



Purchasing Services

TO: All Bidders:

DATE: April 18, 2024

FROM: Scott McGowan
Senior Buyer
Department of Purchasing Services

SUBJECT: Addendum #2

**RE: Design/Build Services MSP Renovations
(RFP #UH-P24-011)**

ADDENDUM #2

The following constitutes Addendum #2 to the above referenced solicitation. This addendum includes the following parts:

Part 1: Answers to questions asked by prospective bidders. Duplicate questions are responded to only one time in the addendum.

Part 2: Additions, deletions, clarifications and modifications to the RFP.

NOTE: Major revisions are included, please review carefully.

It is the bidder's responsibility to ensure that all changes are incorporated into the original RFP.

All other instructions, terms and conditions of the RFP shall remain the same.

ADDENDUM #1 INTRODUCTION

This addendum is intended to answer questions that were asked at the pre-bid conference.

PART 1

Answers to Questions

Note: Some questions have been paraphrased in the interest of readability and clarity. Each question is referenced to the appropriate RFP Section.

| Number | Page # | RFQ Section Reference | Question | Answer |
|---------------|---------------|------------------------------|---|---|
| 1 | N/A | N/A | Was an Engineering assessment and report completed? If so will the chosen D/B team receive this or can everyone be provided this ahead of time? | No engineering assessment and report have been completed. |
| 2 | N/A | N/A | Are there existing building drawings for the space? | Yes – All available drawings are attached to this Addendum. |
| 3 | | N/A | Would the Design/Build contractor receive the autocad file used in the planning? | Yes |
| 4 | | N/A | Does the project have to be in autocad or Revit? | Yes - Copy must be provided in AutoCAD format. |
| 5 | N/A | N/A | Can UH please provide us with PDF files for the original Mechanical, Electrical, Plumbing and Fire Protection drawings for the area being considered for renovation? If so, please provide these drawings for the E-level as well as below that area on the D-level. | Some Mechanical, Electrical and Plumbing can be provided in PDF format. All available drawings are attached to this Addendum. |
| 6 | | N/A | Can UH please provide us with PDF files for Mechanical, Electrical, Plumbing and Fire Protection drawings for any renovation/alteration projects that may have occurred since the original construction, in the area being considered for renovation? If so, please provide these drawings for the E-level as well as below that area on the D-level. | All available drawings are attached to this Addendum. |

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| | | | | |
| 7 | N/A | N/A | Does University Hospital have HVAC, Electrical, Fire Protection, Fire Alarm, and Plumbing drawings available for our use? | We have some original building design drawings for HVAC, Plumbing, Electrical. We have current drawings for Sprinkler upgrades. We have very old (not accurate) Fire Alarm plans. |
| 8 | 21 | 3.4 | Are there any specific design standards that University Hospital requires for their projects? | No additional standards beyond the standards detailed in Section 3.4 of the RFP. |
| 9 | 6&7 | 1.3.1.1 | Should any questions arise from the Pre-Bid Conference / Site Visit, would it be acceptable to submit them in writing by COB that day, March 11 th ? | The cut-off date for questions is changed from the end of the Pre-Bid Conference to the close of business Thursday, March 14, 2024. |
| 10 | 42 | 5.7.9 | Subcontractors – Is this article referring to Design or Consulting Subcontractors or Trade Subcontractors? | Contractor is responsible for the performance of all subcontractors. Bidder must submit the requested information for at least the design, engineering and general contracting subcontractors. All named subcontractors must include proof of business registration. It is understood that not all trade subcontractors may be known at time of bid. |
| 11 | 37 | 5.5.6 | Do we need to submit the names of our Trade Subcontractors and their required paperwork with our Bid submission? | See response to question 10, above. |
| 12 | N/A | N/A | Please provide a list with all invited Bidders for the project | The RFP was advertised in The Star Ledger and Trenton Times newspapers and is also posted on the University Hospital website. A list of all firms that access the RFP documents is unavailable. |
| 13 | N/A | Pre-Bid Conference | Please provide a copy of the mandatory pre-bid meeting sign-in sheet | A copy of the Pre-Bid Conference Sign-In Sheet is attached |
| 14 | 23 | 3.6 | Please confirm that Bidders shall have been in business under the same company name and Federal Employee Identification Number for at least the past three (3) years as per your RFP section 3.6 | Section 3.6 is deleted. |

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| 15 | | | Please consider extending both the RFI due date and bid due date so more questions can be submitted, answered, and based on that you may receive more comprehensive bids. | The cut-off date for questions was changed from the end of the Pre-Bid Conference to the close of business Thursday, March 14, 2024, and will not be extended further. |
| 16 | | | RFP mentions that additional electrical service will be required to the 2 rooms being updated by your other vendor Stryker. Please provide at least some idea / information as to what is anticipated to be needed as additional electrical service | As stated in the Pre-Bid Conference, each room requires 16 new circuits. |
| 17 | | | RFP states that 3 of the existing patient toilet rooms are not ADA compliant. Has your Proposed Schematic Plan (drawing A-2) accounted for that and does the proposed layout make them compliant? | The new design addressed toilet rooms. Verification of the design is incumbent upon the selected firm. |
| 18 | | | RFP states that current post-procedure cubicle sizes and clearances do not comply with 2018 FGI guidelines. Has your Proposed Schematic Plan accounted for that and does the proposed new layout make those compliant? | The new design addressed the size of patient bays. Verification of the design is incumbent upon the selected firm. |
| 19 | | | The RFP states that the scope processing room intended to be redesigned, but the drawings show it the same. Our initial thought is that it may have to be redesigned, please confirm whether this is a must and whether layout(s) are up to us / the Bidder. | The scope processing room changes from its current configuration. Refer to the most recent plans, which were included with the RFP. |
| 20 | | | The Contract / Agreement provided as an "Attachment A" refers to a few other attachments such as D,E,F,G,H, which we don't currently have. Are these additional documents that you should provide | Attachment D is drawings included with the RFP. Reference to Attachments E, F and G will be deleted from the contract. |

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| | | | us with prior to the bid, or is this just left over from other contracts / templates? | |
| 21 | | | Please provide a timeline as to when the successful Bidder will receive signed and sealed drawings from the architect/engineer designing rooms #1 and #2, as those are to be included with the Bidder's DCA submission. | Stryker is planning to have a completed draft ready for University Hospital review by May 5th. We will need to coordinate with the awarded Design/Build Contractor before DCA submission to ensure both designs work together before DCA submission. |
| 22 | | | Please confirm lead times for items being provided and installed by Stryker. | Stryker lead times are all three weeks or less. |
| 23 | | | It appears the drawings you provided are designed to previous code editions, and the design will need to be verified and possibly redesigned. The NJ DCA requires compliance with the 2022 Guidelines, 2017 ANSI A117.1 accessibility code and 2021 International Building codes, etc. Please advise if you will be issuing any revisions or should Bidders include the required design up to latest codes? | As stated at the Pre-Bid Conference, the Bidder is required to provide a complete set of drawings to current standards. Drawings must be approved by DOH and DCA. |
| 24 | | Agreement | Please provide a copy of the "Factory Mutual Insurance Company loss prevention codes and standards" referenced in the agreement. | This requirement is deleted. |
| 25 | | | Which portions of the building are sprinklered? The plans indicate that the building is only partially sprinklered. | MSP is not sprinklered. Adjacent areas are sprinklered. Refer to attached drawings. Contractor is responsible to install sprinklers. |
| 26 | N/A | N/A | Are there any special expectations for the interior design of the space? | To improve the area's appearance and functionality. |

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| 27 | | | Will the Owner provide a complete equipment schedule and equipment cut sheets for fixed and movable equipment? | No. Owner has lists of equipment, but the equipment selection is part the design/build requirements. |
| 28 | | | We assume any loose furniture, equipment, etc. will be provided by the Owner. Please confirm if any of these items are to be furnished by the Bidder or installed by the Bidder. | Fixed and movable medical equipment and any equipment in Rooms 1 & 2 are excluded. Items such as furniture, curtains with track, exam room wall systems, etc. are included. Sharps and pharmacy waste containers will be provided – Contractor shall install Sharps containers. |
| 29 | | | Will the Owner provide an existing conditions CAD drawing for the facility? (Understood that a survey is required) | Owner will provide CAD backgrounds for the space . |
| 30 | | | Does the facility have standards for lighting and plumbing fixtures, door hardware, etc., that should be followed? | Door hardware must be Corbin Russwin. Owner will provide recommendations on bathroom fixtures, ceiling tiles and wall and door protection. |
| 31 | | | Are there any known deficiencies in the infrastructure, especially, is the existing HVAC system in good working condition and able to support current requirements for air changes, fresh air intake and filtration of the proposed program? | Only the procedure rooms in the department have been surveyed on a regular basis. They have all passed their air exchange rates. See air reading attachment. This project does not include a new air handler. Current air handlers meet demand. |
| 32 | | | Is there a compliant EES currently in place? | Emergency Electrical System? If so, the answer is yes. |
| 33 | | | What is the construction type of the building? Where in the facility is the existing endoscopy located? Is the existing space egress compliant? | I332. Endoscopy is currently located in the MSP – See drawing. Yes, but this should be verified by the Contractor. |
| 34 | | | Is the project going to be required to comply with LEED or any other program in addition to codes | No LEED compliance. |

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| | | | applicable to healthcare projects in the State of New Jersey? | |
| 35 | 17 | 3.1.2.2 | <p>Last paragraph states that “In addition to the above work, the contractor will evaluate room #2 to determine if it can be changed from a positive to a negative air pressure relationship. The Contractor must include a \$10,000 allowance for the air balancing in this room.”</p> <p>Please clarify, is the objective to change the pressure relationship of the room to be always negative, or is it to convert the room to an adjustable pressure relationship (i.e., adjustable between positive and negative), for use as either protective or infectious isolation as desired?</p> <p>Please clarify, is the allowance for the engineering evaluation to determine whether or not it is possible to change to air pressure relationship from positive to negative (or to adjustable), or is the allowance for the actual air balancing work? If it is for the actual air balancing work, is that for just the initial existing condition confirmation air balancing, or does the allowance include the final balancing to put the room in a negative (or an adjustable) air pressure relationship? (Note that conversion to an adjustable pressure relationship will certainly entail the installation of new hardware and controls, not merely air balancing work, and that the conversion to a constant negative air pressure relationship may also require the same.) Depending upon the answers to the above questions, the \$10,000 allowance may be more than is needed for the task, or it may be less than is needed. What are the procedures governing compensation for work necessary to</p> | <p>To become always negative, not adjustable.</p> <p>The allowance includes the assessment and balancing. The intent is not to create an adjustable air flow. Current airflow is fixed not variable.</p> <p>If the outcome entails additional work/cost, then the Owner will determine whether to pursue the additional work.</p> |

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| | | | <p>achieve the desired scope that is over and above the \$10,000 allowance?</p> <p>Would the Hospital consider eliminating the allowance and instead asking each Design/Build team to include their own estimate of the appropriate costs for the engineering evaluation (with the cost of implementing the results of the engineering evaluation to be determined at the conclusion of the engineering evaluation)?</p> | No |
| 36 | 19 | 3.1.2.19 | <p>States in part that “The Contractor will run regular construction meetings with the Owner.”</p> <p>Does this include regular meetings during the design phases of the project, or only during the active construction phases?</p> <p>How frequently are the “regular” meetings to take place? (E.g., weekly, every other week, etc.)</p> <p>Are they to be the same frequency during design phases and active construction phases?</p> <p>Will virtual meetings be allowed, or must all meetings be at the site?</p> <p>If it will be allowable to hold some meetings virtually while others are required to be held at the site, please be specific as to how often the on-site meetings will be required.</p> | <p>All phases</p> <p>Minimum of every other week. Some work may require more frequent meetings to handle critical areas.</p> <p>This depends upon the work and the integration necessary.</p> <p>Some meetings may be virtual. However, all construction meetings should be on site.</p> <p>Will not be specific. As necessary to make the work move quickly. Time frame does not allow for a relaxed program.</p> |
| 37 | 20 | Section 3.3.2 (and subsequent sub-paragraphs) | <p>Calls for construction to be completed and new systems to be operational within 490 days (understood as calendar days) of the written Notice to Proceed. When subtracting the 20 days allowed to start design, the 90 days allowed for</p> | <p>Owner will not change the project schedule. Contractor should re-assess the allocated timelines.</p> |

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| | | | <p>Design Development, the 90 days allowed for Construction Documents, the five days allowed for preparation of permit submissions, and the five days allowed for mobilization following release of permits, that leaves only 280 days to complete the construction. This does not account for the review time by the Owner after the DD and CD submissions, or the review time by permitting agencies; with those accounted for, the remaining time for construction will be even less than 280 days.</p> <p>280 days (actually less) does not seem adequate for construction of a project of this complexity having at least four individual phases of work.</p> <p>At the same time, on page 6 of the Facility Narrative Outline, item 5 states that the “Renovation is expected to start in the spring 2023 and will take about 12 months to be completed.” Putting aside the delay in project start date, the “12 month” completion time for the renovations seems inconsistent with the 280 days (actually less) that appear to be accounted for under the 490-day project schedule.</p> <p>In light of this, will the Owner reconsider the project schedule to allow for a longer active construction period?</p> <p>Whether or not the Owner adjusts the project schedule as part of the RFP, what will be the procedure(s) for addressing schedule extensions if they become necessary (due to lead times for equipment, for example, or for other reasons not necessarily foreseeable at this point in time)?</p> | |
| 38 | N/A | Pre-Bid Conference | During the pre-proposal meeting, it was stated that the project has | <p>If equipment becomes an issue, then schedules could be adjusted. However, present scope does not appear to include extremely long lead items.</p> <p>Current design was approved by DOH for the support space. The</p> |

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| | | | already received DOH approval; it was later stated in the same meeting that the project will need to be submitted to the DOH for approval. Please clarify. | Rooms 1 & 2 have not been reviewed by DOH. The entire package needs to go to DOH for a review as one project. |
| 39 | N/A | Pre-Bid Conference | <p>During the pre-proposal meeting, it was stated that the plans for the conversion of existing procedure rooms #3 and #4 to new procedure rooms #1 and #2 are currently being prepared by Stryker and will need to be “incorporated” into our submission packages to the DCA.</p> <p>What is the schedule for completion of Stryker’s plans?</p> <p>Is the DOH aware of Stryker’s related scope? Have they approved the project shown on Stryker’s plans?</p> <p>Will the Design/Build team be responsible for submitting Stryker’s plans to other agencies besides the DCA as well? If so, please elaborate.</p> <p>Will the Design/Build team be responsible for addressing any comments from the DCA (or other agencies) with regards to the work shown on Stryker’s plans?</p> <p>Will the Design/Build team be responsible for constructing the work shown on Stryker’s plans? If so, how should the Design/Build team estimate the value of the work shown on Stryker’s plans? (Are the plans available now for estimating?) If not, what is the Design/Build team responsible for regarding the work shown on Stryker’s plans.</p> | <p>Stryker expects to have designs completed by May 5, 2024.</p> <p>No</p> <p>Yes. All necessary regulatory agencies.</p> <p>Stryker will modify their plans to accommodate DCA recommended changes.</p> <p>No. Stryker will be responsible for all construction in these two rooms.</p> <p>Hospital has signed an agreement with Stryker for the construction of the rooms 1&2. However, current electrical service to the rooms must be upgraded to accommodate the new Stryker systems.</p> |
| 40 | N/A | Pre-Bid Conference | During the pre-proposal meeting and subsequent walkthrough, it was noted that there is not adequate power for the conversion of existing procedure rooms #3 and #4 to new procedure rooms #1 and #2, and | Additional electrical service to rooms 1 & 2 are part of the Design Build project. |

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| | | | <p>that revisions to the electrical power are required to support that work.</p> <p>Since Stryker is currently preparing plans for that conversion work, please clarify whether the electrical power revisions to support that work are the responsibility of the Design/Build team for this project.</p> <p>It was also mentioned during the walkthrough that a potential power source for the electrical power revisions has been identified. Please advise what potential source has been identified, and where it is physically located relative to the project area.</p> | <p>See attached sketch: UH E-Level Power Source.</p> |
| 41 | N/A | Pre-Bid Conference | <p>During the pre-proposal meeting and subsequent walkthrough, it was noted that it will be the responsibility of the Design/Build team to confirm that the necessary medical gases are available within the project space, are in good working order, and are of adequate capacity.</p> <p>How is the Design/Build team to account for the necessary revisions to the medical gases as part of their bid, without knowing at the time of the bid whether or not investigations during the initial design phase will show that the necessary medical gases are available, or are in good working order, or are of adequate capacity?</p> | <p>Annual inspections indicate that all are in working order. Initial survey is for contractor to verify that all are working before construction starts. Additional Vacuum is being added to rooms 1 & 2 as part of the Stryker contract. Rooms 11 & 12 require additional vacuum. Plumbing drawings show adjacent medical gas lines.</p> |
| 42 | N/A | Pre-Bid Conference | <p>During the pre-proposal meeting and subsequent walkthrough, it was noted that the existing air change rates in the project spaces are currently adequate, but that it will be the responsibility of the Design/Build team to confirm that the air change rates are adequate at the outset and the conclusion of the project.</p> | |

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| | | | How is the Design/Build team to account for any revisions to the air change rates as part of their bid, without confirming at the time of the bid whether or not the existing air change rates are adequate, and without know whether or not other HVAC system work outside of the project area may negatively impact the existing air change rates and/or the available capacity to achieve the necessary air change rates? | Should the air exchanges rates prove to be inadequate preconstruction, any correction will be considered additional work. |
| 43 | 1 | RFP Cover Page | Please advise if you would consider a bid extension on this proposal? | Refer to Part 2 of the Addendum for the revised Due Date. |
| 44 | N/A | N/A | Does University Hospital have HVAC, Electrical, Fire Protection, Fire Alarm, and Plumbing drawings available for our use? | All available drawings are attached. |
| 45 | | | <p>As noted at the walk thru, the Lump Sum fee to be provided is for All design fees and Construction Costs for the project:</p> <p>1a. It is impossible to provide a Lump Sum price when there is no information on the MEPFP requirements and level of architectural finishes, etc. Is there an allowance for Construction Costs that all bidders should include and base their Construction General Conditions and Construction Fees on? (For example: \$3,000,000 allowance for Construction Costs)</p> <p>We cannot provide a proposal based on the current information in the RFP.</p> <p>We can only provide the architectural/engineering design fees, General Conditions costs, and a Fee Percentage for Construction.</p> | This addendum will provide sufficient information to submit a firm fixed price for all services. |
| 46 | | | 2. What is the scope of work for HVAC? | No AHU upgrades at this time. Rebalance existing air to meet requirements. |

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| | | | <p>2a. Is there an existing AHU serving the existing area?</p> <p>2b. Where is it located?</p> <p>2c. Are we providing a new AHU?</p> <p>2d. Does the existing AHU meet all required compliance and standards?</p> <p>2e. Does the existing AHU only serve this area? If not, what other areas does it serve?</p> | <p>Two AHUs located in the D-Level mechanical room.</p> <p>Not at this time</p> <p>Yes</p> <p>Operating rooms</p> |
| 47 | | | <p>3. What is the full electrical scope?</p> <p>3a. At the walk thru, it was noted to provide 16 new circuits for each procedure room, please confirm.</p> <p>3b. How many new circuits are required for the new Pre/Post room and Holding Bays?</p> | <p>Review the existing and new designs. Scope is to be developed.</p> <p>This is for rooms 1 & 2 only.</p> <p>Refer to the 2022 FGI Guidelines.</p> |
| 48 | | | Are we responsible for furniture design and installation? | Yes. |
| 49 | | | Are we responsible for signage package design and installation? | Yes. |
| 50 | | | Confirm we are responsible for all low voltage design/installation including Fire Alarm, Tele/Data, Security, Nurse Call, A/V. | Confirmed. – E259 by the elevators. |
| 51 | 60 | Fee Proposal | The RFP is for Design/Build services and page 50 section 8.0 notes a fee for Design Build services for the entire project. What are the costs to be included in this Lump sum fee?: | All costs required to provide the design/build services detailed in the RFP. |

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| | | | <p>1a. Are we to only include Lump Sum costs for Architectural, Structural, and MEPFP design costs?</p> <p>1b. Are we to also include Lump Sum costs for Contractor Pre-Construction, including Office Project Management, etc?</p> <p>1c. Are we to also include Lump Sum General Conditions costs for the Project?</p> <p>1d. Are we to also provide a Fee Percentage for construction costs once the design is completed?</p> <p>1e. Are we to also include a price for Construction? There is no design so it is impossible to provide construction costs without a design as there is no information on the existing Utilities including HVAC equipment, Electrical service, Medical Gas systems, etc.</p> | <p>Entire Project, otherwise it is not design /build.</p> <p>Entire Project.</p> <p>Entire Project</p> <p>This is lump sum design/ build.</p> <p>This is a “design/ build” project.</p> |
| 52 | N/A | General | Will work be permitted within the workspace during normal working hours? | Yes. Special attention to noise and vibration. Unit will continue to treat patients during work. Some operations may have to run off hours. |
| 53 | N/A | General | Confirm if there are any restrictions for removing debris from the work zone? | Yes. Debris must be covered during transport and particular routes adhered to. Be familiar with infection control standards. Hospital will provide briefing by Infection Control before start of job. |
| 54 | N/A | General | Confirm if there are any restrictions for the freight elevator usage? | No restrictions. However, it is used by other departments as well and will not be dedicated except for approved special deliveries. |

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| 55 | N/A | General | Confirm the requirements for workers exiting the work zone (i.e. infectious control). | You must be familiar with and adhere to ICRA requirements. |
| 56 | N/A | General | Confirm the work time requirements? | Work times will depend upon nature of the work. Normal work hours are between 7:00 AM and 6:00 PM. Some work may be required off-hours, depending upon noise and vibration level. |
| 57 | N/A | General | Provide a full listing of all Owner supplied items. | Rolling medical equipment and a few others. See comments above. |
| 58 | N/A | General | Has the space been tested for any existing hazardous materials? | No |
| 59 | N/A | General | Provide a detailed summary of work that is going to be performed by others within Procedure Room #1 & #2. | Review Stryker Scope of Work, attached. |
| 60 | N/A | General | Confirm what work needed to be completed off hours? | Dependent upon noise, vibration and travel. |
| 61 | N/A | General | Provide what hours of operations does the existing endoscopy suite operate. | 6:30 am until 6:00 pm |
| 62 | N/A | General | During the Prebid, there was mention of dumpsters being supplied by the hospital due to space limitations, please advise what should be included in the bid submission? | Hospital will provide dumpster for construction debris. |
| 63 | N/A | General | During the Prebid, it was mentioned that the GC will be responsible to submit to the DCA the work associated with Procedure Room #1 & #2. If design changes are required due to DCA comments, please advise who will be responsible for those design costs? | Stryker. |

PART 2:

Additions, Deletions, Clarifications and Modifications to the RFP

| Number | Page # | RFP Section | Additions, Deletions, Clarifications and Modifications |
|---------------|---------------|--------------------|---|
| 1 | N/A | N/A | ATTACHMENT: Pre-Bid Conference Sign-In Sheet |
| 2 | 6 & 7 | 1.3.1.1 | CHANGE TO READ: The cut-off date for questions is changed from the end of the Pre-Bid Conference to the close of business Thursday, March 14,2024. |
| 3 | 1 | Cover Page | CHANGE DUE DATE: From: To Be Determined To: May 9, 2024 at 2:00 P.M. |
| 4 | N/A | Drawings | ADD: All requested drawings that are available are attached. |
| 5 | 23 | 3.6 | DELETE: Section 3.6 Qualification of Bidders |
| 6 | | Agreement | DELETE: Factory Mutual Insurance Company loss prevention codes and standards” referenced in the agreement. |

**THE FOLLOWING ITEMS OF ADDENDUM #1 ARE
ATTACHED FOLLOWING THIS PAGE:**

- 1. Pre-Bid Conference Sign-In Sheet**
- 2. Drawings**

**ALL OTHER TERMS AND CONDITIONS OF THE ORIGINAL SPECIFICATIONS REMAIN UNCHANGED.
END OF ADDENDUM #2**