Partners Health Management

Request for Qualifications for Professional Architectural & Engineering Services

Children Crisis Unit Upfit
2505 Gaston Memorial Dr.
Gastonia, North Carolina

March 1, 2024

I. PUBLIC NOTICE

Partners Health Management (Partners) is soliciting Statements of Qualifications or (SOQs) from interested and qualified teams to provide professional architectural and engineering services related to the 2505 Gaston Memorial Drive upfit (hereafter referred to as the Project).

Partners is seeking teams whose combination of experience and expertise can provide timely and professional services to Partners. Information related to this solicitation, including any addenda, will be posted to Watha Grigg.

For questions related to this solicitation, contact:

Michael Welch, Facilities Director, Project Coordinator
MWelch@Partnersbhm.org  (704) 618-3398
II. INTRODUCTION / BACKGROUND

Partners administration building is located at 901 South New Hope Rd, Gastonia, NC 28054. The proposed property is located at 2505 Gaston Memorial Dr. There are approximately 12,000 square feet of building space, which will be upfitted.

III. PROPOSED SCOPE OF WORK

The delivery method for the Project will be Design-Bid-Build. The selected team will be required to provide a full range of planning and design services for a fully functional, operational, Americans with Disabilities Act (ADA), and code-compliant facility at 2505 Gaston Memorial Drive. The team must satisfy Partners’ project requirements including, but not limited to:

- Conducting regular meetings with appropriate Partners and staff personnel.
- Submitting permits required for compliance with local, state and federal requirements.
- Preparing contract documents for bidding and permitting.
- Preparing detailed cost estimates.
- Providing an assessment of the existing facility.
- Completing a full mechanical, electrical and plumbing (MEP) design.
- Preparing a construction phasing plan to meet regulatory requirements.
- Bidding administration.
- Conducting special inspections and material testing.
- Overseeing construction administration.
- Preparing and providing closeout documents.

The selected firm will be required to participate in a collaborative process and to work with Partners and its overall Project team. The selected team may also be asked to prepare further drawings, renderings and other materials for presentation of the Project to other entities.

IV. GENERAL SUBMITTAL REQUIREMENTS AND FORMAT

Partners invites all interested and qualified Architectural and Engineering firms to submit qualification statements in accordance with the following requirements. Firms will not be considered unless the minimum qualifications are met:

- Firm must be properly registered with the Office of the Secretary of State of North Carolina (as applicable).
- Firm must be licensed by the North Carolina Board of Examiners for Engineers & Surveyors (as applicable).
Responses should be prepared simply and economically, providing a straightforward and concise description of the responder’s experience and qualifications for the proposed scope of services. SOQ package should consist of a cover letter, responses to the specific inquiries in this section and a set of completed Required Forms (1-5) attached to this RFQ.

SOQs are limited to a maximum of 20 pages printed on one side, 10 pages printed on both sides, or a combination of both, excluding required forms, covers, sub-tabs and dividers. SOQs should be printed on 8-1/2” x 11” paper; however, pages with organizational charts, matrices or diagrams may be printed on larger sheets. Type size should be no smaller than 11 points for narrative sections but may be reduced for captions, footnotes, etc., while maintaining legibility. Required forms, resumes, covers, sub-tabs and dividers do not count toward the page limit. Non-conforming submissions may be removed from consideration at the sole discretion of Partners. If hard copies are submitted, please submit packages comprised of materials that are easily recyclable or reusable at the conclusion of the evaluation process.

SOQ packages shall be arranged as follows:

**Cover Letter/ Letter of Introduction**

Provide a letter of introduction for the firm and identify any ideas, thoughts or concepts that differentiate your firm from the competition. Describe the firm’s origin, background, current size, financial capacity, available resources, general organization and location of company headquarters.

Please make sure there is a contact name, phone number and email address for correspondence regarding this submittal. State any conflicts of interest your firm or any key team member may have with this Project.

Identify and describe any pending claims, disputes, and/or litigation that occurred within the past five years involving your firm or any of your proposed sub-consultants. With respect to resolved matters, describe the outcome.

**Relevant Experience and Capabilities:**

List up to three relevant, similar projects either currently in progress or having been completed in the past five years, containing work comparable to the specific Project that is being pursued, including any projects with Partners, as follows:

- List projects involving the key team members or sub-consultants proposed for this Project.
- List projects in date order with newest projects listed first and include the following:
  - Brief project description.
  - Owner’s representative having knowledge of the firm’s work, including the contact name, phone, email and address; highlight any past similar work performed with proposed sub-consultants.
- Contract dollar amount and the total time period involved. Demonstrate your firm’s previous successes in being able to deliver similar projects on time and at or under budget.
- Discuss the methods, approach, and controls used on the project in order to complete it in an effective, timely, economical and professional manner.
- References from previous clients with current contact information.

The Firm and Key Members

Provide an organizational chart of all key team members who will be directly involved in providing services, including any sub-consultants assigned specifically to this Project. Note any minority-owned firms and the minority category.

Identify the project manager and key personnel who will be directly responsible for the project, along with summaries of relevant project experience.

Names, location and background information, including experience of other consultants performing other portions of the work.

Briefly discuss the availability of key team members by providing a list of current projects/work for each key team member. Describe a specific project or example that illustrates your team’s availability and responsiveness.

Project Understanding. Methodology and Approach

Discuss the firm’s understanding of the Project objectives and describe the proposed project approach to deliver the services in an effective, timely and professional manner. Describe any methods the firm intends to use to reduce project costs. Outline the project plans, structure and services to be provided, and how and when these services shall be provided. This description should fully and completely demonstrate the proposer’s intended methods for servicing the requirements of all aspects of the Project set forth herein.

Describe any support needed from Partners staff in order to execute the services.

Describe the firm’s Project Management and Quality Control procedures, processes for performance, and past involvement in projects of similar nature to those anticipated as a result of this solicitation.

Discuss the firm’s Management and Quality Control procedures related to subconsultants.

Discuss the firm’s processes and procedures for meeting schedules and budgets.
Required Forms

*Forms 1-5 shall be completed and submitted with the SOQ. Required Forms will not be counted toward the page limit.*

V. EVALUATION CRITERIA

Partners is requesting the services of an experienced and qualified architectural firm with applicable experience to design to the specific needs of Partners. Proposal packages will be evaluated based on the firm’s overall ability to meet the requirements in this RFQ; however, a responder’s relevant background and experience (both the firm itself and the key personnel assigned to the Project) will be a major factor of consideration in Partners’ selection process.

1. **Relevant Experience and Capabilities 40%** = Team’s experience, knowledge, familiarity and past performance with similar relevant projects.
2. **Availability of the Firm and Key Members 30%** = Experience and availability of the proposed team to perform the type of municipal work required.
3. **Project Understanding 30%** = Firm's understanding of the specific project and their responsibility in delivering services advertised for the project.

Any questions should be directed to Watha Grigg of Partners Purchasing at:  
WGrigg@Partnersbhm.org

VI. SCHEDULE

- **Required Site Visit / Walk Through**
  Friday, March 29, 2024, at 10:00 a.m. or Monday, April 1, 2024, at 1:00 p.m., 2505 Gaston Memorial Drive, Gastonia, NC 28052.
  Attendance at one of the pre-submittal meetings is mandatory.

- **Deadline for Questions**
  Any questions shall be submitted by 5:00 P.M. April 1, 2024, via email to:  
  WGrigg@Partnersbhm.org

- **Submittal Deadlines**
  Interested firms should email a fully completed RFQ as outlined herein no later than 5:00 P.M., Thursday, April 12, 2024, to Watha Grigg:  
  WGrigg@Partnersbhm.org

  Partners reserves the right to cancel this RFQ for any reason without any liability or to waive any irregularities at their discretion. Please note that the overall Statement of Qualifications / Response should be limited to a maximum of 20 pages one-sided or 10 pages printed on both sides, excluding required forms, covers, sub-tabs and dividers.
VII. ADDITIONAL INFORMATION

- **Addenda:**
  In order to clarify or modify any part of this RFQ, addenda may be posted at Partners’ official website at partnersbhm.org. Any requests for additional information or clarifications should be submitted in writing to the Project Coordinator listed in Section I. Public Notice by the “Deadline for Questions” stated in Section VI – Schedule.

- **Public Records:**
  Upon receipt by Partners, all proposal packages are considered a public record except for material that qualifies as “Confidential Information” under North Carolina General Statutes § 132-1.2.

  As a condition to confidential treatment, each page containing a “Trade Secret,” as defined in North Carolina General Statutes § 66-152(3), must be identified in boldface at the top and bottom as “CONFIDENTIAL” by the proposer. Any pages marked as confidential must be submitted with one additional redacted copy of that page. **Partners will not be responsible for redacting confidential information for public records requests.**

  In submitting a SOQ, each firm agrees to indemnify and hold harmless Partners and each of its officers, employees and agents from all costs, damages and expenses incurred in connection with refusing to disclose any material that the firm has designated as a trade secret.

- **Clarification of Submittal:**
  Partners reserves the right to obtain clarification of any point in a firm’s proposal or to obtain additional information.

- **Conditions and Reservations:**
  Partners reserves the right to reject any and all responses to the RFQ or to accept any Statement of Qualification response deemed to be in the best interest of Partners. A response to this RFQ should not be construed as a contract nor indicate a commitment of any kind by Partners. The response does not commit Partners to pay for costs incurred in the submission of a response to this RFQ or for any cost incurred prior to the execution of a final contract.
• **Equal Opportunity:**
The firm shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity or national origin.

• **Minority & Women-Owned Business Enterprise Participation:**
Pursuant to 2 C.F.R. 200.321, Partners recognizes its obligation under law to promote opportunities for maximum feasible participation of certified minority and women-owned business enterprises (MWBE) and the employment of minority group members and women in the performance of the work described. Partners encourages MWBE participation.

**E-Verify Certification:**
The firm shall comply with the requirements of Article 2 of Chapter 64 of the North Carolina General Statutes and shall require each of its subcontractors to do so as well.
REQUIRED Form 1 – Execution of SOQ

PROJECT NAME: Children Crisis Center Upfit

The person executing the SOQ, on behalf of the firm being duly sworn, solemnly swears (or affirms) that neither he, nor any official, agent or employee of the firm has entered into any agreement, participated in any collusion, or otherwise taken any action which is in restraint of full and open competition in connection with any proposal or contract, that the consultant has not been convicted of violating North Carolina General Statute 133-24 within the last three years, and that the firm intends to do the work with its own bona fide employees or subcontractors and is not proposing for the benefit of another company.

Submission of a response to this RFQ constitutes certification that the firm and all proposed team members are not currently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this Project by any state or federal department or agency. Submission also is an agreement that Partners will be notified of any change in this status.

NC General Statute 133-32 and Partners Policy prohibit any gift from anyone with a contract with Partners or from any person seeking to do business with Partners. By execution of this SOQ, you attest, for your organization and its employees or agents, that you are not aware that any such gift has been offered, accepted, or promised by any employees of your organization.

The information contained in this SOQ, including its forms and other documents, delivered or to be delivered to Partners is true, accurate, and complete. This SOQ includes all information necessary to ensure that the statements therein do not in whole or in part mislead Partners as to any material facts.

Type of Consultant: 
(check 1 box) 
□ Sole Proprietor 
□ Partnership 
□ Corporation ___________________________ (identify the State of incorporation) 
□ Limited Liability Company _________________________ (identify the State of incorporation)

Company Legal Name: _______________________________________________________

Mailing Address: ____________________________________________________________

City/State/Zip: ______________________________________________________________

Phone: ___________________________ Email: ___________________________

Printed Name: ___________________________ Title: ___________________________

Signature: ___________________________ Date: ___________________________
REQUIRED Form 2 – Minority / Small Business Enterprise Participation Plan

<table>
<thead>
<tr>
<th>Project Name:</th>
<th>Children Crisis Center Upfit</th>
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<td>Consultant Name:</td>
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<tr>
<th>Firm’s Registered Name, Address, Phone #</th>
<th>Type of Work / Service</th>
<th>*Minority Category</th>
<th>**HUB Certified (Y/N)</th>
<th>INTERNAL USE ONLY Information Verified</th>
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*Minority categories: B = Black, HA = Hispanic, AA = Asian American, AI = American Indian, W = Female, D = Disabled, SE = Socially and Economically Disadvantaged, DBE = Disabled Business Enterprise

** HUB Certification with the state HUB Office required to be counted toward any participation goals.
REQUIRED Form 3 – Vendor Debarment Certification

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The bidder, contractor or subcontractor, as appropriate, certifies to the best of its knowledge and belief that neither it nor any of its officers, directors or managers who will be working under this Agreement, or persons or entities holding a greater than 10% equity interest in it (collectively “Principals”):

1. Are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any federal or state department or agency in the United States;

2. Have within a three year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (federal, state or local) transaction or contract under a public transaction; violation of federal or state anti-trust or procurement statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property;

3. Are presently indicted for or otherwise criminally or civilly charged by a government entity, (federal, state or local) with commission of any of the offenses enumerated in paragraph 2 of this certification; and

4. Have within a three-year period preceding this application / proposal had one or more public transactions (federal, state or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award or in some instances, criminal prosecution.

☐ I hereby certify as stated above:

__________________________________________  ____________________________________________
(Print Name)  Signature

__________________________________________  ____________________________________________
Title  Date

☐ I am unable to certify one or more the above statements. Attached is my explanation. [Check box if applicable]

__________________________________________  ____________________________________________
(Print Name)  Signature

__________________________________________  ____________________________________________
Title  Date
REQUIRED Form 4 – Byrd Anti-Lobbying Certification

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of and federal contract, grant, loan or cooperative agreement.

2. If any funds other than federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form—LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96)].

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including all subcontracts, subgrants and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

__________________________________________ (the “Company”), certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Company understands and agrees that the provisions of 31 U.S.C. A 3801, et seq., apply to this certification and disclosure, if any.

__________________________________________
(Print Name)

__________________________________________
Company Name

__________________________________________
Authorized Signature

__________________________________________
Address

__________________________________________
Date

__________________________________________
City/State/Zip
REQUIRED Form 5 – Key Team Member Matrix

(Attach additional sheets as necessary for sub-consultants)

<table>
<thead>
<tr>
<th>KEY TEAM MEMBERS</th>
<th>Key Team Member 1</th>
<th>Key Team Member 2</th>
<th>Key Team Member 3</th>
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<tbody>
<tr>
<td>Name</td>
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<tr>
<td>Professional Certifications/Licenses (include Certification/License #)</td>
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<td>Relevant Academic Degree(s)</td>
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<td>Proposed Role/Function for Projects</td>
<td>Project Manager</td>
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<td>Team Member's Office Location (City, State)</td>
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<td>Number of Years with Current Firm</td>
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<td>Number of Years of Relevant Experience</td>
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<td>Availability to provide Services for this Project</td>
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List Notable Projects/Experience
REQUEST FOR QUALIFICATIONS

for

Partners Health Management RFQ
(the RFQ)

Addendum # 01

March 18, 2024

This Addendum, including all attachments and referenced documents, amends the RFQ (including all previously issued Addenda).

INTERPRETATION

(a) This Addendum forms part of and will be read together with the RFQ.

(b) All terms used in this Addendum which are defined in the RFQ will have the meaning assigned by the RFQ unless the context otherwise requires.

(c) In the event of any inconsistency between the terms of this Addendum and the other documents forming the RFQ, this Addendum will prevail. Where the conflict is between this Addendum and the terms of a later Addendum, the later Addendum will prevail.

MODIFICATIONS TO THE RFQ

1. Refer to Section VI Schedule

   • Requires Site Visit / Walk Through
     Tuesday, April 2, 2024, at 10:00 a.m. or Wednesday, April 3, 2024, at 2:00 p.m., 2505 Gaston Memorial Drive, Gastonia, NC 28052.
     Attendance at one of the pre-submittal meetings. Please email Watha Grigg to register for the walk through.

   • Deadline for Questions
     Any questions shall be submitted by 5:00 P.M. April 11, 2024, via email to Watha Grigg: WGrigg@Partnersbhm.org

   • Submittal Deadlines
     Interested firms should email a fully completed RFQ as outlined herein no later than 5:00 P.M., Thursday, April 19, 2024, to Watha Grigg: WGrigg@Partnersbhm.org