

## REQUEST FOR PROPOSALS FOR MEDICAL EQUIPMENT PLANNING, CONSULTATION, & IMPLEMENTATION

### Master Campus Plan Cooper University Health Care – Camden, New Jersey

Your firm is hereby given of notice of an opportunity to submit a response to a Request for Proposal for Medical Equipment Planning and Consultation Services for the Master Campus Plan (“Project”) for Cooper University Health Care (“Cooper”). This request for proposals is a competitive selection process to engage a firm to provide planning, procurement, logistics, and implementation services for this project. The specific requirements for this Request for Proposal are set forth below.

#### A. PROJECT DESCRIPTION

##### 1. Brief Overview

Hammes Company has been engaged by Cooper as program manager for the Master Campus Plan (“Project”). The Project is planned for a multi-year, multi-phased program on the site of the existing academic medical center campus located in Camden, New Jersey.

Cooper University Health Care (“Cooper”) is the leading academic health system in South Jersey. Cooper operates a 663-bed tertiary care hospital, South Jersey’s only Level I trauma center, MD Anderson at Cooper, Children’s Regional Hospital at Cooper, and the only Level II pediatric trauma center in the Delaware Valley (hereafter “Cooper University Hospital”). In addition to Cooper University Hospital, Cooper includes one of the largest physician groups in the region, three urgent care centers, and more than 100 outpatient offices in South Jersey and Pennsylvania. Cooper’s large multispecialty centers located in Camden, Cherry Hill, Voorhees, Willingboro and Moorestown make it easy to schedule appointments for multiple services in a convenient location.

Cooper University Hospital is an academic, tertiary care medical center affiliated with Cooper Medical School at Rowan University and is located on the Health Sciences Campus in Camden. Cooper has a long history in the city of Camden and is playing a prominent role in its revitalization. Cooper Medical School at Rowan University has approximately 430 students, 1800 faculty members, and since its inception in 2012, graduated over 350 new physicians.

Annually, Cooper has approximately 30,000 hospital admissions, more than 1.7 million patient visits, and 400,000 outpatient hospital encounters. Cooper's primary service area is in Camden, Burlington, and Gloucester Counties and secondary service area is in Atlantic, Cape May, Cumberland, and Salem Counties.

Cooper University Health Care's mission is **To Serve. To Heal. To Educate.**

**Our Team Approach:** Talented, diverse professionals are central to accomplishing project goals. Their ability to collaborate at a high level will be key to any project's success. It is Cooper's intent to build a culture of trust among the team by framing constructive attitudes and requiring leadership finesse by all parties. All principal team members will be expected to maintain a balanced focus on forward progress and value creation for the Project, while maintaining accountability for every team member to control cost, quality, and schedule.

**Cooper and Program Manager** will have overall responsibility for directing the design and construction efforts, coordinating all team members so they will provide their necessary services in a complete and timely manner. They will drive the rapid and dependable internal decision-making and bi-directional reporting between the design and construction teams and Cooper leadership. They will also assure that sufficient funds are available to complete the Project within the current budget estimates. Hammes Healthcare will assist Cooper's Planning, Design & Construction group in this role. Geotechnical and Site/ Civil Engineers will be contracted directly with Cooper. This contract was awarded to Langan Engineering.

The **Architect/ Engineer of Record** ("AE") will contract directly with Cooper and is responsible to lead the research, program validation, ideation, best practice application, budget adherence, design, design schedule adherence, standard of care execution, documentation, and construction administration for the Project to meet the Project's goals and objectives, regulatory guidelines, and the scope approved by Cooper. HKS & Array Architects have been selected to work together along with their consulting engineers for MEP/FP, BR+A and Highland, and the structural engineers, O'Donnell & Naccarato. There are also subconsultants for other elements of the Project such as vertical transportation, vibration, materials management, etc. 'Architect' shall reference the entire Design Team under the Architect's Agreement as noted.

The **Medical Equipment Planning, Procurement, and Implementation Consultant** (“MEDICAL EQUIPMENT CONSULTANT”) will contract directly with Cooper and, during the design phase, will be an advisor on medical equipment planning and placement, as well as budget. During construction, the Medical Equipment Consultant will work with Cooper to specify actual equipment, to purchase the equipment in the hospital’s purchasing system, iCooper, and to coordinate delivery and placement of equipment. Coordination of training as well as budget management will be critical components to this scope of work.

## 2. Scope of the Project

Cooper’s Master Plan guiding principles have been described within Exhibit A.

To further its mission, Cooper has begun a significant, multi-year, multi-phased project on the site of the existing academic medical campus located in Camden, New Jersey. The Project will be accomplished in two (2) phases, as described within the below bullets. The scope of this engagement will include Phase 1 as the project scope. Phase 2 will be accomplished as a future additional engagement.

- Phase 1
  - Tower A (178,679 DGSF per Exhibit A) Design Development, Construction Documentation and Construction Phases. HKS & Array have developed a Conceptual Design Package and Schematic Design program and plans. Medical equipment planning and consultation services will be provided by the Medical Equipment Consultant to support the project through completion.
  - Towers B (265,800 BGSF per Exhibit D) and C (523,000 BGSF per Exhibit D) Programming, Conceptual, and Schematic Design Phases only. Cooper performed initial master planning which is exhibited in this RFP. HKS & Array are currently updating the Service Line KPUs and are further refining the functional program which will be available upon their completion Q2 in 2024. This portion of the Project will include programming, medical equipment lists, and an equipment budget that will be provided by the Medical Equipment Consultant to support this aspect of the Project through the end of Schematic Design only.
- Phase 2 (not included in this engagement) will include the design completion of Towers B and C (DD Phase and CD Phase), Construction of Towers B and C, demolition design for the existing Dorrance Building, and infrastructure design for components located in the B&C Towers or required for their occupancy.

**B. PROJECT SCHEDULE**

A master program schedule has been included as an exhibit to illustrate the multiple parallel pre-design, design, and construction activities that will need to be accomplished. The selected Medical Equipment Consultant will be required to provide the resources and staffing to support the approach described within the master program schedule (Exhibit C). The Program Manager has established the following summary schedule solely for the purpose of preparing a proposal for Medical Equipment Planning, Implementation & Consultation Services.

**1. Summary Project Schedule**

8/8/23 – 2/16/24	Tower A; Schematic Design & EndUser SignOff
4/1/24 – 10/15/24	Tower A; Design Development Phase & Core & Shell CDs
3/29/24 – 8/29/24	Towers B & C; Programming & Schematic Design Phase
3/1/24 – 7/15/24	Tower A; Early Site Work & Foundation CDs
8/1/24 – 2/21/25	Tower A; Interior Development & Construction Documents Phases
9/1/24 – 4/1/27	Tower A; Excavation, Foundations & Construction

**2. Medical Equipment Planning and Consultation Services RFP Timeline**

3/11/24	Issue request for proposals
3/12/24	Deadline for RFP acknowledgement of receipt and intent to respond
3/15/24	Deadline for RFP clarification / questions (12:00noon EST)
3/18/24	Responses to questions received (shared with all)
3/22/24	Deadline for receipt of proposals (3:00pm EST)
3/27/24	Selected firm announcement
Week of 4/1/24	Kick-off meeting and Design Development End User Meetings Commencement

## C. SCOPE OF SERVICES

The successful Medical Equipment Consultant will provide the services as described below. Please note that this is not intended to be a fully descriptive list of every possible task that needs to be performed. The following items are intended to identify the major expectations of the successful firm. If there are questions regarding scope that will have a material impact on this proposal, please request further clarification.

### Summary of Medical Equipment Planning and Consultation Services

- Interview staff in order to program and create room by room lists of equipment needs for Tower A. However, staff/End User requests require validation and reconciliation with project scope, budget, and needs and approval by Cooper's Executive Project Leaders for both Tower A and Towers B&C planning.
- Estimate a list of equipment needs for Towers B&C through input from Schematic Design meetings.
- Assess and inventory existing equipment that will be reused in coordination with Cooper's Department of Biomedical Engineering ("Biomed") and Cooper's clinical staff
- Establish equipment budgets
- Provide equipment cut sheets and specifications for new and existing equipment where possible for the Architect's and Engineer's use in documenting on the design drawings
- Procure equipment and owner purchased items (such as furniture) in accordance with all of Cooper's contracting policies and utilizing Cooper's software system known as iCooper to submit requisition requests
  - Obtain authorization to use iCooper and complete iCooper training with Cooper's Purchasing Department
  - Ensure bid process and pricing is consistent with Cooper's GPO and in coordination with Cooper's Purchasing Department
- Coordinate Shipping/ Receiving/ Storage & Warehousing
- Coordinate IT Integration of medical equipment through the IT assessment process
- Oversee installation of all equipment and provide Biomed with equipment lists for tagging and commissioning by Cooper Biomed. Also provide Cooper Purchasing with 'Receiving Lists' for Cooper's appropriate payment of vendors
- Organize training with Cooper's clinical team and the equipment vendors

## Specific Scope of Work for Medical Equipment Planning and Consultation Services

### **1. Phase 1 Tower A – Design Development, Construction Documentation, and Construction Administration**

- a. Participate in all design development user meetings. Lead medical equipment portions of these meetings in order to review all equipment being planned for each room in the design. Anticipate eighteen [18] Departments organized in a continuous all day, week long meeting series. There will be [4] Design Development meeting series for a total of [4] weeks of on-site meetings.
- b. In addition to attending DD and necessary CD internal Design Team Meetings, the Medical Equipment Consultant shall also hold any needed equipment planning meetings specific to equipment with the End Users & Project Team to ensure comprehensive documentation of all medical equipment needs and identify associated budget. Vendor involvement may be required to obtain needed submittals.
- c. Coordinate with existing standards and vendors, review and incorporate specific design requirements, review new technologies and options, and/or construct mockups or conduct site visits as needed. Work with Owner’s IT Strategic Planning Consultant to incorporate new technology into the Patient Experience Platform.
- d. Conduct an existing equipment inventory of all areas being relocated to the new space for purposes of identifying equipment that is a candidate for relocation based on remaining useful life in conjunction with BioMed. Update the equipment list to include asset information including asset tag number, condition, and the cost to replace the item if required.
- e. Provide the Design Team with equipment cutsheets and specifications for each set of DD meetings so they may incorporate the equipment into the drawing set. Provide to the Design Team all requirements for space, structure, mechanical, electrical, plumbing, low voltage, and other physical characteristics as may be applicable. At the end of DD, provide a complete room by room equipment list and all cutsheets and specifications. Further refine this information through CDs to provide final equipment information.

- f. Provide a courtesy review of the architectural floorplans and elevation drawings to ensure equipment has been incorporated from a space and location perspective at the issuance of DD, GMP, and CD level drawings. Ultimate responsibility for incorporating equipment into the design lies with the Architect and their team, but Medical Equipment Consultant will review based on their unique experience and understanding of the use of the equipment and provide feedback and markups of the drawings for incorporation into the set.
- g. After the kickoff meeting, estimate a medical equipment list and budget for incorporation into the SD Budget Estimate. After DD, issue a revised medical equipment list and equipment budget on a room-by-room basis and department basis for review by the Owner. Update any assumptions regarding preferred vendors, new vs. relocated, leased vs. purchased, and overall capital plan assumptions based on current information. Work with the Owner to identify budget management options as required to meet the needs of the Project. At the issuance of the GMP set of documents, finalize the equipment budget for approval.
- h. Assist in establishing scope definition relevant to medical equipment as part of a Target Value Design process for the overall design and construction of major building systems. The process is an interactive one with participants being from the Design Team; i.e., Architect, Consulting Engineers, Material Management Consultant, Construction Manager, and relevant Owner and End Users. Functionally, each group will work to identify target budgets for each cluster and manage that budget value for cost and schedule certainty against the overall project budget (“Cluster Meeting”). This process allows for real time decision making on key design issues that might affect quality, cost, and schedule. All decisions are processed and documented through A3s as prepared by the Design Team. Anticipate on call participation [1] 90 min long Cluster Meeting every other week through the CD issuance.
- i. Provide a responsibility matrix outlining responsibility for planning, procuring, budgeting, warehousing, and installing medical equipment.
- j. Medical Equipment Consultant shall provide Procurement Ready specifications for equipment as much as possible. Obtain information from Users on options / accessories during Design Development / Construction Documentation to minimize revisions during procurement. Hold equipment validation meetings with Users to advance any Basis of Design Specification to Procurement Ready: clarify options / accessories and confirm reuse of existing.

- k. An initial procurement schedule organized by lead time and accounting for all steps in the Owner's procurement process shall be provided.
- l. The Medical Equipment Consultant will be responsible for various roles during construction phase of the Project. These roles include:
  - 1. Responding to Owner & CM/ Contractor's Request for Information (RFI) that is equipment related within five (5) days of issuance,
  - 2. As vendor changes occur or equipment specifications develop, the Medical Equipment Consultant will provide updates to the equipment specification to the Architect and Construction Manager,
  - 3. Review and comment on equipment submittals as necessary,
  - 4. Coordinate and develop an equipment installation schedule with the construction schedule and coordinate installation and relocation of medical equipment with various vendors,
  - 5. Attend biweekly OAC meetings as requested by the Owner.

## **2. Phase 1 Tower A – Procurement, Receipt, Storage, and Installation & Close Out**

- a. Develop a final decision and procurement schedule that is time-sensitive to the commissioning date of the facility so that the owner makes all required decisions as needed.
- b. Lead regular (weekly) procurement meetings with IT, Purchasing and Bio Med to review the procurement schedule and to ensure that equipment packages are being solicited and reviewed in a timely manner and that the PO and IT processes are keeping pace with procurement timelines.
- c. Prepare a quote process for Cooper's approval which may include equipment bid packages, RFPs, and facilitate the bidding & negotiation process on the owner's behalf. This includes leading any pre-bid conferences with potential vendors as deemed necessary. Once a vendor is selected, the Medical Equipment Consultant will prepare the request for purchase order in iCooper for internal Cooper procurement processing. Owner will actually issue the purchase order, however, it is the Owner's intention that the Medical Equipment Consultant prepares all technical data necessary to deliver a complete purchase order and procurement. Medical Equipment Consultant shall also:
  - 1. Identify items with the highest savings potential if bid instead of reverting to owner standards,
  - 2. Identify items requiring detailed early sourcing,



3. Identify Owner's GPO affiliation and any additional pre-determined contracts,
  4. Develop a list of acceptable vendors,
  5. Identify any vendor payment terms requiring deposits and follow up to ensure there is no delay on order,
  6. Coordination with IT for any required Fit-Tests.
- d. Develop detailed delivery and installation schedule in keeping with the project construction schedule. Consultant shall also review with Project Management and Construction Manager any labor requirements for the Jobsite.
  - e. Attend Pull Planning meetings as project moves closer to completion to coordinate equipment deliveries and installation in conjunction with Construction Completion, Furniture Delivery, and IT Installation.
  - f. Develop and issue an RFP for a storage facility and for services to receive, organize, and store equipment being staged for delivery for the Owner's new facility. Receive proposals and provide a side-by-side analysis along with a recommended vendor to the Owner.
  - g. Provide oversight to the suggested and selected warehouse vendor and ensure items are being received and organized appropriately with receipt paperwork tracked and turned into the owner on a regular basis.
  - h. Manage the delivery of equipment to the new facility whether that equipment is coming from the warehouse or directly from a vendor or being relocated from an existing facility of the Owner. Consultant will have personnel on site as required during this phase of the Project to ensure the delivery is proceeding as expected.
  - i. Provide biweekly reports, aligning with OAC meetings, outlining equipment in its various stages (ordered, shipping dates, in IT review, received, installed etc.). This report should also provide financial reporting related to the equipment budget. Log all completed purchase orders in Owner's selected budget management software.
  - j. Coordinate with Biomed so that Cooper's Biomed may complete all required checks and tagging prior to being placed into use.
  - k. Conduct a punch-list of medical equipment upon completion of the installation and coordinate with vendors for corrective actions necessary to correct the equipment installation.

- I. Coordinate with vendors and the Owner to ensure all training and certifications are completed per the purchase order requirements.
- m. Provide a close-out report indicating any remaining open items as of the completion of the Consultant's engagement.
- n. Equipment classes listed - are expected to be included to in this RFP for this Project:
  1. Permanently attached to the building (e.g. MRI, CT, IR, Ceiling-Mounted Light and Booms, Gas Columns, Patient lifts, OR Integration, Patient Integration, Dispensary, Automatic Diagnostic, and Testing, etc.)
  2. Electrical and/or mechanical required and not permanently attached (e.g. Portable X-Ray, EKG Machine, Dialysis, Defibrillator, etc.)
  3. Non-electric and non-mechanical and not permanently attached (e.g. Stretchers, IV Poles, Clinical and Office Waste Containers, PPE Modules, etc.)
  4. Surgical Instruments (e.g. Endoscopes, Surgical Trays, etc.)
  5. Owner contract dispensers (e.g. Toilet Paper, Hand Sanitizer, Soap etc.)
  6. Furniture including Laboratory and Pharmacy furniture – requisition only, specified and budgeted by others
  7. IT/ Computers & Peripherals (e.g. End User Desktops, Laptops, Printers, Copiers, etc.) – listed in room lists for size, power requirements, and quantity only, specified and purchased by others

Note: Security, Nurse Call, OH Paging, Visitor Management Systems, HVAC BMS and other non-clinical integration systems are excluded.

### **3. Part I – Programming and Schematic Design [Towers B&C]**

- a. Create a program level, room-by- room equipment list. Equipment list based on the program provided by the Owner/ Architect. The equipment list should initially assume all new equipment unless the program specifically mentions existing equipment to be reused. Based on this preliminary list, the Consultant will provide a program level estimate of equipment to include common add-ons such as freight, escalation, storage, handling, etc.
- b. Work with Architect, Owner, and the End Users throughout the Schematic Design phase to review initial equipment assessment and assumptions and make updates to the room-by- room equipment list as appropriate based on user input related to condition, vendor preferences, and other relevant information.
- c. Attend all schematic design meetings and provide the Architect and End-Users with information as needed to ensure that appropriate space is planned for architecturally significant equipment. Anticipate forty [40] Departments organized in a week long meeting series. There will be [4] Design Development meeting series for a total of 4 weeks of on-site meetings.
- d. Based on schematic design meetings and discussion with the Owner provide an updated equipment list and cost estimate at the completion of Schematic Design. These deliverables will reflect decisions reached related to equipment which will be relocated, leased, purchased out of other capital budgets or other options determined by the Design Team & Owner.
- e. Provide a responsibility matrix outlining responsibility for planning, procuring, budgeting, warehousing, and installing medical equipment.
- f. Provide preliminary equipment layouts for major equipment rooms (Surgery, Pre/Post Operation, Imaging, SPD, Laboratory, etc.) to assist the Architect in completing schematic design drawings.
- g. All deliverables to be coordinated with and in compliance with the Owner and Architect’s design schedule requirements.

**Contract:** The form of contract for this agreement will be a modified AIA Document A151-2019 Standard Form of Agreement Between Owner and Vendor of FF&E Consultation and B254-2019 Standard Form of Agreement Between Owner and Architect for Purchasing Agent Services for FF&E as modified and agreed on by the parties. Cooper is interested in your firms form of Agreement or comments on the referenced AIA templates.

**Diversity:** Cooper values diversity in its work force, patient population, and with our partner companies. Cooper expects the successful firm to take affirmative steps to strongly consider contracting opportunities for minority-owned, women-owned, and veteran-owned businesses. As used in this RFP, the terms “minority owned business”, “women-owned business”, and “veteran-owned business” means a business is at least fifty-one percent (51%) owned and controlled by minority group members, women, or veterans. For purposes of this definition, “minority group members” are African Americans, Spanish speaking, Spanish surnamed, or Spanish-heritage Americans, Asian-Americans, and Native Americans.

Affirmative steps would include dividing total requirements, when feasible, in smaller tasks or quantities to permit meaningful participation by minority, women, and veteran-owned businesses.

While Cooper has not yet established a percentage requirement for diverse company participation, this goal could be developed prior to design development documents being finalized. If/once that requirement is established, with the Medical Equipment Consultant’s input, the Consultant will be required to meet that goal through the bidding and procurement process.

Additionally, Cooper wishes the trades associated with installation of equipment on the Project site be unionized labor, with the exception of vendor specific installations. Medical Equipment Consultant will be required to align on site labor with any Project Labor Agreements reached between the Construction Manager and Unions for the project.

**Grant Conformance:** The Medical Equipment Consultant and any subcontractors or vendors that the Medical Equipment Consultant hires, must undergo a SAMS check and a state debarment check. This is to ensure no companies are engaged that have been excluded from working on federal and state funded projects.

Further, The Uniform Guidance requires an infrastructure for competitive bidding and contractor oversight, including maintaining written standards of conduct and prohibitions on dealing with suspended or debarred parties.

The Medical Equipment Consultant must comply fully with 2 CFR Part 200 (Uniform Guidance), See below link;

<https://ecfr.federalregister.gov/current/title-2/subtitle-A>

Additionally, any procurement using SLFRF funds, or payments under procurement contracts using such funds are consistent with the procurement standards set forth in the Uniform Guidance at 2 CFR 200.317 through 2 CFR 200.327, as applicable. The

Uniform Guidance establishes in 2 CFR 200.319 that all procurement transactions for property or services must be conducted in a manner providing full and open competition, consistent with standards outlined in 2 CFR 200.320, which allows for non-competitive procurements only in circumstances [2 CFR 200.320(c)(1)-(3)].

#### D. PROPOSAL REQUIREMENTS

The Proposal(s) for medical equipment planning and consultation services shall provide the information necessary for an evaluation of each firm by Cooper and the Program Manager. This information coupled with possible interviews will provide the basis for selection.

RFP acknowledgement and intent to respond are to be transmitted via email by date noted to Mark Tufaro, VP at Hammes Company Healthcare. Questions are to be electronically submitted on date noted (12noon EST) to both John Delli Carpini & Mark Tufaro.

**Proposals shall include all five [5] sections as described on Pages 15 & 16 (Proposal Format) of this RFP. Proposals shall not exceed fifteen [15] pages**, excluding fee proposal, similar project profiles, and summary team resumes, and are to be electronically submitted on date noted (3pm EST) to:

- Faith Orsini, VP of Design & Construction – [orsini-faith@cooperhealth.edu](mailto:orsini-faith@cooperhealth.edu)
- Robert Stag, Manager Contracting – [stag-robert@cooperhealth.edu](mailto:stag-robert@cooperhealth.edu)
- Mark E Tufaro, VP at Hammes Company Healthcare – [mtufaro@hammes.com](mailto:mtufaro@hammes.com)
- John Delli Carpini, Sr PEx at Hammes Company Healthcare – [jdelli@hammes.com](mailto:jdelli@hammes.com)

There shall be ***no direct communication*** with Cooper senior management, staff, or Selection Committee members upon receipt of the RFP through medical equipment planning and consultation selection announcement regarding this project. Any communication could result in firm disqualification. All questions should be directed through the Program Manager noted above.

## Proposal Format for Medical Equipment Planning and Consultation Services

### Cover Letter

### Table of Contents

### Section 1.0 - Executive Summary

Please provide a brief summary which describes and highlights the experience, qualifications and particular expertise for this project for the firm(s) being proposed to meet the basic services scope of work.

### Section 2.0 - Company Information

- 2.1 Discuss the Firm's background, ownership and proposed contact office.
- 2.2 Indicate if the firm is currently licensed to conduct business in New Jersey.
- 2.3 Discuss the stability of the firm's leadership.
- 2.4 Is the firm proposing to work under any Joint Venture or other partnership agreements? If yes, please provide requested information for each firm and each firm's role in the JV or partnership.
- 2.5 A description of any litigation involving the firm in the last five years.
- 2.6 Has the firm, under its current name or any predecessor names, ever declared bankruptcy?
- 2.7 Has the firm ever been dismissed from work on a project in the last five years? Describe the circumstances.
- 2.8 Describe any fiduciary arrangements with manufacturers or distributors.
- 2.9 Describe any active signatory agreements.
- 2.10 Describe work your firm may seek to self-perform.
- 2.11 Provide Proof of Insurance.

### Section 3.0 – Project Planning & Management Team

Please provide a narrative which describes your approach toward management of the Project – recognizing the time constraints set forth in the Project Schedule. The following information shall be provided to highlight the experience and qualifications of each of the key personnel (from each firm) to be assigned to the Project:

- 3.1 Project Team Organization Chart or matrix indicating staff and structure for each phase of the project. Identify the role of each proposed team member, the amount of time each team member will spend on the project.
- 3.2 How your firm would address turnover of personnel assigned to the Project.
- 3.3 Your knowledge of the Project location and how that experience will bring value to Cooper and this Project.

## **Section 4.0 – Medical Equipment Planning and Consultation Services Approaches**

Please provide a narrative describing your approach for the items listed below.

- 4.1 Describe your equipment planning approach during design phases of the project.
- 4.2 Describe your approach and strategies to manage supply chain and inflation challenges.
- 4.3 Describe your schedule management approach including any comments regarding the preliminary schedule provided within Exhibit B.
- 4.4 Describe your budget & cost management and your firm’s negotiation approach with vendors regarding terms & conditions, discounts for prepayment, and other concepts your firm has implemented successfully for other Clients.
- 4.5 Lessons learned from other similar engagements

## **Section 5.0 – Standard Form of Agreement**

AIA Documents to be selected at Owner’s discretion; A modified Standard Form of Agreements Between Owner and Consultant for planning and purchasing of FF&E

## **Section 6.0 – Fee Proposal (not included in the 15-page limit)**

Exhibit E shall be provided populated and included in your proposal. Additional pages can be added to address additional team members and hourly rates. Reimbursables shall be at cost to Owner.

## **Section 7.0 – Project Experience (not included in the 15-page limit)**

Please provide one-page descriptions and profiles of five (5) projects of similar scope and complexity to the project described earlier in this RFP and which involved your proposed team. Emphasis should be placed on those projects involving the personnel assigned to this project. Each project shall include SF size, construction value, construction substantial completion milestone, project team (Owner, Program Manager, architect, and engineers), budget accuracy/performance, schedule accuracy/performance, and a reference for the project to include name, title, role on the project, and contact information.

## **Section 8.0 – Team Member Resumes (not included in the 15-page limit)**

Summary resumes of each proposed team member (no more than 1 page per resume). Resume shall include two individual references per proposed team member.

**Section 9.0 – MEQ Room Types Budget Ranges (not included in the 15-page limit)**

Exhibit F shall be provided populated and included in your proposal. Additional pages can be added to address medical equipment components and pricing your firm believes is relevant.

**E. OWNER’S DISCRETION**

Owner, at its discretion, may:

1. Choose not to accept any or all proposals submitted in response to this RFP.
2. Cooper will make an award based on Project Understanding, Firm Experience, Proposed Personnel, and Fee. All factors except Fee are of equal importance and are more important/of equal importance to Fee. All offerors must be responsible, as evaluated by the General Information submission and any other information available to Cooper.
3. Request that a respondent submit an alternate sub-consultant.
4. Retain all documents submitted in response to this proposal; however, it will not make public any confidential information provided such information is clearly identified.
5. The Owner reserves the right to reject any or all proposals. The Owner reserves the right, for any reason, to award to any qualified and responsible consultant deemed to best serve the interests of the Owner.

**F. INSURANCE REQUIREMENTS**

- General Liability  
\$4,000,000.00 Combined Single Limit for Bodily Injury and Property Damage
- Employers Liability  
\$4,000,000.00
- Automobile Liability  
\$1,000,000.00 Combined Single Limit for Bodily Injury and Property Damage
- Workers Compensation  
\$1,000,000.00
- Errors & Omissions  
\$4,000,000 General Aggregate

To Owner: Cooper University Health Care with Additionally Insured



## **G. EXHIBITS**

- A. Tower A – Program, dated 9.21.23
- B1. Tower A – Schematic Design Intent Documents, dated 2.15.24
- B2. Tower A – Schematic Design Colored Presentation Plans, dated 2.15.24
- C. Master Program Schedule, dated 11.7.23
- D. Master Campus Plan, dated 12.14.21
- E. Medical Equipment Consultant Proposal Fees, Reimbursable Expenses & Hourly Rates [MSWord]
- F. MEQ Room Types Budget Ranges [MSWord]