP section.

If the Health Unit selects a Preferred Proponent(s), then it may:

- (a) Enter into a Contract with the Preferred Proponent(s); or
- (b) Enter into discussions with the Preferred Proponent(s) to clarify any outstanding issues and attempt to finalize the terms of the Contract, including financial terms. If discussions are successful, the Health Unit and the Preferred Proponent(s) will finalize the Contract; or
- (c) If at any time the Health Unit reasonably forms the opinion that a mutually acceptable agreement is not likely to be reached within a reasonable time, give the Preferred Proponent(s) written notice to terminate discussions, in which event the Health Unit may then either open discussions with another Proponent or terminate this RFP and retain or obtain the Services in some other manner.

This RFP does not commit the Health Unit in any way to select a Preferred Proponent, or to proceed to negotiations for a Contract, or to award any Contract, and the Health Unit reserves the complete right to at any time reject all Proposals, and to terminate this RFP process.

By submitting a Proposal and participating in the process as outlined in this RFP, Proponents expressly agree that no Contract of any kind is formed under, or arises from, this RFP, prior to the signing of a formal written Contract.

## **18.0 INSURANCE / WSIB**

The contractor/firm agrees to indemnify and save harmless the North Bay Parry Sound District Health Unit for any claim demand arising out of the performance by the contractor/firm of the contract. The contractor/firm agrees to maintain comprehensive liability insurance covering all operations and liability assumed under the contract, and to provide the Health Unit with a certificate to this effect.

The contractor/firm agrees to have Professional Liability Insurance with a limit of liability of not less than \$2,000,000.00 inclusive for any one occurrence and a Commercial General Liability Insurance Certificate.

## 19.0 INFLUENCE

No person, company, corporation or organization shall attempt in any way, either in private or in public, to influence the outcome of any Health Unit purchasing or disposal process.

The bid, quotation, or proposal of any person, company, corporation or organization that does attempt to influence the outcome of any Health Unit purchasing or disposal process will be disqualified, and the person, company, corporation, or organization may be subjected to exclusion or suspension under Board of Health policy and procedure.

## 20.0 INQUIRIES

All inquiries related to this RFP should be directed in writing to the person(s) named below (the “**Health Unit Representative**”). Information obtained from any person or source other than the Health Unit Representative may not be relied upon.

**Paul Massicotte**  
**Executive Director, Corporate Services,**  
**North Bay Parry Sound District Health Unit**  
**681 Commercial Street**  
**North Bay, ON P1B 4E7**  
**Phone: (705) 474-1400 x 2238**  
**E-mail: [paul.massicotte@nbpsdhu.ca](mailto:paul.massicotte@nbpsdhu.ca)**

Inquiries should be made no later than 7 days before Closing Time. The Health Unit reserves the right not to respond to inquiries made within 7 days of the Closing Time. Inquiries and responses will be recorded and may be distributed to all Proponents at the discretion of the Health Unit.

Proponents finding discrepancies or omissions in the Contract or RFP, or having doubts as to the meaning or intent of any provision, should immediately notify the Health Unit Representative. If the Health Unit determines that an amendment is required to this RFP, the Health Unit Representative will issue an addendum. No oral conversation will affect or modify the terms of this RFP or may be relied upon by any Proponent.

If the Health Unit determines that an amendment is required to this RFP, the Health Unit will provide all known bidders with a written addendum, post the addendum/addenda on the Health Unit’s website ([www.healthunit.biz](http://www.healthunit.biz)) and all such addenda will become an integral part of the specifications and become part of the Contract and will be deemed to form part of this RFP.

North Bay Parry Sound District  
**Health Unit**



**Bureau de santé**  
du district de North Bay-Parry Sound

## **SCHEDULE A**

---

### **FORM OF PROPOSAL**

- |                   |   |
|-------------------|---|
| 1. Schedule "A"   | Form of Proposal;                               |
| 2. Schedule "A-1" | Statement of Departures;                        |
| 3. Schedule "A-2" | Proponent's Experience, Reputation & Resources; |
| 4. Schedule "A-3" | Proponent's Technical Proposal (Service);       |
| 5. Schedule "A-4" | Proponent's Financial Proposal                  |

**SCHEDULE A  
FORM OF PROPOSAL**

**RFP Project Title:** Advocate Architect

**RFP Reference No.:** RFP 2011-04

**Legal Name of Proponent:** \_\_\_\_\_

**Contact Person and Title:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**1.0 I/We, the undersigned duly authorized representative of the Proponent,** having received and carefully reviewed all of the Proposal documents, including the RFP and any issued addenda, and having full knowledge of the proposal requirements, and having fully informed ourselves as to the intent, difficulties, facilities and local conditions attendant to performing the Services, submit this Proposal in response to the RFP.

**2.0 I/We confirm** that the following appendices are attached to and form part of this Proposal:

- Schedule A-1 – Statement of Departures;
- Schedule A-2 – Proponent’s Experience, Reputation and Resources;
- Schedule A-3 – Proponent’s Technical Proposal (Services);
- Schedule A-4 – Proponent’s Financial Proposal

**3.0 I/We confirm** that this Proposal is accurate and true to the best of my/our knowledge.

**4.0 I/We confirm** that, if I/we am/are awarded the Agreement, I/we will at all times be the “prime Contractor/Firm” as provided by the Workplace Safety and Insurance Act (Ontario) with respect to the Services. I/we further confirm that if I/we become aware that another Contractor/Firm at the place(s) of the Services has been designated as the “prime Contractor/Firm”, I/we will notify the Health Unit immediately, and I/we will indemnify and hold the Health Unit harmless against any claims, demands, losses, damages, costs, liabilities or expenses suffered by the Health Unit in connection with any failure to so notify the Health Unit.

**This Proposal** is submitted this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

**I/We have the authority to bind the Proponent.**

\_\_\_\_\_  
(Name of Proponent)

\_\_\_\_\_  
(Name of Proponent)

\_\_\_\_\_  
(Signature of Authorized Signing Officer)

\_\_\_\_\_  
(Signature of Authorized Signing Officer)

\_\_\_\_\_  
(Print Name and Position of Authorized Signing Officer)

\_\_\_\_\_  
(Print Name and Position of Authorized Signing Officer)

**SCHEDULE A-1  
STATEMENT OF DEPARTURES**

1. I/We have reviewed the RFP, and if requested by the Health Unit, I/we would be prepared to enter into that Contract, amended by the following departures (list departures, if any):

<b>Section</b>	<b>Departure / Alternative</b>
----------------	--------------------------------

---

---

2. The North Bay Parry Sound District Health Unit requires that the successful Proponent have the following in place **before commencing the Services**:

- a) Workplace Safety and Insurance Board (WSIB) coverage in good standing and further, if an "Owner Operator" is involved, personal operator protection (P.O.P.) will be provided, Workplace Safety and Insurance Board Registration Number \_\_\_\_\_;
- b) A Safety Program that meets the WSIB standards;
- c) Professional Liability Insurance coverage for the amounts required in the proposed Contract as a \$2,000,000.00 minimum, naming the Health Unit as additional insured;
- d) Province of Ontario business license; and
- e) The company name indicated above is registered with the Registrar of Companies in the Province of Ontario, Canada, Incorporation Number \_\_\_\_\_.

As of the date of this Proposal, we advise that we have the ability to meet all of the above requirements, **except as follows** (list, if any):

<b>Section</b>	<b>Departure / Alternative</b>
----------------	--------------------------------

---

---

3. I/We offer the following alternates to improve the Services described in the RFP (list, if any):

<b>Section</b>	<b>Departure / Alternative</b>
----------------	--------------------------------

---

---

**SCHEDULE A-2**  
**PROPONENT'S EXPERIENCE, REPUTATION AND RESOURCES**

Proponents should provide information on the following (use the spaces provided and attach additional pages, if necessary):

- (i) Location of branches, background, stability, structure of the Proponent;
  
  
  
  
  
  
  
  
  
  
- (ii) Proponent's relevant experience and qualifications in delivering Services similar to those required by the RFP;
  
  
  
  
  
  
  
  
  
  
- (iii) Proponent's demonstrated ability to provide the Services;

Proponents should also provide information on the background and experience of key personnel proposed to undertake the Services (complete the chart below for all personnel proposed to undertake the Services):

**Key Personnel**

**Name:** \_\_\_\_\_  
Years of Experience: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Responsibility: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Years of Experience: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Responsibility: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Years of Experience: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Responsibility: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Years of Experience: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Responsibility: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Years of Experience: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Responsibility: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Years of Experience: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Responsibility: \_\_\_\_\_

**References**

Proponent to provide three references of recent successful performance where the requirements were similar to the Health Unit’s requirements as set out in the RFP. The Health Unit reserves the right to request site visits and demonstrations of existing Proponent operations.

The Health Unit reserves the right to contact any person(s), agency(ies) or firm(s) not listed as part of an independent review.

<b>Reference #1</b>	
Name of client’s organization:	
Reference Contact Information:	Name:
	Phone Number:
	Email Address:
How long has the organization been a client of the Proponent?	
Describe the size and scope of the referenced project.	
Describe the nature of the work performed.	
Provide the start and end dates of the project duration, and any relevant comments.	
Information on any significant obstacles encountered and resolved for this type of service.	

<b>Reference #2</b>	
Name of client’s organization:	
Reference Contact Information:	Name:
	Phone Number:
	Email Address:
How long has the organization been a client of the Proponent?	
Describe the size and scope of the referenced project.	
Describe the nature of the work performed.	
Provide the start and end dates of the project duration, and any relevant comments.	
Information on any significant obstacles encountered and resolved for this type of service.	



## **SCHEDULE A-3 PROPONENT'S TECHNICAL PROPOSAL (SERVICES)**

Proponents should provide the following (use the spaces provided and attach additional pages, if necessary):

- (i) a narrative that illustrates an understanding of the Health Unit's requirements and Services;
  
- (ii) a description of the general approach and methodology that the Proponent would take in performing the Services including specifications and requirements;
  
- (iii) a narrative that illustrates how the Proponent will complete the scope of Services, manage the Services, and accomplish required objectives within the Health Unit's schedule;
  
- (iv) describe how the Proponent would undertake the tasks defined in this RFP and satisfy its obligations, duties and responsibilities for the Project;
  
- (v) describe the Proponent's organizational structure for the Project and the relationships between all functions in the organization including the proposed interface with the Project team. Identify the professionals who will be directly responsible for signing-off and accepting relevant liabilities for each part of the project. Provide a description of the work to be performed by the Proponent's own resources, and work which will be performed by sub-contracted organizations;
  
- (vi) the Proponent team will identify the Consultant responsible for performing the duties and obligations as defined in the RFP. Describe his/her authority to represent all members of the Proponent's team and his/her responsibilities in discharging the obligations of an agreement between the Proponent and the North Bay Parry Sound District Health Unit. Provide suitable information in support of the ability of the Project Manager to properly manage this project; and,
  
- (vii) provide a staffing plan indicating names and qualifications of principal personnel within each area of required work as identified in the RFP.

