



**Hennepin County Medical Center  
Purple Parking Ramp  
Expansion Project**

**Request for Proposal# 21-006**

May 27, 2021 (updated on June 16, 2021)

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**EXHIBITS****EXHIBIT A – PROJECT INFORMATION**

- SITE PLAN SHOWING THE LOCATION OF THE PROPOSED PARKING EXPANSION
- SITE FOR BULK TANK STORAGE RELOCATION
- LOCATION FOR THE THRIVENT SKYWAY CONNECTION POINT
- CURRENT SITE SURVEY
- RECENT PARKING UTILIZATION REPORT
- CURRENT PLANS OF THE EXISTING PARKING RAMP AND PROJECT SITE
- PREDESIGN STUDIES PREVIOUSLY COMPLETED BY WALKER PARKING CONSULTANTS

**EXHIBIT B – HENNEPIN COUNTY CLIMATE PLAN AND HHS SUSTAINABILITY CHECKLIST****EXHIBIT C – DESIGN PHASE DELIVERABLES****EXHIBIT D – CONTRACT****EXHIBIT E – FEE PROPOSAL**

## 1.0 INTRODUCTION

The Hennepin Healthcare System (“HHS” or “Owner”), through their Owner’s Representative is soliciting via this Request for Proposal (RFP) for a Design Team to be their strategic partner for the design of an expansion to the Purple Parking Ramp in the Hennepin County Medical Center (HCMC) campus in Minneapolis, Minnesota. The project will be delivered via a Design-Bid-Build project delivery method. The Design Team to whom this contract is awarded will serve to work with the HHS organization to ensure that best practices, innovative designs, and similar measures taken to maximize the value and utility of the organization’s resources—specific to the downtown HCMC campus. The contract being awarded specifically relates to designing and developing a parking facility that will offset the loss resulting from the future demolition of an aging parking structure located elsewhere on the HCMC campus. The parking resource is required to support future building projects as part of a greater effort involving master planning and campus development.

All documents received from HHS regarding this RFP shall be treated as ...

All documents collected, created, received, maintained or disseminated as part of ~~provided to from HHS regarding~~ this RFP shall be treated as public data under the Minnesota Government Data Practices Act (MGDPA). Your proposal and potential contract is subject to public disclosure unless you identify what portions of your RFP response or potential contract you consider “trade secret” data as defined in the MGDPA. Please review: <https://www.revisor.mn.gov/statutes/cite/13>

Submission of a response to this RFP shall represent that the Design Team:

- has read and is thoroughly familiar with the project documents.
- has carefully investigated all conditions that affect the performance of services covered by this RFP.
- has inspected the possible work site(s).
- is fully informed concerning conditions to be encountered and the character, quality, and quantity of the work to be performed.

Failure or omissions in this regard shall in no way relieve the Design Team from any obligation in respect to this RFP. Additionally, during the performance of any agreement following this RFP whereby the Design Team encounters any adverse condition that existed at the time of the RFP and not provided for in Design Team’s RFP response may not result in a financial obligation to HHS.

## 2.0 HISTORY AND BACKGROUND

HHS is an integrated system of care that includes HCMC, a nationally recognized Level I Adult Trauma Center, Level I Pediatric Trauma Center and 484-bed acute care hospital, as well as a clinic system with primary care clinics located in Minneapolis and across Hennepin County. “Level I” trauma centers meet national criteria for availability of resources, community service, and severely injured patient volume that makes them

regional referral centers. HCMC is the only Minneapolis hospital that is a Level 1 trauma center for both children and adults.

HHS was created by the County of Hennepin, Minnesota (“the County”) and is governed by the HHS Board of Directors. As an integrated system, HHS delivers high-quality person-centered care, conducts cutting-edge research, and provides comprehensive teaching programs.

The HCMC campus occupies eight city blocks in downtown Minneapolis and is in the process of responding to the need to replace dated and inefficient buildings on campus with new and innovative facilities to capitalize on the opportunity to replace with resources that promote better use of resources resulting in better service and higher patient and staff satisfaction.

HHS cares for more than 4,000 patients and their families every day. HHS is a safety net provider, meaning that HHS provides preventive care and treatment for uninsured and financially stressed patients when no one else will. Additionally, HHS is also a provider of choice for many residents, employers, and visitors, because of HHS’s breadth and depth of its clinical staff, access to trials of new therapies, and community integration.

HHS’s flagship institution is HCMC, a nationally recognized 484-bed acute care, teaching hospital, and research center that is a Level I Adult Trauma Center and a Level I Pediatric Trauma Center. HCMC accommodated 21,349 discharges and provided 126,800 patient days of care in 2019. Also, patients made over 643,739 visits to 140 clinical programs and surgeons performed more than 11,000 operating room cases.

The HCMC campus includes three primary care and 26 specialty clinics, as well as supporting services such as laboratory, imaging, and pharmacy services. HHS employs 400 physicians and 300 advanced-practice providers who provide hospital and clinic care, professional education, training, and research. The employed staff are all part of a multi-specialty organization. Other HHS services include an EMS/ambulance service, a Poison Control Center, a home health/hospice agency, a research Institute, and a philanthropic foundation.

HHS hospital and clinics train about 900 resident physicians and 350 medical students each year. In fact, over half of all physicians currently practicing in Minnesota are HCMC trained. HHS is home to over 15 residency and fellowship training programs and is the primary teaching affiliate of the University of Minnesota and more than 60 Minnesota schools. Annually, almost 20,000 health professionals including first responders, resident physicians, nursing students, and medical students in rotations benefit from the diverse education and training programs offered throughout our Healthcare System.

#### **HHS MISSION**

Hennepin Healthcare’s mission is to ensure access to outstanding and equitable care for everyone, while improving the health of the community through intentional partnerships

with our patients, their families, and our community, inclusive of medical education, research, and innovation.

### HHS VISION

Hennepin Healthcare will serve as the catalyst to transform the health and well-being of our community through the delivery of high-quality, equitable health services - exceptional care without exception

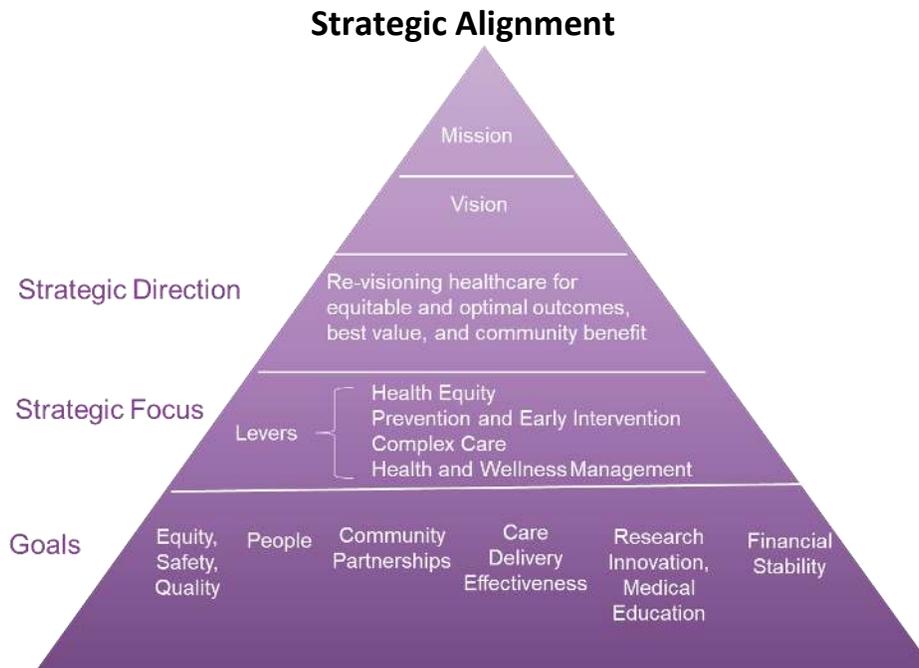
### HHS VALUES

- **Person & Family Centered**  
We partner with our patients and their families to deliver an extraordinary experience that creates comfort and ease in a meaningful way.
- **Excellence**  
We consistently provide exceptional, high quality care and service to everyone, every time.
- **Teamwork**  
We come together around a common purpose: patients, families, and each other.
- **Respect**  
Believing that everyone has intrinsic value, we honor all people: ourselves patients, and families.
- **Integrity**  
We do the right thing every time, for everyone, fostering an environment of honesty, trust, and collaboration.
- **Compassion**  
We take the time to fully engage with you: easing your pain with caring, kindness and sensitivity, and helping you feel safe.

### HHS STRATEGIC DIRECTION

- **Equitable and Social Justice**  
Promoting social and health equity is important to HHS, as evidenced in Hennepin County board voted to declare racism a public health crisis in the county. The County has expressed a desire to address structural inequities in policy and work to ensure that the vision and goals it delivers benefit those who have the greatest need and results in increased opportunity and economic vitality for all. HHS equity work will begin with the engagement work that will give voice to traditionally underrepresented groups and surface issues often left out of the planning process.
- **Strategic Plan**  
HHS is uniquely positioned to re-imagine healthcare and realize **health equity** for Minnesotans. Utilizing our research, teaching, and service lines, along with working with the community, we can and we *must* develop healthcare for the future.  
There is no other health system as uniquely positioned to invest in, and break through health inequities  
**Re-visioning healthcare for equitable and optimal outcomes, best value, and community benefit**
  - Health Equity
  - Prevention and Early Intervention
  - Complex Care

- Health and Wellness Management



### HHS ORGANIZATION

HHS is a highly collaborative organization.

- **HHS Leadership Team** – Consisting of the Executive Leadership for the HHS Organization
- **Comprehensive Campus Development and Planning Committee**—Consisting of HHS organizational leaders, County leadership, Physician groups, and other key stakeholders
- **Hennepin County Administration**—Consisting of County leaders including County Board Commissioners
- **Master Campus Planning**—Consisting of HHS and external stakeholders concerned with the utilization and development of physical space resources for the campus

### 3.0 PROJECT DESCRIPTION

The project entails the construction of a 1,000+ space parking ramp to the west of the HCMC (Purple) Parking Ramp on the HCMC campus. This ramp located along Park Avenue between 6<sup>th</sup> and 7<sup>th</sup> Streets South. The expansion also includes:

- the relocation of existing bulk oxygen storage tanks currently located on the site. Please note that this will require coordination with HHS vendors.
- a skyway link across Portland Avenue to the Thrivent Building.
- the provision of a two-bay loading dock and a tunnel connection through the existing parking ramp to the existing tunnel under Park Avenue.

**Please note: the design for the ramp is to take place this year (2021). The Bulk Medical Gas tank relocation must start prior to ground freezing. The complete tank relocation portion of the project must be completed prior to the commencement of the parking ramp construction which is anticipated to begin in April 2022.**

**Exhibit A** provides the following project information:

- A site plan showing the location of the proposed parking expansion.
- Site for bulk tank storage relocation.
- Location for the Thrivent skyway connection point.
- Recent parking asset utilization report for the organization.
- Current plans and site survey of the existing parking ramp and project site in electronic format. As-built drawings of the existing MEP systems are available for viewing in the HHS Facilities Department office.
- Predesign Studies previously completed by Walker Parking Consultants

Throughout the project, the Design Team will assist HHS by taking the lead as HHS's agent with the various public processes that will be required for approvals and permitting of this project. Additionally, the Design Team will assist HHS as needed with meetings, presentations and communication with the HHS Leadership Team, the Comprehensive Campus Development and Planning Committee, Hennepin County Administration, the HHS Campus Master Planning group and other neighbors/stakeholders.

The "systems" of this project must be designed so they can be efficiently operated by facilities staff and service partners, while integrating with the rest of the campus systems and advancing HHS's sustainability goals. The project must follow:

- B3 Guidelines at: [www.b3mn.org](http://www.b3mn.org).
- Hennepin County Climate Plan, including, but not limited to:
  - Solar Panel Study
  - EV Charging station
  - Bicycle parking

Please note that project certifications may include Park Smart, or equivalent.

Included as **Exhibit B** is the Hennepin County Climate Plan and the HHS check sheet for reporting to the HHS Sustainability Committee.

HHS intends to proceed with a Request for Proposal process to retain a firm to assist with Pre-Construction services. The intent is to have that consultant on-board so they are part of the Project Team prior to the completion of Schematic Design. The intention is for the Pre-Construction firm to provide an independent cost estimate of the SD documents for comparison and reconciliation with the Design Team Cost Estimate. As design progresses, the Pre-Construction firm will assist with constructability review and future independent cost estimates to be reconciled with the Design Team cost estimates.

#### 4.0 SCOPE OF SERVICES

The selected Design Team agrees to perform the services specified herein with the standard of care, skill and diligence normally provided by a professional organization, company or entity in the performance of such service.

The Design Team will provide all design related services, through all phases of the project (Program Finalization, Schematic Design, Design Development, Construction Documents, and Construction Administration) needed for the project including:

- All utility infrastructure improvements and connections required for the project and future campus development.
- Site development which may include, but is not necessarily limited to, demolition of existing facilities, excavation, grading, drainage, utility connections, connections to other facilities, concrete and asphalt paving, walkways, site retaining walls, stairs, ramps, landscaping and irrigation systems, etc.
- The incorporation of innovative solutions involving technology, signage, and security will be part of the discovery, scope, and design of the project
- Design coordination will need to be required with key stakeholders including City, County, HHS, and nearby businesses. As part of this project, it is anticipated that HHS will need to work with the City of Minneapolis to establish setbacks and potentially include “liner buildings” as part of the overall design. It is expected that the architect selected will facilitate and manage relationships between HHS and the City as far as it pertains to the best and most appropriate use of these types of spaces (liner buildings, set-backs, green spaces, etc.). Construction will be likely be multi-phased consisting of relocating medical gas infrastructure, relocating parking, rerouting vehicle and pedestrian traffic as necessary/required as well as an awareness of flight patterns for the air operations of the campus and also to include coordination with MNDOT while not interrupting the service to the campus

The Design Team’s scope of services includes, but is not limited to:

- Architectural
- Civil Engineering
- Structural Engineering
- Mechanical Engineering
- Electrical Engineering
- Lighting Design
- Parking Consultant
- Traffic Consultant
- Elevator Consultant
- Non-code required Low Voltage Systems
  - Tele/Data Network and associated equipment
  - Audio Visual Systems and associated equipment
  - Security – Card Access and Surveillance Cameras

- Signage (traffic, locational, wayfinding, operational, static, electronic, etc.)
- Site/Landscaping Design
- Owner provided/Owner installed furniture and equipment
- Cost Estimating
- Etc.

Some of the qualities that HHS is looking for in the Design Team include:

- The skill to exhibit the qualities of diversity, equity and inclusion into a welcoming physical environment.
- A history of positive, proactive community engagement.
- Experience designing similar parking facilities with connections to other facilities.
- The willingness to listen to the Owner's needs and translate them into responsible design.
- The ability to bring innovation into the architecture and function of this first impression facility.
- The ability to maximize project value (great design quality within budget).
- The awareness to inform the Owner of current trends and future opportunities.
- The ability to lead the engagement process with Owner's Project Team and stakeholders.
- The willingness and capability to lead the Owner to a design that will be relevant now and, in the future.
- The vision to look beyond this initial project to how the facility is set up to positively influence future campus development.
- The ability to envision a facility that lays the groundwork for the long-term re-development of the HCMC Campus, serving as cornerstone in this effort.
- The Design Team must be readily accessible throughout the project, highly responsive, and have a track record of success as recognized by both the healthcare industry and the business community.
- Provide the ability for the Owner to:
  - see the building and be in the building through virtual reality to ensure the spaces being designed meet the project requirements.
  - work with live, drivable mock-ups to demonstrate the design and verify the functionality of the design
- Capability to provide strong construction administration support through project completion.

Throughout the project, the Owner expects the Design Team to coordinate with HHS Project Staff:

- to manage and maintain project information within a project information system which is accessible to the entire Project Team, including the Owner.
- to identify value engineering/value design opportunities and maintain a value design log.

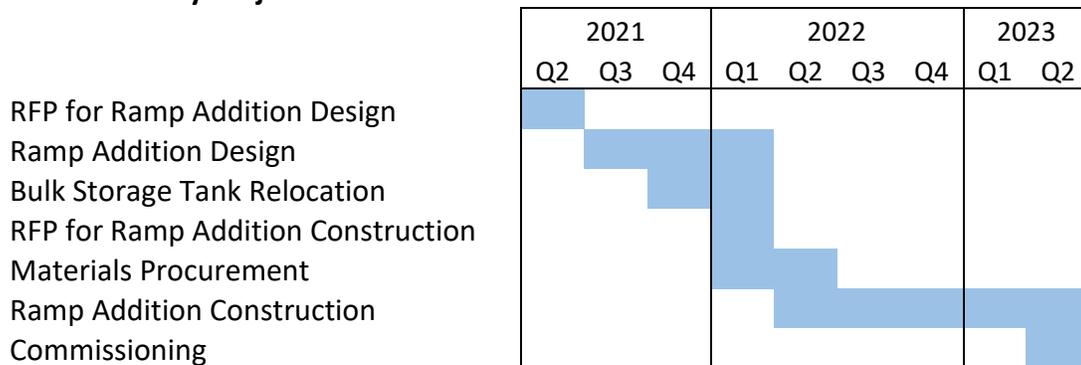
Outside of the scope of the Design contract, the Owner will contract directly for the following services as needed:

- Geotechnical report with soil borings
- Environmental testing
- Hazardous Materials Abatement
- Pre-Construction Services
- Commissioning Services

The Design Team will be responsible to provide all meeting minutes as well as maintain an Action Items Log and Decision Log during all phases of planning and design. The Contractor will provide all meeting minutes during construction. Meeting minutes are expected to be delivered to the Project Team within two (2) days of the conclusion of the meeting.

## 5.0 GENERAL DESIGN PROCESS

### 5.1 Preliminary Project Schedule:



**Please note: the design for the ramp is to take place this year (2021). The Bulk Medical Gas tank relocation must start prior to ground freezing. The complete tank relocation portion of the project must be completed prior to the commencement of the parking ramp construction which is anticipated to begin in April 2022.**

### 5.2 PROGRAM FINALIZATION AND SCHEMATIC DESIGN

5.2.1 The Owner will identify a project Steering Committee, who are organizational leaders and project decision-makers. The Steering Committee may engage other campus stakeholders throughout the project to provide information and programmatic insight.

5.2.2 After the Design Team is selected, a kick-off meeting will be scheduled. The Owner’s Project Team, the Steering Committee and the Design Team will discuss project goals/objectives/guiding principles, coordinate the intended planning process, meetings schedule, attendees, communication expectations, project

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schedule, etc. for completion of the Program Finalization and Schematic Design Phase work.

- 5.2.3 During the Program Finalization and Schematic Design Phase, it is anticipated that the Design Team, will meet with the Owner's Project team key stakeholders to complete the full definition of this project. Please note that low-voltage systems will require coordination with Hennepin Healthcare System Network Services. HHS Network Services will provide standards with which the Design Team will need to coordinate and incorporate into documents. Equipment will require coordination with HHS supply chain designated representatives. Equipment list and standards to be generated and produced by HHS. The Design Team will coordinate and incorporate into the project documents.
- 5.2.4 At the conclusion of the Program Finalization Phase, the Design Team will develop a Program Report, which will assimilate the program and adjacency information compared to the information provided in the Pre-design Studies in a side-by-side format for review and comment by the Owner. The Steering Committee will determine when the documented program and adjacency diagrams provide the elements of a project that meet the expectations of the institution. This project program, once approved by the Owner, will become the basis from which the Design Team will complete the Schematic Design.
- 5.2.5 All design documents are to be developed using Revit and AutoCad software and Building Information Modeling (BIM) program. The Owner expects to work live on Revit and AutoCad during design meetings throughout the design process and integrate into the Facilities software platform, "Archibus". The Owner expects to be able to use Revit floor plans and elevations for review and ultimate approval of the design. Design to meet all statutory and regulatory requirements with the applicable AHJ's.
- 5.2.6 The Design Team will need to develop multiple Schematic Design layouts demonstrating how the approved program fits within the space identified for the project from the Programming Report. The Design Team will review these Schematic Designs with the Steering Committee to determine the preferred Schematic Design to be completed.
- 5.2.7 As the Schematic Designs are being developed, the Design Team must test the concepts with all Authorities Having Jurisdiction (AHJ). The Design Team is to keep the Owner informed of all communication with or from the AHJ and include the Owner in all meetings with the AHJ. It is expected that the Design Team will always work in the best interest of the Owner from both the short-term perspective of the project and the long-term perspective of the institution.
- 5.2.8 The Owner is interested in energy efficiency, sustainability and life cycle facility costs. To that end, the B3 process identified in 3.0 above as well as other

applicable certifications such as ParkSmart will be utilized and sought. The HHS Sustainability checklist is to be used as a tool to assist with design recommendations and decision making, in addition to other elements to be provided by the Design Team, including but not limited to construction cost estimating, facility operating costs – both short term (i.e: daily utility costs, etc.) and long term (i.e.: planned/preventative maintenance, etc.), return on investment calculations, etc.

- 5.2.9 The Owner expects the Design Team to work with the local utility companies regarding rebates and incentives that are programmatically appropriate and would provide a financial benefit to the project.
- 5.2.10 The exterior design of the building is to compliment and coordinate with the new HCMC campus branding which is in development.
- 5.2.11 Meetings will be scheduled for the Design Team to review the SD concepts with the Steering Committee and other stakeholders at established intervals of this design phase. The Owner will provide feedback relative to program requirements.
- 5.2.12 When the selected SD preliminary layout(s) is(/are) substantially developed but not finalized, the Design Team will conduct a SD review meeting with the Steering Committee and other stakeholders. The information to be presented must include but is not limited to:
- a comparative (side-by-side) analysis of the approved concept program to the schematic design.
  - proposed design solutions (architectural and engineering) for all approved program elements.
  - building infrastructure and utility systems narrative.
  - value engineering/value design opportunities with project implications – schedule, cost, long term maintenance/operations implications, etc.
  - value-add opportunities with project implications – schedule, cost, long term maintenance/operations, etc.
  - initial HHS Sustainability Checklist scorecard.
  - project schedule identifying future anticipated design activities.
  - detailed Schematic Design cost estimate by CSI Master Format (all divisions) (or other methodology approved by the Owner) with complete backup information. The format of the cost estimate is to be coordinated with the Pre-Construction Team so that both groups follow a similar methodology and format for easy comparison and reconciliation. The cost estimate is to be structured in a manner so it can be compared in a side-by-side manner on the same sheets of paper with the previous and future cost estimate.

**5.2.13** Based upon input received from the Owner, the Design Team will finalize the SD Documents and produce a written report with drawings for final review with the Owner. The report is to include the information identified in **Exhibit C** at a minimum.

**5.3.14** HHS will formally authorize the Design Team to proceed to the Design Development Phase. Please note that it is the Design Team's responsibility to ensure that the project cost estimate is within the project budget prior to the Owner authorizing the Design Team to proceed to Design Development.

#### **5.4 DESIGN DEVELOPMENT**

**5.4.1** HHS and the Design Team will develop a meeting schedule that allows the Design Team to work effectively and efficiently with the Steering Committee and other designated stakeholders to document the detailed design requirements of each space, while meeting the needs of HHS.

**5.4.2** During Design Development (DD), the Design Team develops and refines the scheme selected during SD to define the size and character of the architectural, civil, structural, mechanical and electrical systems, selects the materials and develops the finish schedule, and provides preliminary Specifications. This includes refinement of the SD documents in the context of the project program, Owner's review of the Schematic Design, and the budgeted construction cost. The DD documents must communicate clearly the technical criteria, characteristics, and quality of each material, system or space identified in the SD phase. All appropriate quality control standards must be identified. The Design Team will produce a written DD Phase Report and Drawings that describe all major building materials and systems in conformance with the Design Team's contract.

**5.4.3** The Design Team is to keep the AHJ informed during DD and include the Owner in all meetings with the AHJ.

**5.4.4** The Owner will retain a Commissioning Agent during the DD phase. The Commissioning Agent will provide Commissioning Specifications for the project that will need to be incorporated into the CD's.

**5.4.5** At a point where the DD concepts have been substantially developed, but not finalized, the Design Team will present the project plan to the Steering Committee and designated stakeholders. Review items will include, but will not be limited to:

- updated side-by-side comparative analysis of the approved program and SD design to the DD design.
- design solutions (architectural and engineering) for all approved program elements.

- building infrastructure systems (mechanical, electrical, plumbing, fire protection, building controls, tele/data, security, etc.) including a page-turn with HHS Facilities Management.
- identification of potential long-lead procurement items.
- value engineering/value design opportunities with project implications – schedule, cost, long term maintenance/operations, etc.
- value-add opportunities with project implications – schedule, cost, long term maintenance/operations, etc.
- preliminary specifications.
- updated HHS Sustainability Checklist scorecard.
- updated project schedule identifying future anticipated design and project approval activities.
- detailed DD cost estimate by CSI Master Format (all divisions) (or other methodology approved by the Owner) with complete backup information. The format of the cost estimate is to be coordinated with the Pre-Construction Team so that both groups follow a similar methodology and format for easy comparison and reconciliation. The cost estimate is to be structured in a manner so it can be compared side by side with the previous (and future) cost estimate on the same document.
- long-term cost of ownership information and opportunities for operating expense reductions.

**5.4.6** Based upon input received from the Owner, the Design Team will finalize the DD Documents and produce a written report with drawings for final review with and approval by the Owner. This report at a minimum is to include the information identified in **Exhibit C**.

**5.4.7** The Owner must formally authorize the Design Team to proceed to the Construction Document Phase before that work can commence.

## **5.5 CONSTRUCTION DOCUMENTS**

**5.5.1** The Owner and the Design Team will develop a meeting schedule that allows the entire Project Team to work effectively and efficiently with the Steering Committee and other designated stakeholders during the Construction Document (CD) phase, while meeting the needs of HHS. The Design Team will review the finalization of the construction documents and specifications with the Owner at established milestones.

**5.5.2** The CD phase of design is where all elements necessary for the construction of the Project, including all graphics and written information are assembled. The Design Team will refine the Design Development documents into a coordinated package considering the review comments, program and budget. The Design Team will produce a comprehensive, unambiguous set of Construction Documents with

complete coordinated information so that the interpretation for procurement, award, and construction requirements is clear.

**5.5.3** The Design Team is to review final plans with the AHJ. Design Team will coordinate with the Owner any meetings scheduled with the AHJ.

**5.5.4** The CD written report shall include at a minimum the following information:

- Statement of estimated construction cost broken down by the CSI Master Format (all divisions) with applicable backup information in a comparative (side by side) format to the previous cost estimate(s). This should be a reconciled estimate of the Design Team's cost estimate and the Pre-Construction Teams cost estimate.
  - Estimate must be equal to or less than the construction budget, excluding alternates.
  - Include separate costs for each add and deduct alternate proposed.
- Submit a copy of the State Building Code Division plan review application that has been submitted to the Division.
- Submit a copy of the local Fire Marshal's written approval of the fire detection and fire alarm design and that the Fire Alarm System is in adherence with codes and standards.
- Submit a letter to the Owner stating the final design conforms to all applicable building codes.
- Submit a letter to the Owner explaining changes from the approved DD documents.
- Provide written responses to all DD Review Comments.
- Provide written explanation for any Review Comments not incorporated into the CD's.
- Provide the power distribution system Short Circuit Study and a one-line electrical diagram.
- Complete Set of CD's - the Design Team shall prepare and provide all Drawings and Project Manual Specifications necessary to convey the exact scope of the Work and full intent of the CD's.
  - Include the necessary schedules, notes, details, and isometric drawings so that all materials and Work are described, and all components are coordinated.
  - Project Manual - include a final Table of Contents and a final Drawing Schedule. Provide a complete Project Manual expanded from the Design Development submittal. Provide Project Manual Division 0 and Division 1 in accordance with the construction contract requirements. Provide technical specifications for each division and section with particular emphasis on language so that the prescribed quality of all materials, products, components, and workmanship requirements throughout the project are clear and unambiguous. Coordinate commissioning specifications with

Commissioning authority, as required. Provide a chart of all quality assurance testing and inspection requirements.

- At a minimum this is to include the information identified in **Exhibit C.**

## **5.6 CONSTRUCTION ADMINISTRATION**

**5.6.1** The Design Team shall attend all Pre-Construction Meeting(s) scheduled by the Contractor.

**5.6.2** The Design Team shall attend weekly on-site Construction Progress Meetings.

**5.6.3** The Design Team shall schedule and conduct special Construction Administration meetings including Pre-Installation meetings on critical systems and assemblies along with other meetings as deemed necessary.

**5.6.4** The Design Team shall respond to Requests for Information (RFI's) from the Contractor for interpretations and/or clarification of the Contract Documents. If the Design Team response does not result in a change the Contract Sum or Contract Time to the Project, the Design Team may respond with a written Architect's Supplemental Instructions (ASI). If a change in either the Contract Sum and/or Contract Time is required, the Design Team shall prepare a Proposal Request (PR), requesting the Contractor provide a proposal to complete the change under consideration for the Owner to approve prior to proceeding.

**5.6.5** The Design Team shall conduct weekly on-site observations of the Project to evaluate and record progress and conformance with the Contract Documents. Perform construction observations and site visits necessary to interpret and clarify the Work for the Contractor. Site observation reports with photos and narrative of activities will be submitted to the Owner within 2 days of the site visit

The Owner's Consultants may conduct full-time or periodic observations of specific systems as determined during the design phase, in accordance with the Quality Control plan. Field reports with photos and test results will be submitted to the Owner within 2 days of each visit.

**5.6.6** Certify Payments to Builder – the Design Team shall review and act on the Contractor's monthly Applications for Payment within five (5) business days of receipt.

**5.6.7** Submittals Review – the Design Team shall provide a list of submittals to be provided by the Contractor and review shop drawings, product data and samples to verify conformance with the Contract Documents and design intent. The Commissioning Agent will review all submittals related to systems included in the Commissioning plan. The Owner will identify which submittals they will want to

review and provide feedback to the Design Team prior to the submittal being responded to.

- 5.6.8** The Design Team shall initiate and prepare Architect's Supplemental Instructions (ASI's), Construction Change Directives (CCD's), and Change Orders (CO's) for Owner review and approval prior to proceeding.
- 5.6.9** Substantial Completion – the Design Team shall schedule and conduct an inspection and shall prepare a comprehensive list of items to be completed or corrected by the Contractor prior to final payment. The Design Team shall assist the Contractor in obtaining a Certificate of Occupancy from the local officials having jurisdiction over the Project. The Design Team shall issue a Certificate(s) of Substantial Completion(s) after the Owner has received the Certificate of (Temporary) Occupancy and the Owner and the Design Team have agreed that Substantial Completion of the Project or a portion thereof has been reached. Upon notification by the Contractor or upon receipt of a Final Pay Application, the Design Team shall schedule an inspection and verify completion of all punch list items. The Design Team shall approve the final Application for Payment upon acceptance of the Work and verification of the following items:
- The Design Team shall verify with the Owner that all required Owner's operating personnel training has been provided for the systems and equipment installed as part of the Project.
  - The Design Team shall verify with the Owner that all Operating and Maintenance (O&M) Manuals have been received as described in the Project Manual.
  - The Design Team shall verify that all required warranties specified in the Project Manual have been submitted by the Builder with the final Application for Payment.

## **6.0 GENERAL PROCEDURES AND REQUIREMENTS**

**6.1** The RFP will be sent to contracted architectural firms and also published on HHS's website at the following location: <http://www.hennepinhealthcare.org/contract>.

### **6.2 SELECTION PROCESS**

Evaluation Factors: Evaluation factors shall include, but are not limited to, the following:

- Proposer's expertise and experience.
- Proposer's past performance
- Proposer's current or past relationship with HHS.
- Proposer's telephone or in-person interview, if requested.
- Hourly Billable Rate (Cost)

Criteria Compliance: HHS reserves the right to determine, in its sole and absolute discretion, whether any aspect of a Proposal satisfactorily meets the criteria established above.

Submission of Alternatives: Although this RFP specifies minimum requirements for completion of the Project and should be responded to in all respects, Proposers are invited and encouraged to submit alternatives that may be of interest to HHS.

Additional Information: HHS reserves the right to request additional information from Proposers during any phase of the proposal evaluation process. During the evaluation and selection process, HHS may require the presence of Proposer's representatives to make presentations and answer specific questions. Notification of any such requirements will be given as necessary.

Conditions of Award: HHS may elect not to award a contract solely on the basis of this RFP and will not pay for the information solicited or obtained. The information obtained will be used in determining the alternative that best meets the needs of HHS.

Following the interviews, the Owner will determine which proposal and Design Team will be a best value to HHS. If an agreement cannot be reached with the selected firm, the Owner reserves the right to negotiate with another firm, prepare and release a new RFP for services or, at their sole discretion, reject any and all Respondent proposals, waive minor discrepancies between a Respondents proposal and the RFP, as the Owner deems to be in their best interest.

Any waiver by the Owner with respect to the RFP requirements shall apply only to the instance for which it is made or given, and no such waiver shall constitute a permanent or future waiver of such requirements.

### 6.3 CONTRACT

HHS intends to utilize a Modified B101-2017 agreement. The contract is included as **Exhibit D**.

The Contract for Design Services will include by reference this RFP and any addenda, the selected Respondent's proposal and any modifications to the requirements of the RFP or to the proposal resulting from negotiations between the selected Respondent and the Owner. **Any suggested edits to the Contract must be included with your RFP submission. The Design Team will not be allowed to identify any additional proposed contract modifications in any future potential contract negotiations.** Favorable consideration will be given to Respondents who take no exceptions to the Contract terms and conditions.

## 7.0 REQUEST FOR PROPOSAL SCHEDULE

### 7.1 RFP SCHEDULE

The anticipated major milestone schedule for the RFP process is:

- |   |                            |
|---|----------------------------|
| • RFP available to interested Design Teams  | Thursday May 27, 2021      |
| • Notification of Intent to respond/provide list of those attending pre-proposal mtg. | Wed. June 2, 2021, Noon    |
| • Pre-proposal meetings   | Thursday June 3, 2021, 2pm |
| • Written questions must be received by   | Tuesday June 8, 2021, COB  |
| • Responses to written questions due  | Monday June 14, 2021, COB  |
| • RFP submissions due from invited firms  | Friday June 18, 2021, Noon |
| • Notify firms regarding their status   | Friday June 25, 2021, Noon |
| • Interview short-listed firms  | Week of June 28, 2021      |
| • Notify selected firm of preliminary award   | By July 12, 2021           |
| • Kick-off Meeting  | Week July 26, 2021         |

## 7.2 PRE-PROPOSAL MEETING

A pre-proposal meeting and tour will be held on Thursday June 3, 2021, 2pm – 4pm [Lower Level Ramp—Project Room]

## 7.3 INTERVIEW PROCESS

Meetings with the shortlisted firms will be scheduled for 1.5 hours as follows:

- 10 minutes allocated to Design Team introductions, review of Design Team’s experience with each other as a team, review of relevant project experience, etc.
- 20 minutes allocated to a review of the process that the Design Team proposes to follow to:
  - lead HHS through discussions and analysis so that decisions can be made to finalize program and design
  - facilitate the public review and approval process
- 45 minutes allocated to a review and discussion of the initial site plans and building elevations developed as part of your RFP submission.  
Please think of this not just as a presentation of your concepts, but an informal simulated work session to be facilitated by the design team to demonstrate your project approach and work process.
- 15 minutes for questions and answers

## 8.0 SELECTION CRITERIA AND EVALUATION OF RESPONSES

### 8.1. SELECTION CRITERIA

Subject to modifications, the criteria described below is intended to be used by the Owner’s Selection Committee as a guideline to evaluate each Respondent’s proposal.

Design Team Qualifications and Organization (M/WBE, CERT, etc.)	15 points possible
Past Project Performance and Related Experience	15 points possible
Project Approach, Program Establishment and Design Process	20 points possible
Design Concepts and Visual Images	25 points possible
Proposed Fee and Compensation Structure	<u>25 points possible</u>

100 points possible

**8.2 RFP COMMUNICATION**

From the date of release of this RFP until a Design Team is selected and a Contract executed, Respondents are not to communicate with any of the Owner's staff except through the Owner's Representative identified in ~~11.1~~ 12.1. Design Teams submitting a proposal may not engage in the practice of "vault-over". Vault-over is defined as soliciting any County or HHS employee in the position of management or any other positions seen as influential in securing the award of the work described in this RFP. Any Design Team soliciting, presenting information, discussing, questioning, or having any form of communication regarding this proposal with any County or HHS employee, regardless of medium of presentation or location of communication, other than through the Owner's Representative, will be disqualified immediately. This term survives the length of the RFP and subsequent agreement period at the interpretation and discretion of Hennepin County and/or HHS.

**8.3 REQUEST FOR CLARIFICATIONS AND INFORMATION**

The RFP process is designed to give responding Design Teams an adequate opportunity to submit questions and discuss the requirements and responses to the RFP. Written questions for the purpose of clarifying matters related to this RFP may be submitted until COB on Tuesday June 8, 2021. Questions will not be accepted over the phone or in person. Requests for clarifications and information must be submitted via e-mail to the Owner's Representative identified in Section 11.1. Each communication must clearly state the appropriate RFP reference (i.e. subject plus page and section number(s)). Written responses to all submitted questions will be sent to all firms that attended the Pre-Proposal Meeting by the end of the day Monday June 14, 2021. If appropriate, a change may be issued by the Owner's Representative in the form of an addendum to this RFP. No other communication shall be in effect during the RFP process.

**8.4 RFP DEVIATIONS**

If a Respondent takes exception to or wishes to propose an alternate from any term or condition in this RFP, the Respondent must do so clearly and conspicuously in its proposal by referencing the specific section number of the term or condition and by describing in detail the exception to or proposed alternate. If a Respondent does not clearly and conspicuously take exception to or propose an alternate from a specific term or condition, the Respondent shall be bound by every term and condition in this RFP in the event of award of the Contract. The Owner reserves the right to 1) accept a proposal with deviations or exceptions, 2) negotiate deviations or exceptions, or 3) reject a proposal with exceptions or deviations deemed unacceptable by the Owner in its sole discretion.

**8.5 INSURANCE REQUIREMENTS**

During the period of performance of any agreement, resulting from this RFP, the Design Team and its sub-consultants agree to carry and continue during term of agreement the insurance limits specified in the contract documents between HHS and the Design Team

## 9.0 RFP SUBMITTAL INSTRUCTIONS

### 9.1 SUBMISSION REQUIREMENTS

RFP responses must follow the following submission requirements. The RFP response must address all RFP requirements in a thoughtful and thorough manner for it to be considered a complete submission. The emphasis of the response should be to demonstrate the submitting firm's ability to provide the services delineated in the scope of work for this project and should focus on being **complete, concise and having clarity of content.**

NOTE: It is a condition of this RFP that the offer remain valid for the acceptance by HHS for a period of ninety (90) calendar days from the proposal deadline.

### 9.2 NONCONFORMING AND LATE RESPONSES

Nonconforming responses and responses that are received late will not be evaluated. **Delivery by the submission deadline as noted in the RFP is the sole responsibility of the submitting team.**

### 9.3 CONFIDENTIAL, PRIVILEGED OR PROPRIETARY FIRM INFORMATION

Any information that your team considers confidential must be clearly noted as such with an explanation of why it is privileged information. The entire proposal may not be designated confidential, privileged or proprietary by the Respondent. The information delivered to the Owner becomes the property of the Owner and the Owner has the right to use the content of any proposal received in response to this RFP without any restrictions unless the Respondent presents an objection to such use in their proposal with appropriate rationale such as a verifiable trademark infringement. In no event will such objection be considered valid with respect to the use of ideas, which are not the proprietary or trade secret information of the Respondent and so designated in the proposal, or which were known to the Owner before submission of such proposal, or which properly became known to the Owner through other sources.

### 9.4 RFP FORMAT

All responses must clearly identify the project name, Owner's name and the submitting Design Team on the cover.

The response shall be delivered to HHS in a PDF digital format on a USB Flash Drive. The contents must be printable on standard 8.5" x 11" paper or 8.5" x 14" (legal) paper that easily folds within an 8.5" x 11" dimension, all pages numbered, no font size smaller than 10 point, portrait format, tabbed for each primary section with components within the sections sub-tabbed as the Respondent deems appropriate. Include a Table of Contents in sufficient detail to facilitate easy reference of the sections of the submittal.

### 9.5 INTERVIEWS AND AWARD

A minimum of two Design Teams submitting responses to this RFP will be scheduled for interviews with HHS the week of July 19, 2021. The following team members need to be present for the interview:

- Principal-In-Charge
- Design Architect(s)
- Project Architect(s)
- Parking Consultant
- Lead Electrical Engineer
- Lead Mechanical Engineer
- Lead Structural Engineer
- Lead Civil Engineer
- Other members of your Design Team that will add value to the interview

## **10.0 QUALIFICATIONS PACKAGE SUBMITTAL (75 POINTS POSSIBLE)**

### **10.1 TRANSMITTAL LETTER FROM FIRM PRINCIPAL**

This one-page letter must be submitted on the Respondent's official letterhead. This letter should acknowledge receipt of the RFP, the accompanying material issued along with the RFP and any addenda issued during the RFP process. The letter must transmit the proposal identifying all materials and enclosures being forwarded in response to this RFP. Please indicate the primary contact person along with their e-mail address and phone numbers for the submitting firm. The letter must be signed by an individual who can legally commit the Respondent to the information contained in the submittal.

### **10.2 TEAM QUALIFICATIONS AND ORGANIZATION (15 POINTS POSSIBLE)**

**10.2.1** Provide comprehensive descriptions of the firms included in the Design Team, including years of experience, size of organization, major client base, and type of business entity

Provide a narrative description of how your team will be organized and operate through all phases of the project. Please include an organizational chart. The response must specifically identify by name and title at a minimum:

- Principal-in-Charge
- Design Architect(s)
- Project Architect(s)
- Parking Consultant
- Traffic Consultant
- Elevator Consultant
- Lighting Designer
- Lead Civil Engineer
- Lead Structural Engineer
- Lead Mechanical Engineer

- Lead Electrical Engineer
- Low Voltage Engineer
- Landscape Architect
- Other Specialty Consultants

Identify the specific roles, responsibilities of each team member for this project.

Identify past working relationships among the proposed project team members during the last five years.

Please identify your commitment to the inclusion of any W/MBE, CERT, etc. certified firms on the team. Discuss your approach to diversity, equality and inclusiveness of the members of your Design Team.

**10.2.2** Provide a maximum of a one-page resume for each team member identified in Section 9.2.1, please include:

- Years of experience in their position
- Professional licenses, registrations or certifications if any are held
- Percent of time to be committed to this project per project delivery phase
- Existing other project/business commitments
- Project references and phone numbers from past similar projects in the past five years

**NOTE: If experience for any team member referenced in this response was completed while employed at another firm, this must be clearly indicated.**

**10.2.3** Describe any special services, firm characteristics or other benefits/advantages that will be afforded the Owner by selecting your team to be the Design Team for this project.

**10.3 PAST PROJECT PERFORMANCE AND RELATED EXPERIENCE (15 POINTS POSSIBLE)**

**10.3.1** Provide profiles of three to five comparable projects designed and built by members of the Design Team in the past five years, collectively and/or individually. Include pictures, project description, size, dates for design and construction phases and references. Also, identify what makes your comparable projects relevant and how your experience with these projects can contribute to the success of this project.

**10.3.2** HCMC is a healthcare/hospital entity in an urban environment, please identify your strategy for working with and in this environment which includes active primary city streets and is immediately adjacent to an influential neighborhood.

- .

**10.3.3** The Owner reserves the right to obtain and use relevant experience and past performance information that is obtained from sources other than those identified by the Respondent.

**10.4 PROJECT APPROACH, WORK PLAN AND SCHEDULE (20 POINTS POSSIBLE)**

**10.4.1** Provide a full description of the steps you propose be followed in carrying out the work. This work description should be broken down into a sufficient level of detail (i.e., tasks, subtasks, etc.) to show a clear understanding of the work, critical path, and the proposed approach.

Specific to this project – describe the processes of how the Design Team will lead HHS through discussions and analysis so that decisions can be made to finalize the program and Concept Design.

How have you helped clients in the past work through similar situations? What worked and what did not work? Please fully describe how you will help HHS make the programmatic decisions.

Include a project management plan that includes the following elements:

- Definitions and composition of the five process groups of managing the project including defining-- *planning, initiation, execution, monitoring & control, and closing.*
- Methodology for project management, to include roadmap, team structure, milestone and resource schedule and project schedule.
- Coordination and communication strategies and plans.
- Method for monitoring and controlling changes to include impacts to cost, schedule, and scope changes.

**10.4.2** Specific to this project – how will the Design Team deliver a design product of properly coordinated construction documents that provide superior design, quality design, and cost-effective design, from both the perspective of initial construction cost as well as long-term operating costs? The response to this question should also include a discussion of your proposed Design processes, including formats and models **to be specifically used** for this project in terms of:

- Coordination and Quality Control
- Value Design & Value Engineering
- Design Schedule and Schedule Control
  - As support for your information, please detail the actual design schedule performance by project phase for the projects identified in 9.3.1 as compared to the planned design schedule.
- Communication Plan including **specific** information that will be provided regularly to allow HHS to keep the stakeholders informed of design related activities, issues, required information and decision-making timelines.
- Identify how HHS will benefit from your system and processes.

**10.4.3** Please discuss how your firm would take into consideration sustainability measures and environmental stewardship on this project, e.g. Park Smart certification, B3 Guidelines, Hennepin County Climate Plan, etc..

**10.4.4** In the opinion of the Design Team, to make the project successful, define your expectations of the role of the Owner as a member of the Project Team.

**10.4.5** Provide a preliminary work schedule, considering HHS review time, etc.. Materials for Steering Committee meetings must be submitted one week prior to each meeting. The proposed project schedule should be provided on a timeline and consider the important milestones, critical pathways, and deliverables.

Describe how the Design Team will develop and update, regularly, a Project Design Schedule that is not just the design activities but also includes all Owner activities and responsibilities. Provide a preliminary Project Design Schedule by design phase in sufficient detail to identify project sequencing, durations and milestones.

**10.4.6** Identify the project software to be used and the information that will be made available to HHS.

**10.4.7** What does your Team perceive as the biggest challenge(s) to be faced during the design of the project described within this RFP and how does the Design Team propose to **specifically** address these challenges?

**10.4.8** Identify any concerns you noted in your review of the RFP documents or process.

**10.5 PRELIMINARY VISUAL IMAGES (25 POINTS POSSIBLE)**

**10.5.1** Develop preliminary site concept plans illustrating how a 1,000-car facility fits on the proposed site and engages or relates to the existing parking facility, the HCMC Campus and the Thrivent Building. Include improvements to the exterior of the existing Purple Parking Ramp.

**10.5.2** Develop elevations of the site and adjoining buildings from two perspectives:

- Looking south from 6th Street South
- Looking east from Portland Avenue South

**10.5.3** Develop a typical floor plan showing parking stall layout, elevators, and other connections if applicable.

**11.0 COST PACKAGE SUBMITTAL (25 POINTS POSSIBLE)**

**11.1 DESIGN TEAM COMPENSATION**

The Design Team compensation will include the following categories:

- Design Services by Project Phase

- Reimbursable Expenses by Project Phase

## 11.2 DESIGN SERVICES

**11.2.1** Provide an hourly rate schedule for all Design Team personnel associated with the project, such as, but not limited to what was identified in 9.2.1. Additionally, provide standard current rates for all positions (by title) within the design firm(s). Hourly rates provided in this schedule are to include all fringes, burden on labor costs, overhead and profit. These current rates must be applicable through at least calendar year 2021. On **Exhibit E**, please identify the maximum percentage increase HHS will experience per year for future years past 2021 for this project.

**11.2.2** On **Exhibit E**, identify your proposed Design Fees for the project. For each phase of the project identify the number of projected hours by person and by discipline as well as a lump sum cost for each discipline during each phase of project. The sum of all design phases will represent the Design Team's lump-sum design fee for each phase and the project in total and must be inclusive of: profit, overhead, design fees required to complete the project including all architectural and engineering disciplines, construction administration, and any consultant fees required by the Design Team and insurance costs.

**11.2.3** Identify other non-personnel related (reimbursable) expenses by type (i.e. travel/mileage, parking, copy charges, etc.) that you would expect to be reimbursed for and provide a detailed estimate of anticipated reimbursable expenses by project phase. Please note that the Owner must pre-approve any out of town travel expenses in relation to the project. The Owner will only pay the actual cost of the reimbursable expenses, additional mark-up is not allowed.

## 12.0 MISCELLANEOUS REQUIREMENTS AND PROVISIONS

### 12.1 CLARIFICATIONS AND QUESTIONS

Clarifications and questions regarding this RFP and its contents are to be directed to the Owner's Representative via e-mail:

David Flowers  
Manager, Supply Chain Management  
Capital, Construction & Indirect Portfolio  
HENNEPIN HEALTHCARE, INC.  
900 S 8th Street, BL 240 | Minneapolis, MN 55415  
612-873-6575 | 612-904-4253 fax  
[David.Flowers@hcmcd.org](mailto:David.Flowers@hcmcd.org)

Information received from other persons is non-binding. Clarifications and answers to questions will be provided to all firms receiving this RFP, and if deemed necessary a written addendum to the RFP will be provided.

**12.2 CONFIRMATION OF INTENTION TO RESPOND**

Please provide confirmation that your firm intends to respond to this RFP by Noon on Wednesday June 2, 2021. Provide your confirmation by e-mail to the Owner's Representative identified in ~~11.1~~ 12.1. At that time also provide a list of the people from your team who will be attending the pre-proposal meeting. Please note that each Design team is limited to four (4) people attending the pre-proposal meeting

**12.3 RFP SUBMISSION INSTRUCTIONS**

Each Proposer must submit their proposals utilizing two (2) flash drives: HHS must receive proposals no later than 12:00 p.m., Friday June 18, 2021 at the following address:

David Flowers, JD  
Manager, Supply Chain Management  
HENNEPIN HEALTHCARE, INC.  
900 S 8th Street, BL 240 | Minneapolis, MN 55415  
612-873-6575

[David.Flowers@hcmcd.org](mailto:David.Flowers@hcmcd.org)

HHS will not accept proposals submitted by email or facsimile.

HHS is not responsible for delays or losses caused by the U.S. Postal Service or any other carrier or delivery service. HHS reserves the right to accept proposals after the date specified above.

Please review the information in the link below regarding: Rules Governing Competition for HCMC Requests for Proposals, Quotes, or Information

<https://www.hennepinhealthcare.org/wp-content/uploads/2018/07/contract-rules-proposals-info.pdf>

**12.4** This RFP does not commit the HHS to award a contract, to pay any costs incurred in the preparation of a proposal for this RFP, or to procure or contract for any services.

**12.5** HHS and the selected Design Team may agree to add additional work to the Project work scope by a later agreement. HHS will not be held responsible for work performed in excess of the scope or budget without prior agreement. HHS may elect to stop work at any time in the contract and will pay for work completed to that point on a time and material basis.

**12.6 TEAM MEMBER CHANGES**

A change in a firm's individual team members following submission of your response to this RFP requires notification to and approval from the Owner prior to implementing the change. This includes through the entire design and construction period of the project.

The Owner reserves the right to request the Design Team to make changes in their own team or their sub-consultant's personnel at any time they feel it is in the best interest of the Owner.

**12.7 NEWS RELEASES**

News releases pertaining to this RFP and contract award shall not be made without prior written approval from the Owner.

**12.8 RFP SUBMITTAL MATERIALS**

All materials submitted become the property of the Owner and will not be returned. No compensation shall be made to those firms submitting responses and/or participating in the RFP process.

**12.9 COMPLIANCE TO RULES AND REGULATIONS**

Design Teams submitting agree to comply with all applicable federal, state and local laws, statutes, rules, and regulations. During the period of performance of any agreement resulting from this RFP, the Design Team concurs that the agreement will be governed and interpreted under the laws of the State of Minnesota, County of Ramsey, USA. Any action arising out of or related to the final agreement must be brought within one year from the first date such action could have been brought, despite any longer period provided by statute. If a longer period is provided by statute, the parties to the final agreement expressly waive it.

**12.10 INDEMNIFICATION AGAINST CLAIMS AND DAMAGES**

During the period of performance of any agreement resulting from this RFP, the Design Team agrees to be responsible for and hold HHS harmless from and against all losses, claims, costs, damages, and liabilities including research and attorney's fees arising out of the performance of services herein due to the Design Team's negligence or willful misconduct, or that of its employees, agents or sub-consultants.

During the period of performance of any agreement resulting from this RFP, the Design Team agrees to be fully responsible and liable for all actions of sub-consultants. The Design Team agrees to be responsible and fully liable to ensure that sub-consultants meet all terms, conditions, etc. that apply to the Design Team.

**12.11 AUDITING**

The books, records, documents and accounting procedures and practices of the Design Team selected for this project shall be subject to examination by the Owner and its auditors/consultants.

**13.0 EXECUTION OF AGREEMENT**

**13.1** Notice of Award will be sent to the selected Design Team within five (5) business days after approval.

**13.2** Within five (5) business days after the Design Team receives the Notice of Award, they will provide HHS with three signed drafts of the contract for design services. These design services and fees must be broken down by phase: Program Finalization, Concept Plan

Development, Schematic Design, Design Development, Construction Documents, Procurement and Construction Administration. HHS will authorize work by phase.

- 13.3** Within five (5) business days thereafter, HHS shall deliver one fully signed copy of the contract to the Design Team.

**END OF REQUEST FOR PROPOSAL**