Questions and Answers

Since the RFP preview meeting has been moved to June 28, 2019 from 2:00pm - 4:00pm in the Reibold Building, 117 South Main Street, Dayton, Ohio at the 2nd Floor Multi-Purpose Room, does the submittal date of July 8th remain the same.

Because of the meeting change due to the tornado relief efforts being undertaken, the bid submittal has been changed to July 19, 2019 at 1:00pm. The bid open will occur around 3:00pm.

On page 7, it mentioned the Submission requirements, but it does not include the cost proposal as a submittal requirement that was on page 6. Is this going to be a qualification-based selection with the cost established after the interview, ranking, and selection of the firm.

The review team will be looking at a weighted selection process where the technical aspects and qualifications of the proposal have a greater evaluation weight than the cost proposal but that both factors will be considered by the team for an overall score.

Please provide a sample contract that would be utilized for this scope of work.

Contract sample will be sent as an attachment. This is on a sample and would require legal review prior to be provided to the contractor so that additional legal articles, bonding requirements, etc. could be added.

What $$ of professional liability insurance will be required.

As stated in the sample contract, Public Health normally requires liability insurance from the Contractor and Contractor Personnel of at least $1,000,000.00 per occurrence and $3,000,000.00 aggregate. However, this may be adjusted during the review of the contract by our legal counsel.

Will floor plans of all facilities under review be provided by Public Health. If so will these be in AutoCAD format? If not, what format will be provided.

Public Health has no AutoCAD version of any floor plans. We will be trying to provide paper copies of floor plans for all sites.

It appears that cost spreadsheet should only break out the effort by personnel accomplishing the efforts and not the task. Please clarify.

At this point in time, the review team is requesting cost by personnel.

Page 7 of the RFP indicates the performance period will extend through June 2020 page 11; under section 8 it indicates the completion of February 28, 202. Please clarify.

Public Health is looking for a project completion by June 30, 2020.
The proposal mentions on page 4 Agency Landscape Design and public space planning and design to improve the experience of staff and the community. Please clarify that you are not requesting full design of public spaces and landscape rather long-range planning for purposes of establishing budgets. Will this service apply to all facility locations, including urban locations such as the Reibold building which is bounded by City of Dayton owned property? Since these are leased spaces are improvements the responsibility? Will building owners be involved in the discussions related to planning for landscape and public spaces. If so should we assume a certain number of meeting with building owners?

Landscape design and public space planning discussion will be limited to a few facilities that Public Health presently utilizes; although recommendations for all facilities can be included in your proposal. In space where Public Health is in a long-term lease, part of our requirements is to maintain the grounds and landscaping. Any decisions based on landscape or public space planning decisions would be discussed by Public Health with the landlord and the contractor present and we would hope that that would 1 or 2 meetings at the most.

Please confirm the scope does not include architectural design beyond the master planning. On page 5 under “Services Required” lists “architecture” as a required service, however page 13 Addendum A indicates schematic design would be an additional service.

It is Public Health’s intent that architectural design is limited to the master plan. However, if your plan for one of our long-term leased facilities should include an expansion or facade changes then a simple drawing of the façade changes or the existing building with the expansion changes would better allow us to understand your vision. When the winning bidder is selected, Public Health wants the flexibility and cost of allowing for additional design/drawing work as the scope of work is refined with the firm.

On page 3 under Project description it is stated “While the plan will focus on the current locations occupied by Public Health, it will also provide direction and priorities for potential satellite locations as well.” Will the scope of services including identifying or evaluating potential new sites not currently occupied by Public Health? If so, how many sites should be budgeted in the cost of services.

During the focus group meetings, Public health fully anticipates that discussions will lead comments regarding health disparities and the lack of services in sections of our service area. Expectations are that as part of your proposal you will expound on these discussion points and present conceptual ideas about potential co-location abilities with strategic partners; local or county agencies or stand-alone needs.

On page 4 “Focus group Facilitation” is noted as a scope of service. How many distinct groups will we be meeting with? How many meetings should be assumed for each group.

Public Health believes that at least one meeting each will need to be held with the following groups: the Board of Health, and strategic partners. Public Health believes that at least 2 meetings need to be held with the following groups: Public Health executive team; Public Health staff; and the general public.

Will all eight sites require a traffic flow and parking study? Presumably these studies will be for the entire building parking/grounds since it would not be possible to identify Public Health traffic/parking needs.
Public Health will be looking for this study aspect in two facilities: Sunrise Center and Charles Drew Health Center primarily. General comments about traffic flow and parking at the other sites should be noted as you deem necessary.

On page 5 “Plan Presentation” is noted. Are we to provide the presentation materials or are we to present the master plan content to the key stakeholders and decision makers. If so, how many presentations should we assume for the purpose of cost of services.

Given the importance of the findings of this master plan, it is Public Health’s expectations that you will provide meetings to both key stakeholders, and to the Board of Health and key Public Health decision makers. Ideally, this will be 2 separate meetings.

Most of the spaces are leased facilities within existing buildings, with Public Health only leasing a portion of the building. When conducting facility assessments, including infrastructure and technology analysis should we assume we are only studying leased space and not the full facility? For example, would we be evaluating utilities servicing the building and beyond the leased space? Are all technology infrastructures within the suite owned by Public Health.

As you will see if you tour the facilities, there is limited availability for expansion in most spaces so although you may touch on infrastructure surveys in some of these potential expansion areas, you will mostly be limited to the space that Public Health leases now. Technology infrastructure within Public Health spaces are owned and maintained by Public Health.

What sort of documentation is acceptable to demonstrate a firm’s financial stability as requested on page 7?

A copy of your most recent completed audit is acceptable documentation.

When will the addendum responding to written questions be issued for this RFP. Will it include notes complied from the pre-proposal meeting to be held on June 28th? Will the pre-proposal sign-in sheet be included?

This addendum is the 1st response to written questions and additional addendums will be published as necessary. It is Public Health belief that general notes, questions and answers from the pre-proposal meeting will be transcribed and issued as an addendum as quickly as possible after the meeting concludes. This will include a copy of the sign in sheet.