



## **REQUEST FOR PROPOSAL FOR ARCHITECTURAL/ENGINEERING SERVICES**

## **FOR**

**Fair Haven Community Health Clinic** 221 W. Main Street, Branford CT

August 10, 2018



### I. PROJECT / TEAM OVERVIEW

#### **Project Description**

Fair Haven Community Health Clinic, Inc. (FHCHC) is planning to renovate and occupy ~13,000 square feet of space at 221 W. Main Street, Branford. The space was formerly occupied by the Porter and Chester Institute dental and medical assisting programs. The former tenant will vacate the space in September 2018 and lease commencement is planned for November 1, 2018. Completion of construction is projected for the spring of 2019. The facility will fully integrate primary care and behavioral health services for children and families.

Significant planning work has already been completed on the project including a comprehensive space program and preliminary schematic design alternatives. As the building has been continuously occupied, it is expected that all existing mechanical, electrical and life safety systems will remain and be used in the new occupancy. FHCHC will procure an engineering inspection prior to signing the lease but some investigatory work will be required of the design team.

The project is funded in part by a federal grant through the U.S. Health Resources and Services Administration. The selected design team will be required to comply with federal non-discrimination, non-debarment and other standards and guidelines.

#### Client

In 1971, under the leadership of the Alliance for Latin American Progress, a community advocacy agency, the Fair Haven Community Health Clinic began seeing patients two evenings a week in a local elementary school. The first clinic served adults and children on a walk-in basis for minor illnesses, immunizations, and family planning services. Soon patients began to identify the Fair Haven Community Health Clinic as their medical home and not just a place for episodic care.

In the forty seven years since that first community clinic, FHCHC has grown to a network of over 50 community health care providers caring for multiple generations in 14 locations in the Greater New Haven area. In CY 2017, FHCHC provided medical, dental and behavioral health care to over 18,000 patients. FHCHC is a Federally Qualified Health Center, governed by an 11 member Board of Directors representing providers, community leaders and health care patients. The executive management team is led by Suzanne Lagarde, MD, MBA, FACP.

#### **Owner's Project Manager**

STV|DPM is a leading provider of owner's project management services throughout the New England region. With offices throughout the U.S., Canada and overseas, STV provides comprehensive construction management services to assist clients throughout the entire construction process — from pre-construction, through construction, to project closeout. STV|DPM provides these services on a variety of projects in major building facility market areas, including healthcare, education, public works, commercial and industrial, and transportation sectors.

STV|DPM is the owner's representative working directly for FHCHC and will be acting as FHCHC's representative throughout the planning and construction process and, along with internal owner personnel, will be involved with the selection and management of the development team and all trades involved with the project. All correspondence should be directed through STV|DPM.

#### **Project Team Members**

Shortly after the selection of the A/E firm, FHCHC is also issuing an RFP for a construction management firm. It is the intention of the owner to assemble a complete project team for planning, design and implementation of the project prior to project commencement. The architect and construction team will be



required to collaborate with the landlord, owner's project manager and other owner vendors as they are identified.

#### II. SCOPE OF WORK

Professional fees should be based on providing complete Architectural and Engineering (A/E) services for approximately 9,500 square feet of tenant improvements within the 13,000 square foot tenant space. Approximately 500-600 square feet of the 9500 will be leased to a pharmacy provider who will be responsible for the fit-out of that area; base building improvements to mechanical/electrical/plumbing (MEP) systems and shell space only will be part of the current project.

This is a fast track project with occupancy projected for May 2019. The construction manager will be selected concurrently with the A/E team, and together with the owner's project manager, the project consultants will finalize a project schedule. The project may be phased so that demolition within the space can begin ahead of construction. Architectural scope should include the following:

#### **Pre-Project**

- a) Review responsibilities, schedules and procedures with the owner's project manager.
- b) Review existing conditions of all infrastructure, building envelope, MEP and life safety systems.

#### **Schematic Design**

- a) Review space program requirements and evaluate the preliminary schematic design provided by owner. Particular attention should be paid to existing MEP systems for reuse.
- b) Further develop and/or present alternative space plans, including space allocations and adjacencies.
- c) Prepare preliminary design concepts and indicate generic furniture and equipment.
- d) Meet with the owner to present schematic design concepts and solicit approval of design direction.
- e) Prepare a narrative basis of design for any new MEP & Life Safety systems.
- f) Review space plans and pertinent code and regulations with local officials, if required.
- g) Collaborate with the project team in the generation of the project budget at the conclusion of the schematic design phase.
- h) Secure approval to proceed from the owner.

#### **Design Development**

- a) Prepare and present design development plans and details, fixing dimensions and providing details for the architectural, electrical and lighting solutions.
- b) Develop a finish presentation that includes all materials, finishes, and colors for the space. Provide finish boards.
- c) Collaborate with the project team in the generation of the project budget at the conclusion of the design development phase.
- Revise design development documents as needed to incorporate owner direction and budget considerations.

#### **Construction Documents**

- a) Based on the approved schematic and design development documents, prepare all necessary demolition, architectural, structural, plumbing, electrical, mechanical, fire protection and technology drawings necessary to obtain proper permitting and construct the project.
- b) Coordinate documents and specifications of all A/E disciplines.
- c) Issue ninety percent (90%) construction documents for owner review.



- d) Prepare and issue complete bid documents to construction manager for bidding.

  Construction documents may be issued in phases in order to accommodate the condensed project schedule.
- e) Collaborate with the construction manager and owner's project manager to align bid numbers and scope of work with budgets. Assist in selection of subcontractors, as required.
- f) Assist in the submission of the building permit application including architectural and engineering certificates as required.
- g) Modify construction documents as required to reflect value engineering and owner requirements.

#### **Construction Phase**

- a) Attend bi-weekly Owner/Architect/Constructor coordination meetings and make bi-weekly site visits to observe the progress of the project.
- b) Review shop drawings and submittals in a timely manner
- c) Review and prepare change requests and change orders for owner approval
- d) Provide affidavits as required
- e) Assist in generating the punch list and review efforts to resolve punch list items
- f) Collaborate with the construction manager and the owner's project manager in project closeout procedures, including review of all warranties and owner's manual submissions. Provide one complete set of as-built documentation in current version of AutoCAD and in pdf format.

#### Other

- a) The A/E team should include all necessary consultants to provide full services for all portions of the project. These are to include but are not limited to architectural, mechanical/electrical/plumbing engineering (including HVAC, fire alarm, fire suppression systems).
- Based on the condition of the existing tenant space it is not anticipated that structural engineering, security or A/V consultants, or furniture selection consultants would be retained by the A/E team
- c) Selected A/E team must collaborate with all owner vendors including but not limited to: the owner's project manager, technology consultants and staff, furniture vendors, security equipment vendors, computer networking vendors and the construction management firm.



#### III. GENERAL PROVISIONS

#### **Proposal Due Date**

All proposals shall be due by 4:00pm on Monday, August 27<sup>th</sup> to:

STV|DPM 280 Trumbull Street 14<sup>th</sup> floor

Hartford, CT 06013 ATTN: Geralyn Hoerauf

Senior Project Manager

(860) 882-5618

Proposals should be submitted electronically to STV|DPM at <a href="mailto:geralyn.hoerauf@stvinc.com">geralyn.hoerauf@stvinc.com</a>. If providing a hard copy, deliver one copy to the address listed above by the due date/time. Proposals from women and minority owned businesses are encouraged.

#### **Selection Date**

It is expected that RFP responses will be reviewed and a short list of firms developed by August 31<sup>st</sup>. Interviews with short-listed firms may be scheduled for the weeks of September 4<sup>th</sup> and/or September 10<sup>th</sup>. A/E team selection will be made by September 14th and work will begin no later than September 24th.

#### **Proposal Evaluation**

FHCHC may reject any or all proposals, and may also waive any informalities in the submitted packages, whichever in FHCHC's opinion appears most advantageous. Proposed fees will be considered in conjunction with the evaluation of qualifications and experience and award will not be restricted to the lowest fee proposal. If there is any conflict between these documents and the proposal, these documents shall control. No proposer shall have a right to make a claim against FHCHC in the event FHCHC accepts a proposal or does not accept any proposals.

#### **Proposal Modification**

Modification of proposals once submitted will be allowed if notice is given in writing prior to the date/time stated for submission.

#### Insurance

Upon award, the successful bidder will be required to provide a current certificate of insurance naming FHCHC and STV|DPM as additional insureds. Insurance limits shall be no less than the following:

Workers Compensation statutory levels

Employers' Liability \$500,000 each accident

\$500,000 each employee disease

\$1,000,000 limit for disease

Commercial General Liability (occurrence basis) \$1,000,000 bodily injury/prop damage

\$1,000,000 personal & advertising injury

\$2,000,000 general aggregate

Automobile Liability \$1,000,000 comb single limit each accident

Professional Liability \$1,000,000 each occurrence

\$2,000,000 aggregate

#### Questions

Questions should be directed to STV|DPM at the phone number or email address above. Questions and answers determined to impact the competitive nature of proposals will be provided in writing via email to all prospective consultant firms.



#### Confidentiality

All information contained herein is confidential and shall be treated as such. The selected consultant may be required to sign a client confidentiality and non-disclosure statement before starting work on the project.

#### **Governing Law**

The contract shall be governed by the laws of the State of Connecticut.

#### **Contract & Billing**

The contract will be entered into directly between FHCHC and the selected primary consultant. The contract will be based on an AIA B101-2007 contract form, as modified by the owner for this project.

The final fee will be negotiated with the selected firm based on the scope of the project and the fee proposal submitted. Invoices should be submitted on a monthly basis, directly to FHCHC. Copies of all invoices must also be provided concurrently to STV|DPM for review and approval. Failure to submit invoices to STV|DPM may result in a delay in payment.

#### STV | DPM Relationship

FHCHC has retained STV|DPM as the Owner's Project Manager for this project. In that capacity, the selected consultants will indemnify and fully cooperate with STV|DPM for the duration of the project.



#### IV. SUBMISSION CRITERIA

Proposal submission should be include the following information. Quality of background information is preferred over quantity; lengthy submissions will not be fully reviewed.

#### **Qualifications Submission**

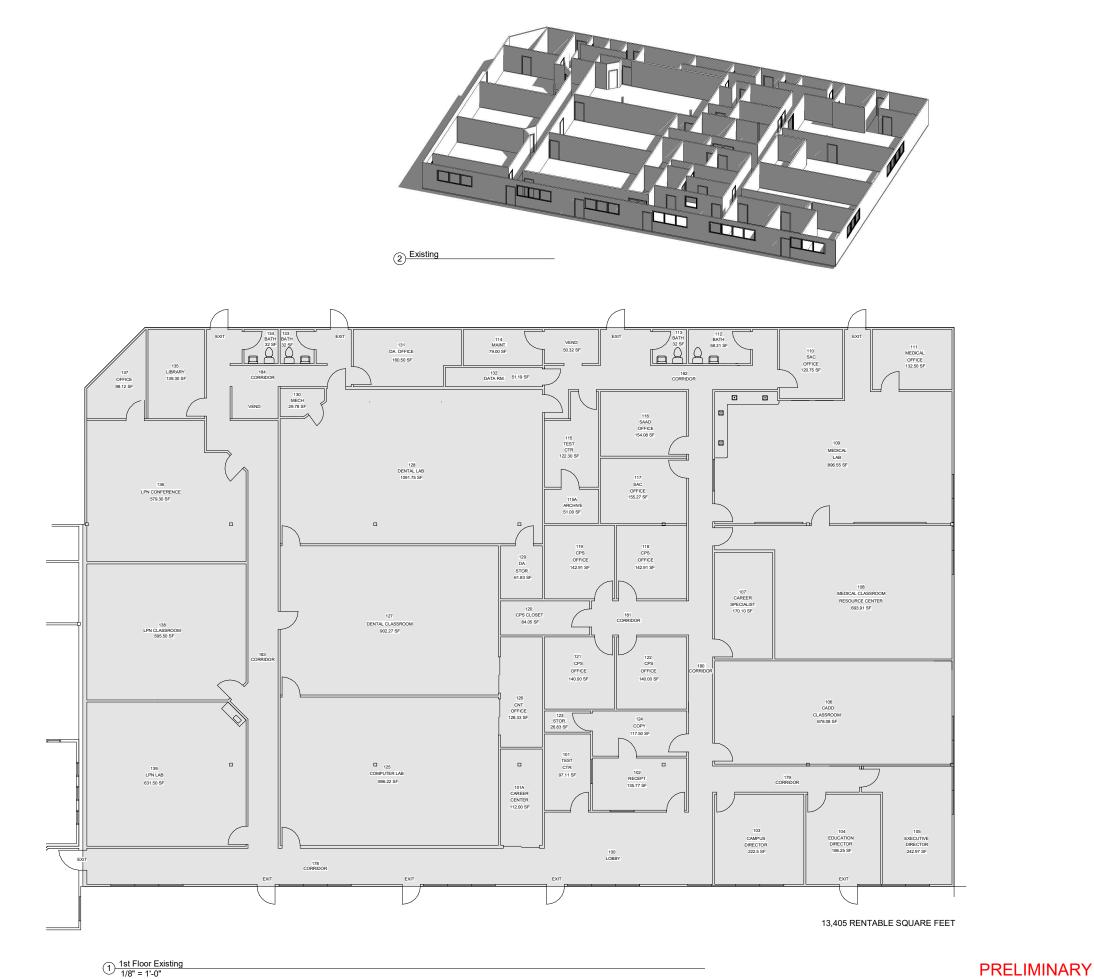
- a) Provide a Letter of Introduction including company history/expertise and outlining the primary firm's qualifications for this project. Any team structure or partnering should be fully detailed and the individual roles of each firm described.
- b) Provide examples of medical office building/community health care clinic projects successfully completed within the past 5 years. Indicate:
  - 1) Year completed
  - 2) Type of construction
  - 3) Cost of construction and square footage
  - 4) Reference contact name, physical address, email address and phone number
- c) Describe complete A/E team, including a listing of all consultant firms and a description of their role on the project. Include resumes for key personnel of each firm that indicate comparable projects completed while with the submitting firm.
- d) Describe a statement regarding your firm's current workload and how it may impact your ability to handle this project on a condensed schedule over the next 8 months.
- e) Describe any other value added services that may be provided
- f) List all litigation your firm or any of its principals may have been involved with in the past five years, including litigation's status and /or resolution

#### **Fee Proposal**

- a) Provide a Fee Proposal as a lump sum for designated services. Fee break-down should be indicated as follows:
  - 1) Preconstruction Services
    - a. Schematic Design Phase
    - b. Design Development Phase
    - c. Constructions Documents Phase
  - 2) Construction Phase:
    - a. Bidding Phase and Award
    - b. Construction Administration Phase
  - 3) Project Completion and Close-out
- b) Provide a chart of hourly rates for all key personnel categories
- c) List anticipated reimbursable expenses with associated costs

#### V. ATTACHMENTS

- 1. Existing Conditions Floor Plan
- 2. Schematic Floor Plan
- 3. Site Plan 1986



### PFG DESIGN GROUP

110 Washington Avenue, 4th Floor North Haven, CT 06473 Phone: 203.907.7385 Fax: 203.234.6398 e-mail: peterfgrasso@yahoo.com facebook: PFG Design Group

No.	Description	Date

# INTEGRATED CARE CENTER

221 West Main Street, Branford, CT

## Existing Conditions First Floor Plan

 Project number
 2018-INTEGRATED CARE CENTER

 Date
 21 JUNE 2018

 Drawn by
 GL

 Checked by
 PFG

**A**1

1/8" = 1'-0"

NOT FOR CONSTRUCTION

6-18-18 2.5 6-19-18 9 6-19-18 4G 6-20-18 3 6-21-18 2.5



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110 Washington Avenue, 4th Floor North Haven, CT 06473 Phone: 203.907.7385 Fax: 203.234.6398 e-mail: peterfgrasso@yahoo.com facebook: PFG Design Group

No.	Description	Date
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## INTEGRATED CARE CENTER

221 West Main Street, Branford, CT

## Proposed First Floor Plan

CENTER 21 JUNE 2018 PFG
DEC
PFG
PFG

A2

1/8" -

1/8" = 1'-0"

