

Fraser Health Authority

REQUEST FOR PROPOSAL

For

Architectural Services

For

**Planning, Procurement, Implementation and Closeout
of Phase 2/3 of the Royal Columbian Hospital Redevelopment
New Westminster, BC**

Project Number: RCH-08-100-10

RFP Closing Date: July 21, 2017

RFP Closing Time: 15:00 Hrs. Local Time

RFP Issuing Date: June 23, 2017



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1. INTRODUCTION

1.1 Purpose

Fraser Health Authority has issued this Request for Proposals (“**RFP**”), for the purpose of inviting proposals from qualified proponents to undertake the services described in Appendix ‘A’ to this *RFP* (the “**Services**”) with respect to the Project described in Appendix ‘A’ (the “**Project**”).

1.2 Form of Contract

The *Authority* intends that the contract between the successful *Proponent* and the *Authority* will be based on the AIBC Standard Form of Contract 6C between Client and Consultant as amended by the supplementary conditions included in Appendix ‘F’.

1.3 Pre-qualified Architectural Consultants

Only Architectural firms prequalified by the *Authority* for Acute Care Projects greater than \$5M may respond to this *RFP*. The *Authority* will not consider a *Proposal* from a firm not already prequalified for Acute Care Projects greater than \$5M.

The pre-qualification lists may be viewed at the Fraser Health website:
<http://www.fraserhealth.ca/about-us/business-opportunities/>

1.4 Architects not registered in BC

Architects registered in a jurisdiction other than BC who wishes to bid on any Health Authority project must be granted a temporary license to provide or promote Architectural Services in BC by the Architectural Institute of BC (AIBC). The approved temporary license application shall be submitted with this bid. Details can be reviewed at the AIBC website reference bulletin 22.

1.5 Restrictive Participation

The successful *Proponent* to this *RFP* shall become a Restricted Party and shall not be permitted to join as part of any Design Build or Public Private Partnership consortium competing in any selection process for any phase of the procurement of the Royal Columbian Hospital Redevelopment Project.

2. INTERPRETATION

2.1 Defined Terms

In this *RFP*:

“**Authority**” has the meaning set out in section 1.1 of this *RFP*;

“**Client**” means customer, Health Agency, Health Authority;

“**Closing Location**” has the meaning set out in section 3.1 of this *RFP*;

“**Closing Time**” has the meaning set out in section 3.1 of this *RFP*;

“**Contact Person**” has the meaning set out in section 3.6 of this *RFP*;

“**Contract**” has the meaning set out in section 1.2 of this *RFP*;

“**Evaluation Committee**” has the meaning set out in section 5.1 of this *RFP*;

“**Project**” has the meaning set out in section 1.1 of this *RFP*;

“**Proponent**” means an entity that submits a *Proposal*.

“**Proposal**” means a proposal submitted in response to this *RFP*;

“**RFP**” has the meaning set out in section 1.1 of this *RFP*;

“**Services**” has the meaning set out in section 1.1 of this *RFP*; and

“**Online Bidding System**” means the online bidding website established by the *Authority* and located at the following website address:

<https://fraserhealth.bonfirehub.ca/opportunities>

2.2 Industry Meanings

Words and phrases used in this *RFP* that are not expressly defined in this *RFP* and that have acquired special meanings as generally known in the health care industry will be given such special meanings.

3. INSTRUCTIONS TO PROPONENTS

3.1 Closing Time and Location

Proposals must be received on or before the following date and time (the “**Closing Time**”):

15:00 Hr. LOCAL TIME on July 21, 2017

at the following address (the “**Closing Location**”):

Online Bidding System

<https://fraserhealth.bonfirehub.ca/opportunities>

IT IS THE PROPONENT’S SOLE RESPONSIBILITY TO ENSURE ITS PROPOSAL IS RECEIVED AT THE CLOSING LOCATION BY THE CLOSING TIME.

3.2 Proposal Submission—See Appendix ‘E’.

3.3 Faxes and E-mails

Facsimile or e-mail transmissions of *Proposals*, or amendments to *Proposals*, will not be accepted.

3.4 Late Proposals

Proposals received after the *Closing Time* will not be accepted and will not be considered. Late *Proposals* will be returned to the *Proponent* upon the *Proponent’s* request at the *Proponent’s* expense.

In the event of a dispute, the *Proposal* receipt time as recorded at the *Closing Location* shall prevail.

3.5 Amendments to Proposals

Proposals may be amended but any amendment to a *Proposal* must be made in writing and delivered to the *Closing Location* before the *Closing Time*.

3.6 Inquiries

Proponents should direct all inquiries regarding the *RFP* to the following individual (the “**Contact Person**”):

Elizabeth Zhu – Procurement Coordinator
E-mail: Elizabeth.Zhu@fraserhealth.ca

All inquiries regarding the *RFP*, including with respect to the *Services*, should be directed to the *Contact Person* by e-mail. Inquiries and responses may be recorded and may be distributed to all *Proponents* at the discretion of the *Authority*. Information obtained from any person or source other than the *Contact Person* may not be relied upon.

3.7 Discrepancies, Omissions and Questions

Proponents finding discrepancies, omission, ambiguities, or conflicts in this *RFP*, or having doubts as to the meaning or intent of any provision, should immediately notify the *Contact Person* in accordance with section 3.6. The *Contact Person* will review such submissions and, if the *Authority* determines that an amendment is required to this *RFP*, the *Contact Person* will issue an addendum in accordance with section 3.8.

3.8 Addenda

If the *Authority* determines that an amendment is required to this *RFP*, the *Contact Person* will issue a written addendum and post it to the BC Bid website. Each addendum will be incorporated into and become part of the *RFP*. No oral conversation will affect or modify the terms of this *RFP* or may be relied upon by any *Proponent*. No amendment of any kind to the *RFP*, whether in writing or oral, is effective unless it is contained in a written addendum issued by the *Contact Person*.

3.9 Site Visit

The *Authority* has arranged a site visit for the benefit of interested *Proponents* who are preparing *Proposals*. The date and time of site visit(s) are as noted below:

Date:	June 30, 2017
Time:	10:00 – 11:00 Hours Local Time
Meeting Location:	Suite 800, 287 Nelson's Court New Westminster BC V3L 0H3

3.10 Open for Acceptance

Proponent's offer shall remain open for thirty (30) business days from the closing date of the *RFP*. In the event that the *Authority* requires more time than the thirty (30) business days as identified, the additional time period will be requested from all *Proponents*.

4. PROPOSAL CONTENTS (also see Appendix B)

4.1 Proposal Contents

Proposals should include responses to the items in Appendix 'B' in the order listed, cross-referencing any attachments included in the *Proposal* to the corresponding paragraph number in Appendix 'B'.

4.2 Additional Information

A *Proponent* may at its election submit information that is additional to that specifically requested in Appendix 'B', but should include any such additional information in a separate section of the *Proposal*. The *Evaluation Committee* may, but is not bound to, consider and take into account additional information, if any, that is included in a *Proposal*.

4.3 Suggested Page Limit

Proponents are encouraged to limit *Proposals* to no more than 40 single-sided pages.

4.4 Conflict of Interest

The *Authority* has a Conflict of Interest Policy governing all employees and medical staff, and on this basis the *Authority* may decide not to award a *Contract* to a *Proponent* who has a financial or other relationship with an *Authority* employee or staff member. *Proponents* should include with their *Proposals* a copy of Appendix 'C' completed as applicable so as to disclose any financial transactions, activities or relationships that may be viewed as a potential conflict of interest.

5. EVALUATION, SELECTION AND AWARD

5.1 Evaluation Committee

The evaluation of *Proposals* will be undertaken on behalf of the *Authority* by an evaluation committee ("**Evaluation Committee**") appointed by the *Authority*. The *Evaluation Committee* may consult with others as the *Committee* may in its discretion decide is required; including the *Authority* staff members and third party consultants. The *Evaluation Committee* will provide a recommendation for the selection of a preferred *Proponent* to the *Authority*.

5.2 Evaluation Criteria

The *Evaluation Committee* will compare and evaluate *Proposals* to determine the *Proposal* which is most advantageous to the *Authority*, using the following criteria:

Evaluation Criteria	Proposal Contents
<i>Proponent's</i> organizational structure and resources	Appendix B, Item 3.1
Experience of <i>Proponent</i> and key <i>Proponent</i> staff with similar projects of equal or greater complexity than the one defined in this request	Appendix B, Item 3.2 and 3.3
Demonstrated ability to design clinical and operational efficiency into the building.	Appendix B, Item 3.4
<i>Proponent's</i> proposed approach and methodology	Appendix B, Item 4.1, 4.2, 4.3, 4.4, 4.5 and 4.6
<i>Proponent's</i> financial proposal	Appendix B, Item 6.1 and 6.2

The *Evaluation Committee* may apply the evaluation criteria on a comparative basis, evaluating the *Proposals* by comparing one *Proponent's Proposal* to another *Proponent's Proposal*.

5.3 Clarifications

To assist in evaluation of the *Proposals*, the *Evaluation Committee* may, in its sole and absolute discretion, but is not required to:

- (i) Conduct reference checks with any or all of the references cited in a *Proposal* or others involved in projects listed by the *Proponent* in its *Proposal*;
- (ii) Conduct any background investigations and/or seek any additional information that it considers necessary in the course of the evaluation of *Proposals*, including with respect to the reference projects cited in its *Proposal* and projects in which a *Proponent* team member has been involved in the last ten years but which are not listed in the *Proposal*;
- (iii) Seek clarifications of a response from any *Proponent* and consider such supplementary information in the evaluation of the *Proposals*; and
- (iv) Rely on and consider any information obtained as a result of such reference checks, background investigations, requests for clarification or supplementary information, interviews/presentations, and/or any additional information in the evaluation of *Proposals*.

5.4 Interviews

The *Evaluation Committee* may, at its discretion, invite some or all of the *Proponents* to appear before the *Evaluation Committee* to provide clarifications of their *Proposals*. In such event, the *Evaluation Committee* will be entitled to consider the answers received in evaluating *Proposals*.

5.5 Conflict of Interest

The *Authority* retains the discretion to reject a *Proposal* from a *Proponent* who has a conflict of interest, or the appearance of a conflict of interest. See section 4.4 of this *RFP*.

5.6 Selection and Contract Negotiation

If, following the evaluation and recommendation of the *Evaluation Committee* under Section 5.1, the *Authority* selects a preferred *Proponent* then the *Authority* will invite the preferred *Proponent* to enter into negotiations to finalize a contract for the *Services*.

The *Contract* will be generally in the form of the AIBC Standard Form of Contract 6C between Client and Consultant as amended by the supplementary conditions included in Appendix 'F' and with such further amendments as are:

- (i) Proposed by the *Proponent* in its *Proposal* (see paragraph 5.1 of Appendix 'B') and accepted by the *Authority* (the *Authority* is not obligated to accept any proposed amendments or contract terms); and
- (ii) proposed by the *Authority* and agreed to by the *Proponent*;

Award of a contract is in all cases conditional on the *Proponent* agreeing to a contract on terms and conditions that are acceptable to the *Authority*.

If negotiations with a preferred *Proponent* are not successful within such time period as the *Authority* may require, or if at any time the *Authority* reasonably concludes that a mutually acceptable contract is unlikely to be reached, then the *Authority* may discontinue talks with that *Proponent* by written notice to the *Proponent*, and the *Authority* may:

- (i) Invite another *Proponent* to enter into the interview process to finalize a *Contract* in accordance with the foregoing process; or
- (ii) Terminate this *RFP* and proceed with the *Project* in any manner the *Authority* may decide is required.

5.7 Debriefing

If a *Contract* is awarded, an unsuccessful *Proponent* may request a debriefing at which the *Authority* will generally explain why the *Proponent's Proposal* was not successful. If a *Proponent* requests a debriefing:

- (i) the debriefing will be solely between the *Authority* and the *Proponent* requesting the debriefing; and
- (ii) the debriefing will not include disclosure or discussion of any other *Proponent's Proposal*

6. GENERAL TERMS AND CONDITIONS

6.1 Right of the *Authority* to Reject Proposals and Cancel RFP

This *RFP* is not a tender and does not commit the *Authority* to select a preferred *Proponent*, accept any *Proposal*, proceed to negotiations for a *Contract* or award any contract. The *Authority* reserves the right in its sole discretion to postpone or cancel this *RFP* at any time for any reason whatsoever in accordance with the *Authority's* judgment of its best interests and to proceed with the *Project* or the *Services* in some other manner separate from this *RFP*.

6.2 Proponent's Expenses

Proponents are solely responsible for all their own costs and expenses in relation to this *RFP*, including the cost of preparing and submitting a *Proposal*, attending information meetings if applicable, attending interviews or meetings with the *Authority* during the evaluation of *Proposals*, and negotiating, finalizing and executing of a *Contract* with the *Authority* if the *Proponent* is selected as the preferred *Proponent*.

6.3 No Claims

By submitting a *Proposal*, each *Proponent*:

- (i) agrees that the *Authority* and its employees, advisors and representatives will not under any circumstances be liable for any costs, expenses, claims, losses, damages or liabilities which are or may be incurred or suffered by any *Proponent* arising from or in any way connected to the *RFP* including if the *Authority* accepts a materially non-compliant proposal or otherwise breaches any express or implied term of the *RFP*; and
- (ii) waives any and all claims against the *Authority* or any of its employees, advisors or representatives.

6.4 Liability for Errors

While the *Authority* has attempted to ensure an accurate presentation of information in this *RFP*, the information contained in this *RFP* is supplied solely as a guideline for all *Proponents*. The information is not guaranteed or warranted to be accurate by the *Authority*, nor is it necessarily comprehensive or exhaustive. Nothing in this *RFP* is intended to relieve all *Proponents* from forming their own opinions and conclusions with respect to the matters addressed in this *RFP*.

6.5 Confidentiality

Proposals will be treated in confidence. The *Authority* will not release to the public any specific information regarding any *Proposal* except as may be required by law. *Proponents* will treat all information received through the *RFP* process as confidential.

6.6 Freedom of Information and Protection of Privacy Act (FOIPPA)

The *Authority* is subject to legislation governing the protection of personal privacy and as such, records are subject to access under FOIPPA. FOIPPA governs the collection, use, retention, security, and disclosure of personal information managed by public organizations. FOIPPA also applies to all electronic information accessed or submitted by *Proponents*. If *Proposals* contain protected, proprietary or confidential information, *Proponents* should identify the specific issue or information and provide supporting reasons why the *Authority* should NOT release this information if requested by FOIPPA inquiry.

6.7 Ownership of Proposals

All *Proposals* submitted become the property of the *Authority*.

6.8 Working Language

The working language of the *Authority* is English and all *Proposals* must be in English.

6.9 Agreement on Internal Trade – (AIT)

The *Authority* is subject to the terms and conditions of the Agreement on Internal Trade – Annex 502.4

6.10 New West Partnership Trade Agreement - (NWPTA)

The *Authority* and this *RFP* is subject to the terms and conditions of the New West Partnership Trade Agreement (NWPTA) between British Columbia, Alberta and Saskatchewan.

6.11 Policies and Standards

This *RFP* is subject to Policies and Standards posted at Fraser Health website.
<http://www.fraserhealth.ca/about-us/business-opportunities/>

6.12 Time is of the Essence

Time is of the essence in this *RFP*.

6.13 Agreement to RFP Terms

By submitting a *Proposal*, the *Proponent* confirms that it has read, and agrees to be bound by, the *RFP* and any Addenda.

6.14 Online Bidding System

By submitting a *Proposal*, each *Proponent* agrees to the following terms related to use of the *Online Bidding System*:

- (a) *Compatibility of Proponent's Computer System.* Each *Proponent* is solely responsible for ensuring that its computer hardware and software are compatible with that required to use *the Online Bidding System*.
- (c) *Online Documents and Communications.* Each *Proponent* acknowledges that online documents and / or communications may be distorted in the process of transmission or may be displayed differently to different *Proponents* for technical reasons related to their computer systems. It is the responsibility of each *Proponent* to ensure it has received all information related to this *RFP* and the accuracy of all documents and communications the *Proponent* provides to the *Authority*.
- (d) *Access Information Security.* Each *Proponent* will keep its ID, password, personal identification number and / or online signature (collectively the "Access Information") strictly confidential, and will notify *Online Bidding System* promptly if any such information is lost or stolen or if the *Proponent* becomes aware of any unauthorized use of the *Online Bidding System* or Access Information. Each *Proponent* warrants that it has put in place, and will at all times maintain, reasonable security procedures regarding use of the *Online Bidding System*. The *Authority* will not be responsible to confirm the identity or authority of any individual using is under no obligation to confirm the actual identity or authority of any individual using the *Proponent's* Access Information.
- (e) *No Warranties.* The *Online Bidding System* is provided on an as is, as available basis. The *Authority* specifically disclaim any warranties, representations and conditions of any kind, whether express or implied, including without limitation implied warranties, representations and conditions of non-infringement, availability, security, reliability, accuracy, fitness for a particular purpose or merchantability.
- (f) *Limitation of Liability.* The *Authority*, and any employee, agent or representative of any of them, cannot guarantee continual, uninterrupted or error free service as disruptions or malfunctions may delay, interfere with or disrupt the online bidding process, including the online transmission and receipt of *Proposals*. Each *Proponent* that uses the *Online Bidding System* acknowledges that the submission of *Proposals* is conducted online and relies on hardware and software that may malfunction without warning. Without limiting section 6.3 of this *RFP*, no *Proponent* will have any claim against the *Authority* for compensation as a result of the disruption or malfunction of the *Online Bidding System*, including in relation to: (i) inability to access or use or delays in accessing or using the *Online Bidding System*; (ii) unauthorized access to, use, disclosure, or alteration of information submitted by a *Proponent*, or unauthorized use or misuse of any Access Information; (iii) acts of any third party using the services; or (iv) any other matter relating to the services or the content accessible through use of the *Online Bidding System*.

1. PLANNING OVERVIEW

The Fraser Health Authority

The Fraser Health Authority (FHA) is one of six health authorities established by the provincial government to administer health care services in BC. Based on the current provincial population, FHA is the largest of the province's health authorities providing a full continuum of services to 1.8 million people in the Lower Mainland, accounting for over one third of the provincial population. It is the fastest growing health authority in BC and has more than doubled in population since 1986. Between 2016 and 2021, the population is expected to increase by 8.5 per cent to over 1.9 million people. FHA currently owns and operates 12 acute care hospitals with approximately 2,598 acute care beds (including neonatal intensive care beds). FHA's annual operating budget was \$3.3 billion in 2015/16. It is governed by a board of 8 directors and has 26,000 staff, 2,900 medical staff, and approximately 8,000 volunteers.

Royal Columbian Hospital (RCH) and the Lower Mainland Community

RCH is a tertiary facility and regional referral hospital for the Lower Mainland and BC. It is also a level 1 trauma centre providing the highest level of trauma care for the province. The majority of tertiary services for FHA are delivered at RCH and it receives referrals from all Fraser Health hospitals including referrals for cardiac services and trauma cases from other regional referral centres at Surrey Memorial Hospital (SMH), Abbotsford Hospital and Cancer Centre (ARHCC).

In addition, RCH serves as a secondary referral centre for the Fraser North health service area comprised of Burnaby, New Westminster, Coquitlam, Port Coquitlam, Port Moody, Maple Ridge and Pitt Meadows. As such, it handles referrals from Burnaby Hospital, Ridge Meadows Hospital, and Eagle Ridge Hospital and is the community hospital for New Westminster

Medical and surgical programs are central to RCH's mandate as a teaching hospital for medical, nursing, allied, and clinical support professionals. RCH has a current physical capacity of 446 inpatient beds (including adult and neonatal intensive care beds) and provides a comprehensive range of tertiary and secondary hospital services.

RCH faces significant pressures due to a lack of capacity, sub-optimal clinical space, and outdated buildings. A redevelopment of RCH is needed to meet current and future demand for services, address critical facility and infrastructure issues, and most importantly build on RCH's commitment to delivering patient and family-centered care.

2. PLANNING INFORMATION

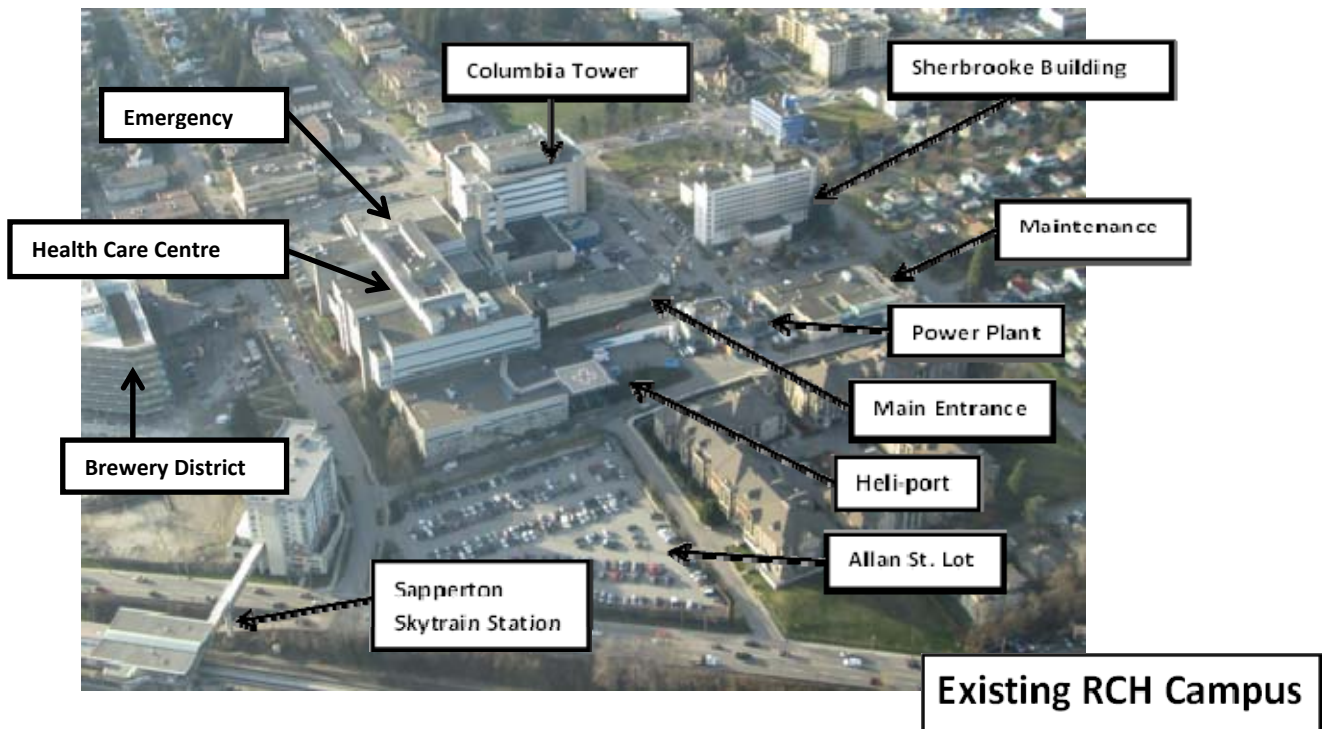
2.1 Scope

The RCH Redevelopment Project (the Project) is a multi-year initiative to improve patient care, upgrade and replace aging facilities, and expand the capacity of the hospital to meet the future regional and provincial health needs of British Columbians.

The planning process for RCH has been underway since 2008. In 2012, the government announced its support of the Concept Plan and in 2013, provided approval to proceed with planning. The Project was structured in three phases to allow for continuity of hospital services. In 2015, the Business Plan for Phase 1 was approved by government. In April 2017, FHA received government approval of the business plan for Phases 2 and 3. The three phases are outlined below:

- **Phase 1** includes the construction of the new Mental Health and Substance Use building to replace the Sherbrooke Centre and a new Energy Centre to replace the existing Power Plant. Phase 1 encompasses new construction, demolition, and renovations related to the heliport, parking and site infrastructure, and relocation of staff. Phase 1 is required to enable the expansion of clinical capacity and improvements in delivery of patient care in Phases 2 and 3. Phase 1 was awarded to Bird Construction as a Design Build Project in January 2017 and is currently under construction and due to complete in Winter 2019/2020.
- **Phase 2** delivers a new Acute Care Tower, an increase in inpatient capacity to a total of 675 beds (inclusive of 75 beds in Phase 1), and adds a new and expanded Emergency Department, critical care capacity and Operating Rooms, Interventional and Diagnostic resources and a unified Maternal, Infant, Child, and Youth (MICY) Program. The scope includes demolition work, acquisition and installation of Energy Centre equipment, installation of Information Management /Information Technology (IM/IT) infrastructure and provision of building services to support Phases 2 and 3.
- **Phase 3** includes upgrades and expansion of the services located in the Health Care Centre and Columbia Tower to improve the delivery of patient care. It involves conversion of the four-bed inpatient rooms in the Columbia Tower to single-bed and two-bed inpatient rooms, and an expansion of services including Laboratory, Medical Imaging, Pharmacy, and Food Services to support the increase in bed capacity of the site.

The image below shows the site prior to the commencement of Phase 1 and the phased redevelopment of the site.





2.2 Budget

The Budget is as follows:

Description	Procurement Model	Construction cost only including escalation
Phase 1	Design Build	Work under separate contract to Bird Construction
Phase 2	Design Build Finance and Maintain of new acute care tower	approx. \$580m
Phase 3	Construction Management	Approx. \$150m

The *Authority* worked with Cannon Design for architectural services for Phase 1 and the indicative design for the purpose of the business case for Phases 2 and 3 only.

The *Authority* intends to award this new *RFP* for the additional planning, procurement and design and construction elements of Phases 2 and 3 to one successful *Proponent*.

The *Authority*, in its sole discretion, reserves the right to review, negotiate the contract, and approve the commencement of the work for Phases 2 and 3.

2.3 RFP Schedule

Draft dates only for illustrative purposes:

Event	Date
RFP Published:	June 23, 2017
Site Visit Date:	June 30, 2017
Confidentiality Agreement due:	July 14, 2017
RFP response due:	July 21, 2017
Preliminary Evaluation:	July 24-28, 2017
Interviews with short-listed Proponents: (if required)	July 31- August 2, 2017
Final Evaluation:	August 3, 2017
Successful Proponent Award:	August 4, 2017

2.4 Scope of Services

The *services* (the “**Services**”) are professional Architectural Consulting services as required to support the planning, procurement, implementation and closeout of Phases 2 and 3. The *Services* are listed as following:

The successful *Proponent* will be responsible for leading, managing and coordinating all the other assigned Consultants including but not limited to:

Civil
Structural
Mechanical
Electrical

Specialized consultants retained by the *Authority* may include but is not limited to:

- advisory services relating to the facilities management and possibly equipment
- Registered Communication Distribution Designers
- Quantity Surveyor

The successful *Proponent* will be responsible for coordinating with all the consultants retained by the *Authority*.

Subject to the *Authority's* approval, the successful *Proponent* may obtain all necessary sub consultants (excluding Civil, Structural, Mechanical, Electrical engineers, and specialized consultants retained by the *Authority*).

The designated services for the successful *Proponent* include the responsibilities and approximate timelines as outlined in the tables below.

Proponents are asked to provide suggested deliverables associated with each stage of the engagement. The *Authority* will work with the successful *Proponent* to agree the final deliverables for each stage of the engagement,

Activities	Timing
DEVELOPMENT OF DESIGN AND CONSTRUCTION SPECIFICATIONS	
Finalize the scope, deliverables, communication protocol, responsibilities with the Authority	July 2017
Develop and receive endorsement from the Authority on an issues management protocol	July 2017
Review the Indicative Design and related information. Review Phase 2 peer-reviewed functional program and refreshed Phase 3 functional program (to be completed), and complete indicative fit and feasibility testing and phasing strategy; complete enhanced indicative design for aspects with significant Phase 2/3 integration risk as identified in consultation with platform IROCs.	July 2017-Apr 2018
Working with the functional program, lean design, operational efficiency and patient flow with the clinical team to develop the design and construction specifications for Phase 3.	July 2017-Apr 2018
Develop performance based design and construction specifications and clinical output specifications taking into account the functional program, lean design, operational efficiency and patient flow for the RFP in collaboration with the clinical team.	July 2017-Apr 2018
Ensure alignment of all design and engineering work with overall strategic clinical services delivery plans.	July 2017-Apr 2018
Review the Zoning/Development Permit Compliance Report prepared by CannonDesign during the Phase 2/3 Business case development to ensure that it remains current	July 2017-Apr 2018
Working with the Project Team prepare for an indicative Project Implementation Schedule that clearly defines all the functional service delivery (phasing) steps that will be required. This will indicate the patient, staff and material flow patterns required during each of the interim steps for Phase 2 and 3.	May – Aug 2018
AFFORDABILITY REFRESH	
Work with the QS to allow for a review of the design and construction specifications to ensure that costing is within the affordability envelope set out in the approved business plan.	May – Aug 2018
PROCUREMENT PHASE	
Working with engineering consultants as required, support the Authority in responding to technical Requests for Information received from Proponents during the RFP process.	Nov 2018 – Aug 2019
Input into developing and documentation of technical Addenda during the RFP process	Nov 2018 – Aug 2019
Participation in collaborative sessions assuming 4 for each proponent. This will include the review of materials provided by proponents prior to each collaborative meeting.	Nov 2018 – Aug 2019
Participation in and leadership of the design evaluation of three technical submissions from proponents. Evaluation will be based on the requirement of proponents to substantially satisfy the requirements of the RFP including the Project Agreement.	Aug-Oct 2019
Identification of any aspects of the technical submissions that do not substantially satisfy the requirements of the RFP including the Project Agreement.	Aug-Oct 2019
Co-ordination with the various compliance team subject matter experts in order to provide an integrated technical evaluation report for both Phase 2 and 3.	Aug-Oct 2019
Provide evaluation support for the Construction Management pricing submission	Aug-Oct 2019
Phase 2 Design Phase	
Support FH in the conduct of design meetings (both clinical and technical design) with Project Co.	Nov 2019 – May 2021
Co-ordination of the review of the technical and clinical compliance of the submittals received from the Project Co.	Nov 2019 – May 2021
Provide support to FH in following up on issues identified during the technical evaluation during the preferred proponent period.	Nov 2019 – May 2021
Leadership, coordination and integration of the technical compliance work performed by the engineering consultants.	Nov 2019 – May 2021
Assume design reviews at schematic design phase (50%, 100%), design development phase (50%, 100%) and construction documents phase (50%, 95%).	Nov 2019 – May 2021

Activities	Timing
Phase 2: Construction Phase	
Support to the Authority in conducting on-site review of Project Co's construction in order to proactively identify any areas of non-conformance or other deficiencies or issues.	Jan 2020 - Jan 2024
Review record drawings during construction.	Jan 2020 - Jan 2024
Provide support to the Authority relating to the reconciliation of the final Design/Build portion of the Project Agreement against the actual Design/Build.	Jan 2020 - Jan 2024
Phase 3: Phasing and design	
During the planning process – work with the Clinical team to develop a phasing plan for Phase 3 enabling works to be included in the procurement documentation of Phase 2.	July 2017- Apr 2018
Undertake the preliminary design of each area of Phase 3 to be provided to proponents during procurement.	July 2017- Apr 2018
Phase 2: Service Commencement	
As directed by the Authority, review and provide reports on proposed solutions to deficiencies.	Oct 2023
Review record drawings.	Oct 2023
Support the Authority in identifying and documenting any deficiencies.	Oct 2023
Support the Authority in monitoring Project Co's resolution of identified deficiencies.	Oct 2023

2.5 Reference Documents

The following documents will be available to the interested *Proponents*. In order to receive the following documents, the *Proponent* shall email a signed copy of the confidentiality agreement (See Appendix 'G') to the Inquiry Person **no later than 5 business days before the RFP Closing Time.**

- Proposed Project schedule
- Indicative Design for Phase 2
- Estimated construction costs for Phases 2 and 3 as approved in the Business Plan (April 2017)

APPENDIX B: PROPOSAL CONTENTS

Proposals should include responses to the items in Appendix 'B' in the order listed, cross-referencing any attachments included in the Proposal to the corresponding paragraph number in Appendix 'B'.

SCOPE PROPOSAL

1. Executive Summary

- 1.1 Proponent(s) should provide a brief summary of their Proposal.

2. Name(s) and Contact Information

- 2.1 Provide the *Proponent's* legal and business name, locations (mailing & street addresses), phone, fax, toll free phone number and website address.
- 2.2 Provide the name, title, address, telephone/fax numbers and e-mail address of the primary *Proponent* contact that will have overall responsibility for the execution of the *Contract* responsibilities.

3. Company Profile: Qualifications, Experience, Resources

- 3.1 Provide description of team with an organizational chart and management team information that identifies key staff and illustrates the *Proponent's* structure, managements, staffing, support structure and responsibilities for the provision and delivery of the *Services*. Provide resumes for these key staff, level of efforts and relevant experience, and references.

Provide the *Proponent's* confirmation that the *Proponent* will ensure the continuity of their key staff's knowledge, experience and involvement on the Royal Columbian Hospital Redevelopment. Any substitutions to the key staff are subject to the *Authority's* approval.

- 3.2 Describe the *Proponent's* relevant project experience and provide a resume for the proposed partner-in-charge.
- 3.3 Provide a summary of the *Proponent's* three most recent client references, including the name of each organization, contact person, title and phone number.
- 3.4 Demonstrated ability to improve patient flow, patient outcomes, and operational processes in healthcare projects. These projects should demonstrate quality work environments which improve the way care is delivered while reducing capital and operational requirements.

4. Approach and Methodology, Value added services

- 4.1 Generally *Proposals* should demonstrate that the *Proponent(s)* fully understands and appreciates the nature of the scope of the *Services* and has the qualifications and experience to perform the *Services*. *Proposals* should, as appropriate, challenge current business practices and identify creative 'best practices' which may benefit both the *Authority* and the *Proponent*. Specifically, what is your approach and methodology to be used in the delivery of the *Services*. Your response should include examples which demonstrate your team's success in participating in a multi component project?
- 4.2 Describe the *Proponent's* approach, methodology, outputs in providing the *Services*. Provide

milestone deliverables, to permit the *Authority* to be able to monitor progress of the *Services* and the *Project*, including individual elements of the *Services* and the *Project*, in a bar chart or critical path format.

- 4.3 What are your strategies that will maintain the overall schedule and costs without increasing risk to the *Project*?
- 4.4 Identify strategies to maintain intra project communications and collaboration for the total development.
- 4.4 Identify up to 5 primary project risks that you don't control and your approach to mitigating these.
- 4.5 Provide a schedule of proposed deliverables to discuss with the *Authority* at the preferred Proponent stage.
- 4.6 Value added services: RCH Redevelopment is a multi-year project. Describe how the Proponent's innovative ideas will address issues that will result from this (including team resources, specialty consultants, technology changes, operational changes and clinical delivery changes).

5. Services, Specifications and Contract Terms

- 5.1 Identify any variations that the *Proponent* wishes to propose to the *Services* or to the terms and conditions of the *Contract*. The *Authority* is not bound to accept any proposed variations.

FINANCIAL PROPOSAL

6. Financial Proposal

- 6.1 Provide the *Proponent's* pricing details in following format based on based on the proposed scope of *Services* as described in Appendix 'A' Section 2.4; exclusive of GST.
 - hourly rates to an estimated maximum upset, and
 - A work plan that includes the tasks and deliverables outlined in Appendix 'A' Section 2.4, key staff working on the *Project* and number of hours associated with the tasks and deliverables. This assessment will allow the *Authority* to implement an active contract management regime to ensure that the estimated fee is not exceeded.

The *Authority* in its sole discretion, reserves the right to review, negotiate the contract and approve the commencement of the work for Phases 2 and 3.

- 6.2 Provide estimate of expenses and disbursements, (See Appendix 'D' - "the *Authority* - Reimbursable Expenses").
- 6.3 All prices and fees referred to in *Proposals* should be in Canadian funds and include all applicable taxes and charges except for Goods and Services Tax (GST), which should be identified separately. The *Proponent's* proposal should identify all fees, sub-consultants and services offered to complete the *Services*.

APPENDIX C: CONFLICT of INTEREST

Statement of Full Disclosure

The *Proponent* should disclose all funding support (including gifts), if applicable, that has been provided to the *Authority* during the 3 (three) year period prior to the date of issuance of this *RFP*. Failure to identify such support in this disclosure document may result in rejection of the *Proponent's Proposal*, cancellation of any contract arising from this RFP and/or other contracts already signed and in force.

TYPE OF FUNDING SUPPORT	SITE/ LOCATION	DEPARTMENT	RECIPIENT	MARKET VALUE
Capital Equipment				
Seminars				
Travel				
Supplies				
Educational Support				
Research Support <ul style="list-style-type: none"> • Drug Trials • Projects • Publications • Other 				
Major Donations				
Other Funding (specify)				
Corporate Agreement				
TOTAL				

APPENDIX D: the *Authority*- REIMBURSABLE EXPENSES

The following guidelines note allowable expenses for Consultants contracted with the *Authority*.

1. Communications and Shipping Expenses

Allowable expenses are as follows:

- (a) The only reimbursable portion of fax charges is the actual costs of the long distance call.
- (b) Telephone calls are only reimbursable with proper receipts.
- (c) Only reasonable courier costs required to expedite the project are accepted. Complete backup is required with all claims. No "rush" packages are acceptable unless requested by the *Authority*.
- (d) Acceptable photocopy charges are:
 - 50 copies and less, max \$0.20 /copy.
 - 51 copies and more, max \$0.08 /copy.

2. Computer Plotting and Word Processing Charges

Both charges are considered to be overhead expenses and therefore not acceptable as a reimbursable expense.

3. Document Reprographics

Consultants' "in-house" printing/plotting is considered to be an overhead expense and therefore not acceptable as a reimbursable expense. Printing of document sets (drawings and specifications) for major project milestones such as the Pre-tender, Tender and Post Tender phases are considered reimbursable expenses. A corporate rate has been negotiated for document printing with PacBlue Digital Reprographics Inc. The *Authority* requests that printing of all documents that will be claimed as reimbursable be arranged through the PacBlue service.

4. Hourly Rates

- (a) Principal as per agreement to a maximum of \$210.00 per hour
- (b) Staff at approved hourly rates:
 - principal architect and engineer to a maximum of \$210.00 per hour.
 - principal professional quantity surveyor (PQS) to a maximum of \$150.00 per hour.
 - Acceptable staff hourly rates should not exceed principal rates.

5. Travel, Lodging, Meals and Car Expenses

The current rates that apply to consultants are the travel expenses for non-BC government employees listed in the attached Appendix 1 – Group 2 Rates.

APPENDIX 1 - Group 2 Rates

EXPENSES FOR CONSULTANTS

The following are allowable expenses for Consultants. All expenses must be paid by the Consultant - expenses cannot be direct billed to the *Authority* except in unusual circumstances (in these cases a special clause must be included in the contract). Original receipts must be submitted with the expense claim (when receipts are required) but photocopies of receipts will be accepted if the contractor requires the original for another purpose. The Consultant will be entitled to a 5% mark-up on all expenses for administration and handling.

TRAVEL EXPENSES

The contractor must be outside their headquarters area (i.e.: 32 kilometres from where they ordinarily perform their duties) to be eligible to claim travel, meal and accommodation expenses.

1. Meal Allowances:

Effective April 1, 2010 the following meal allowances can be claimed which must not exceed \$48.25 per day (receipts are not required):

Breakfast only \$22.00 claim if travel starts before 7 a.m. or ends after 7 a.m.

Lunch only \$22.00 claim if travel starts before 12 noon or ends after 12 noon.

Dinner only \$28.50 claim if travel starts before 6 p.m. or ends after 6 p.m.

Breakfast and lunch only \$30.00 see above

Breakfast and dinner only \$36.50 see above

Lunch and dinner only \$36.50 see above

Full day \$48.25

2. Mileage Rates When Using Private Vehicle:

Effective March 31, 2010 the private mileage allowance is \$.51 per kilometre (receipts are not required). This rate can be claimed when using a private vehicle for travel. It is intended to cover costs of gas and maintenance.

3. Taxi and Parking:

Taxi and parking charges will be reimbursed if receipts/copies of receipts are provided. Tips identified separately on taxi receipts cannot be claimed.

4. Car Rentals:

Avis Canada Ltd., B.C. Car & Truck Rental, Best Choice Auto Rentals, Budget Rent-a-Car of BC Ltd., Discount Car & Truck Rental, Hertz Canada Ltd., National Car Rental Inc. and Thrifty Canada Ltd. are to be used. Other rental firms are to be used only when these firms cannot supply vehicles. Contractors and non-employees should ask for the government rate. Receipts/copies of receipts are required.

PAI (personal accident insurance) will not be reimbursed.

CDW/LDW (collision/loss damage waiver) will be reimbursed only when renting from one of the above companies located outside B.C.; or when renting from any other firm (both in and outside B.C.).

5. Accommodation:

a) **Hotel/motel** (Receipt/copy of receipt and proof of payment required). The maximum amounts that may be claimed for hotel/motel are:

Summer (May 1 to September 30):

- \$145 plus tax in Greater Vancouver (which includes Vancouver, North Vancouver, West Vancouver, Richmond, Delta, Burnaby, New Westminster, Coquitlam, Port Coquitlam, White Rock, and Surrey);
- \$135 plus tax in Greater Victoria (which includes Victoria, Saanich, Esquimalt and Oak Bay);
- \$100 plus tax in Whistler; and
- \$100 plus tax in all other areas of the province.

Winter (October 1 to April 30):

- \$100 plus tax in Greater Vancouver;
- \$90 plus tax in Greater Victoria;
- \$100 plus tax in Whistler area; and
- \$85 plus tax in all other areas of the province.

These limits may be exceeded in exceptional circumstances if prior the *Authority's* approval is obtained. Only the single government rate will be reimbursed. The "number in party" identified on the receipt must show only one person.

b) **Private lodging** (receipts are not required):

\$30 per night may be claimed when private lodging is arranged (e.g., staying with friends).

6. Airfare:

Economy airfare only will be reimbursed. Receipts/copies of receipts and proof of payment are required.

7. Miscellaneous Travel Expenses:

Laundry, gratuities, portage and personal phone calls cannot be claimed. Ferry charges and highway tolls can be claimed if supported by an original receipt. Other miscellaneous expenses incurred when traveling (e.g., courier and photocopying charges) can also be claimed if supported by a receipt/copy of receipt.

8. Out-of-Province Travel:

When B.C. Consultants are required to travel out-of- province, a Travel Authorization form approved by the *Authority* must accompany the expense claim.

OTHER EXPENSES:

1. Business Expenses (e.g., all costs associated with meetings, including business and guest meals):

Claims for business expenses must be accompanied by an approved Business Expense Approval form (which should be completed by the *Authority*, not the Consultant).

2. GST: Will be shown as a separate line item following all expenses and mark ups.

3. Miscellaneous Expenses (e.g. business telephone/fax calls, newspapers, etc.):

Misc. expenses will be paid if supported by original receipts and in our opinion are necessarily incurred by you in providing the service. Contact the *Authority's* project manager **before** incurring any misc. expenses.

APPENDIX E: Submission Instructions

Please follow these instructions to submit via our Public Portal.

1. Prepare your submission materials:

Requested Information

Name	Type	# Files	Requirement
SCOPE Proposal	File Type: PDF (.pdf)	1	Contain your entire response except the fee.
FINANCIAL Proposal	File Type: PDF (.pdf)	1	Only contain your Fee proposal

Requested Documents:

Please note the type and number of files allowed. The maximum upload file size is 100 MB.

Please do not embed any documents within your uploaded files, as they will not be accessible or evaluated.

2. Upload your submission at:

<https://fraserhealth.bonfirehub.ca/opportunities>

Your submission must be uploaded, submitted, and finalized prior to *the Closing Time*. We strongly recommend that you give yourself sufficient time and **at least ONE (1) hour** before *Closing Time* to begin the uploading process and to finalize your submission.

Important Notes:

Each item of Requested Information is instantly sealed and will only be visible after *the Closing Time*.

Proposals will be opened in private by the *Authority* after the *Closing Time*

Uploading large documents may take significant time, depending on the size of the file(s) and your Internet connection speed.

You will receive an email confirmation receipt with a unique confirmation number once you finalize your submission.

Minimum system requirements: Internet Explorer 8/9/10+, Google Chrome, or Mozilla Firefox. Javascript must be enabled.

Need Help?

The *Authority* uses a Bonfire portal for accepting and evaluating proposals digitally. Please contact Bonfire at Support@GoBonfire.com for technical questions related to your submission. You can also visit their help forum at <https://bonfirehub.zendesk.com/hc>