# REQUEST FOR PROPOSALS

**PROFESSIONAL ARCHITECTURAL SERVICES**

**HOLMES COUNTY HOSPITAL CORPORATION**

**D/B/A**

**DOCTORS MEMORIAL HOSPITAL**

**Holmes County, Florida September 16, 2021**

**REQUEST FOR PROFESSIONAL ARCHITECTURAL SERVICES**

## PURPOSE:

* 1. Holmes County Hospital Corporation (“Hospital”) in accordance with applicable components of Fla. Stat.- “Consultants’ Competitive Negotiations Act” is requesting proposals from qualified firms to provide Architectural and associated engineering design and project supervision services relative to the Hospital’s proposed Medical Office Building Construction Project.
	2. The proposed work consists of an approximately 8,000 square foot addition to the existing Hospital Facility. The facility is located at 2600 Hospital Drive, Bonifay, Florida. The facility will be designed to provide medical office space for physicians and specialists and will consist of a physician medical exam rooms, nursing pods, administrative offices, waiting rooms, bathrooms and handicap accessible amenities. Project budget will be developed in line with anticipated costs and grant and financial resources available. It is planned that the facility will be operated by the Hospital and that organization will provide advisory assistance in the design phase of the project.
	3. The awarding of this engagement is expressly conditioned upon Hospital receiving sufficient grant funds and approval of its financing entities.

## SCOPE OF SERVICES:

* 1. The firm selected shall be required to provide professional technical and Architectural and associated engineering services whose level and scope will be determined by Hospital. Specific Architectural and associated engineering services required shall include, but not be limited to:
		1. Close coordination with the Hospital Executive Team.
		2. Planning, designing, and developing construction plans and specifications.
		3. Preparing bid documents,
		4. Soliciting and evaluating construction bids,
		5. Providing construction supervision and periodic inspection,
		6. Approving contractors' pay requests,
		7. Conducting final inspection of all construction,
		8. Recommending acceptance by Hospital,
		9. Providing or reviewing and approving "as-built" drawings following project completion.

10. Coordinating with Hospital for applicable reporting on the progress of the project to applicable financing entities and the County.

## SCHEDULE OF WORK PERFORMANCE:

1. Proposers are advised that to initiate and coordinate all Architectural and associated engineering services in a timely and efficient manner. The offerer chosen must be prepared to commence services immediately.
2. Proposers who cannot meet this project schedule will be automatically eliminated from further consideration.

## TYPE OF CONTRACT:

1. Hospital intends to negotiate a firm fixed fee contract or "cost not to exceed" type contract for the design and construction inspection services requested.
2. All proposers qualifications will be evaluated and the most qualified firm selected, subject to the negotiation of fair and reasonable compensation.

## RESPONSIBILITY:

* 1. The firm selected shall be required to assume responsibility for all services offered by the firm's proposal regardless of whether they are produced "in- house" or performed under a joint or subcontractual arrangement.
	2. Such firm will be the sole point of contact with regard to this project.

## SUBMITTAL INSTRUCTIONS:

* 1. All proposals must be submitted in writing by 3:30 P.M. on October 1, 2021 to receive administrative consideration. Proposers mailing their proposals should allow normal delivery time to ensure receipt of their proposals by Hospital. Proposals should be addressed to Holmes County Hospital Corporation, Attn: JoAnn Baker, 2600 Hospital Drive, Bonifay, Florida 32425 or hand-delivered to prior to the submission deadline.
	2. All proposals must be sealed and clearly marked on the outside "Holmes County Hospital Corporation Architectural Proposal", with the proposer's name and address. Proposals should be submitted in an original and six copies.
	3. Questions concerning the "RFP" should be directed to JoAnn Baker at 850- 547-8001. Proposers not selected will be promptly notified.

## PROPOSAL CONTENT AND FORMAT

* 1. All proposals must be submitted in accordance with the instructions outlined herein to receive consideration. Any proposer submitting inadequate, incorrect, or incomplete information may not receive consideration. Proposals should be brief and to the point. Hospital reserves the right to waive irregularities in the proposal and reject any and all proposals and to request additional information from proposers if deemed necessary.
	2. Letter of Transmittal: The proposer shall submit a "Letter of Transmittal" which shall as a minimum contain the following:
		1. State the location of the office from which the work is to be accomplished.
		2. Describe the firm's general qualifications and the range of activities performed by the firm, including any experience related to healthcare facilities or medical office buildings.
		3. Identify all persons to be assigned to this project and outline the nature of their responsibilities. Include a description of relevant work experience for each person assigned to this project.
		4. Briefly state the proposer's familiarity with the needs and conditions that exist in Hospital.
		5. Certify that the firm can and will comply, where applicable, with all rules and requirements imposed by the institutions who will provide the funding for the project. Provide any additional information that the proposer feels is essential to their proposal.
		6. Indicate if your firm is a Certified Minority Business Enterprise.
		7. State that the person signing the letter is authorized to bind the proposer.
	3. All proposals shall include each of the following attachments:
		1. Attachment A: Indicate why the proposer feels uniquely qualified to undertake the required professional services including their approach and ability to stay within a project budget.
		2. Attachment B: Describe the technical approach to be taken in addressing the proposed scope of work, including a delineation of specific tasks to be undertaken.
		3. Attachment C: Describe the work management plan to be utilized by the proposer. The description should include a project schedule showing estimated start and completion dates of all major tasks and individuals responsible for implementation and completion of said tasks.
		4. Attachment D: Identify the proposer's prior work experience with public facilities. List each project separately to include jurisdiction name, type of project, and project budget. Please highlight any healthcare related projects.
		5. Attachment E: It is the intent of Hospital to evaluate the qualifications of all proposers and select the offerer whose proposal is deemed most advantageous to the Hospital (The criteria under which each proposal will be evaluated is attached to this RFP). Under this attachment, the proposer shall certify that they will negotiate a fair and reasonable fee taking into consideration the County’s anticipated budget. Further, the proposer shall certify that to the best of their knowledge and belief all the information submitted for consideration and evaluation is true, correct, and accurate.

### EVALUATION CRITERIA

CRITERIA POINTS AVAILABLE

1. Ability to design an approach and work plan to meet the project requirements. 10

### Ability to devote the needed time to the project based on current workload. 10

### Ability to commence services and complete services within time parameters

### and operate within a final budget when established 25

### Ability to observe and advise whether plans and specifications are being

### complied with. 10

### Availability of adequate personnel and technology. 8

### Firm’s reputation and competence including technical education, training, timeliness, cost control and quality of work. 10

### Experience in the kind of project to be undertaken. 25

### Certified Minority Firm. 2

### TOTAL 100