



Interior Health
Every person matters

Request for Proposal

Health Campus Nelson, BC

RFP Number: **2020-21-004**

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1 EXECUTIVE SUMMARY

The purpose of this Request for Proposal is to solicit Proposals for the development of a building or buildings for the provision of leased space to the Interior Health Authority in Nelson, BC. The facility or facilities will be used to operate Long-Term Care and Community Services, and will be known as the “Health Campus”. The Community Services will comprise such services as Home Health, Public Health, Mental Health and Adult Day Program Services with treatment, consultation and admin touch-downs for staff. The LTC beds are to be designed to accommodate Authority clients with high and complex needs according to the Home and Community Care Policy Manual Chapter 6 C.

<https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/accountability/policy-and-standards/home-and-community-care-policy-manual>

Proponents must consider that at this time, 75% of clients referred to Long-Term Care (LTC) have moderate or higher cognitive difficulties and 90% require an integrated palliative approach to care which is expected to be reflected in the design.

This project forms part of the Authority’s plan to provide a network of facilities and services to meet the needs of the Authority’s population. All projects proceed only on Board approval and funding availability.

This document is a guide for Proponents to prepare a Proposal that demonstrates experience, skill, and business preparedness in the provision of the Health Campus and an understanding of the integration of operating philosophy, management and building design.

The outcome of this process will be the selection of one or more Proponents with whom a Contract may or may not be negotiated for the Health Campus.

The evaluation criteria included in this RFP outline specific design and operational requirements for the Health Campus, as well as value-added criteria that add additional weight and consideration for the award process.

2 GENERAL INFORMATION

2.1 OVERVIEW OF INTERIOR HEALTH

Interior Health is one of six health Authorities in British Columbia. The Authority operates acute care, Long-Term Care facilities, and provides health care through major programs such as Community Care, Integrated Primary Community Care, Public Health and Mental Health and Substance Use. A wide range of medical, ambulatory care and paramedical services are provided at the Authority's acute care sites. Community health services include Long-Term Care, adult day programs, home nursing, home support, rehabilitation and public health programs such as immunizations, public health nursing, maternity programs and mental health programs.

Please refer to our website www.interiorhealth.ca for additional details.

2.2 PURPOSE OF THIS RFP

The purpose of this RFP is to solicit competitive Proposals to redevelop the IH-owned Mount St. Francis site in Nelson, BC. A portion of the site (approximately 1.37 Ha) would be sold to the successful Proponent who would then be responsible to design, finance, construct and maintain a building or buildings to house 75 Long-Term Care beds and 3500 square meters for community services. The Authority would lease the building or buildings from the successful Proponent and operate both clinical and non-clinical services at the site.

2.3 DEFINITIONS

Refer to Appendix 1 [Definitions] for defined terms.

2.4 OVERVIEW OF THE AGREEMENTS

The Project Development Agreement attached as Appendix 2 [Project Development Agreement] will be the instrument that will describe the rights and obligations of the successful Proponent and the Authority with respect to the facility during the phase from contract award through to facility opening.

The Lease Agreement attached as Appendix 3 [Lease Agreement] will be the instrument that will describe the long-term lease agreement with the successful Proponent. The Authority intends to enter into a typical triple net lease with the successful Proponent.

2.5 PROPONENT MEETING & SITE VISIT

A Preliminary Proponent Information Meeting is scheduled for **August 13, 2020 at 1:00 pm PST**. At the Proponent Information Meeting, which will take place via teleconference/WebEx, the Authority will outline the key requirements in the RFP and answer any general questions a Proponent may have in relation to the RFP. The Authority will not provide minutes of the Meeting. Proponents may not rely upon information provided at the Information Meeting. Proponents may submit inquiries in writing to the Contact Person and may rely upon written Responses provided by the Contact Person. An optional Site Visit is scheduled for **August 20, 2020 at 10:00 PST**. At the site visit the Authority will provide an overview of the site and site plan and discuss expectations included in the RFP with respect to the land sale and subdivision of land. Information regarding the site visit will be shared with interested parties. Depending on the number of interested parties, the exact time may be adjusted to ensure social distancing. Collaborative meetings with each Proponent who submits a Notice of Intent to Respond will be scheduled for the weeks following **August 27, 2020**.

Attendance at the Proponent Meeting, Site Visit, and Collaborative Meetings is at the discretion of each Proponent. **Please contact the Contact Person for information on accessing the meeting.**

3 PROJECT SCOPE

3.1 INTRODUCTION

To meet the increasing requirement for Long-Term Care Services the Authority requires the provision of space for **75 Authority-operated long-term care beds to serve the community of Nelson, BC. In addition, the Authority requires 3500 square meters of community space to enable consolidation of services, provision of improved access for clients and to enable collaboration and team-based care.**

3.2 CORPORATE STRENGTH

The Authority is seeking Proposals from organizations with experience in healthcare project development and who have the development and operational resources to deliver this project in a timely manner. Proponents will evidence a collaborative work history with the health authority or for other similar public bodies.

3.3 BUSINESS MODEL

The Preferred Proponent will provide a competitive, affordable solution, demonstrate sound project budgeting and an ability to finance projects of this magnitude.

3.3.1 Land Utilization

The Authority currently owns land at 902 Eleventh Street in Nelson, BC on the former Mount St Francis lands which is being made available for this Health Campus. The land is located on LOT A, DISTRICT LOT 97, KOOTENAY LAND DISTRICT, PLAN NEP60492. A portion of this site would be offered to the successful Proponent, subject to Ministry and other approvals, at fair market value as determined by independent Accredited Appraisers. Demolition of the existing St. Francis hospital is an obligation of the Proponent and for part of the Project, as well as subdivision and rezoning requirements. An estimate for demolition costs should be identified separately in the proposal and the demolition reflected in the proposed schedule.

Further information including site plans and drawings regarding the parcel can be found in Appendix 12 [PROPOSED SUBDIVISION PLAN].

3.3.2 Overview of the Lease Agreement

The Authority intends to enter into a typical triple net lease with the successful Proponent. During the operational period, the Authority anticipates costs being split as per Table 1 below between the Landlord and the Authority.

The Lease Agreement is required to qualify as an operating lease under Public Sector Accounting Standards. A copy of the relevant Public Sector Accounting Standards is available through the Contact Person.

The Proposal will provide evidence of financial resources sufficient to support the facility design development and construction. Letters of support and financial references will corroborate the Proponents financial sustainability and capacity to undertake a development of this size. The proposal should anticipate a 20 year lease term as per Appendix 10 [PRICING TABLE].

Table 1 – Operating period costs

Item Within Leased Space (unless otherwise identified)	Responsibility
Common Area ("CA") Expenses (CA housekeeping, snow clearing, CA utilities, building property taxes, grounds etc.)	IHA pro-rated
Utility Costs: Heating, Water, Sewage, Electricity of the demised premises	IHA
Preventative servicing and repairs of building envelope including roof	Landlord
Minor Repairs and preventative servicing of HVAC systems	IHA
Major repairs and replacement of HVAC systems	Landlord
Minor repairs and preventative servicing of plumbing systems	IHA
Major repairs and replacement of plumbing systems	Landlord
Minor repairs and preventative servicing of electrical systems	IHA
Major repairs and replacement of electrical systems	Landlord
Preventive servicing, repairs and replacement of elevator	Landlord
Preventive servicing, repairs and replacement of fire and life safety systems	Landlord
Repair of walls, cabinetry, doors, lighting or other fixtures	IHA
Repairs to and replacements of plate glass exterior windows	Landlord
Taxes related to the demised premises	IHA
Garbage Removal and Recycling Services	IHA
Window Cleaning Interior	IHA
Window Cleaning Exterior	Landlord
Janitorial Service & Supplies	IHA
Lamp, Tube, Ballast, Starters & Fuse Replacement	IHA
Security Systems and Monitoring	IHA
Fire Monitoring	Landlord
Landlord Insurance - Fire & Extended Coverage Perils, Personal Liability, Property Damage	Landlord
Tenant Insurance - Liability & Contents	IHA

The resulting agreement will be governed by the conditions of the Authority standard lease agreement terms. The Authority standard lease agreement is included in Appendix 3 [LEASE AGREEMENT].

3.3.3 Base Rent

The proposed base rent should be stated as an annual rate per square foot and annual value for each year of the lease agreement. The base rent excludes the operational costs identified above but includes the total number of parking stalls specified in Evaluation Criteria 3.4 and excludes triple net costs.

3.3.4 Tenant Improvements

The successful Proponent will complete and finance the costs of the tenant improvements. The Authority anticipates a monthly payment for the tenant improvements and it should be stated as an annual rate per square foot and an annual value for each year of the lease agreement.

3.3.5 Lease Terms

The Lease Term is anticipated to be twenty (20) years with possible renewal options. The resulting lease agreement will need to qualify as an operating lease under Public Sector Accounting Standards.



3.3.6 Operation and Maintenance Costs

Proponents should provide an estimate of detailed operation and maintenance costs for the first five years of the lease agreement. This will be evaluated as part of the RFP submission. It is assumed that the lease will be a triple net lease, whereby the Authority will be responsible for base rent, property taxes, insurance, a proportion of common area costs (if a multi-tenant building), and other related operating costs. For greater clarity, itemized costs and associated responsibility are outlined in Table 1 above.

3.3.7 Conditional Letter Of Intent

Subject to final negotiations with the Preferred Proponent the Authority may enter into a Conditional Letter of Intent which will provide legal authorization for the Preferred Proponent to begin the process of obtaining the following approvals to expedite the construction process: (Any and all costs associated with these approvals/requirements will be at the expense of the Preferred Proponent)

- to apply and obtain the subdivision requirements
- to apply and obtain the required zoning approval
- to apply and obtain the required demolition permits
- to apply and obtain the required Form and Character Development Permit
- to apply and obtain the Riparian Area Regulation Assessment (RARA).Development Permit from provincial and/or municipal agencies
- to apply for a Building Permit and any other regulatory permits required to commence construction

This RFP is conditional upon the successful proponent receiving approval of the required re-zoning from the City of Nelson to proceed with the project. The Conditional Letter of Intent will be an interim agreement which will allow the Preferred Proponent to undertake the required approval and permitting processes. The Authority will remain the Registered Owner of the site until the final terms and conditions of the Project Development and Operating Agreements have been settled. At the culmination of the negotiation stage resulting in an executed Operating Agreement with the Preferred Proponent the Authority will then enter into a formal Purchase and Sale Agreement with the Preferred Proponent for the legal transfer of the site.

3.4 LAND, BUILDING, AND PROJECT MANAGEMENT

The Authority requires the campus to be constructed on the lands identified in Appendix 12 [Proposed Subdivision Plan]. This land will be sold to the proponent as is and at FMV. For the purpose of responding to this RFP, Land costs should reflect the 2019 appraised value included in Appendix 9 [Project Development Budget], however actual sale will be at FMV at time of sale. The total useable area on this lot is approximately 1.37 hectares. The existing building requires demolition as part of this proposal. The Proponent is responsible for subdivision of these lands.

The Authority requires the commencement of services for the health campus specified in a timely manner. Preference will be given to Proponents with construction and transition schedules which provide evidence of an efficient construction and occupancy schedule. Proponents will evidence project feasibility through reasonable, indicative milestones.

The successful Proponent will be required to demonstrate, prior to occupancy, any environmental considerations or initiatives referenced in the Proposal.

The Proponent is expected to have committed Project Management resources in place to ensure project oversight and delivery. A robust project management framework must be in place and include regular progress reports, status updates, recurring meetings, and proactive engagement with the Authority as per the Project Development Agreement.

If facility design and/or features change after award, the successful Proponent is required to consult and discuss with the Authority any pending changes to the design and/or features that were demonstrated in the Proposal. Any change to the design and/or features from the Proposal will require written approval from the Authority. Any unauthorized changes to design and/or features of the facility post contract award will be the sole responsibility of the Proponent to remedy.

3.4.1 Description of Facilities / Building Environment

A) LTC Building Environment, Amenities, and Design Principles

The building environment for the LTC units will incorporate dementia-friendly building elements in a neighborhood concept. Best practice indicates that neighborhoods of 18 or less units provide a more home-like environment and enable an efficient model of care. The intent of the concept is to create relatively autonomous living, dining (and possibly kitchen) spaces that function independently for groups of residents. These areas replicate the atmosphere of a large family home and also provide the opportunity to co-locate residents with similar care needs together to optimize care delivery.

In addition to reducing the institutional feel and appearance of the design, the neighborhood concept also reduces resident confusion and anxiety that stems from noise and other stimuli resulting from congregating many people in one area. The design should:

- Create a sense of home, with a quiet and calm atmosphere
- Allow for the cohorting of space into smaller groupings or neighborhoods
- Incorporate features that support way-finding and orientation
- Incorporate features that residents find interesting and engaging such as textures/finishing, use of natural lights, use of home-like and materials, etc.)
- Provide safe access to outdoors areas such as gardens, patios, and walkways
- Emphasize unobtrusive safety and security features

The successful Proponent will describe a facility with private Resident bedrooms and bathrooms which meets all requirements of current legislation, policy, and/or regulations. These are listed under Section 3.6 – Licensing and Standards and are the minimum expectation. Proponents are encouraged to provide additional features that exceed minimum requirements as listed in 3.7 – Value Added. Proponents may wish to consider incorporating amenities useful to Individuals such as appropriate outdoor areas, calming environments and spaces, private or semi-private areas to meet visitors. The successful Proponent will

design a facility which supports the delivery of the dedicated care programs, and include opportunities to adapt the space to future resident needs

The Authority's priorities for the design of the health campus are that the environments demonstrate accessibility and flexibility for alternate use and represent best practice in infection, prevention and control. In addition, the LTC units need to demonstrate:

- Home-Like Environment
- Palliative Care and Spiritual Care
- Privacy
- Visitor Access
- Elder and Dementia Friendly Principles and Guidelines

These principles can be achieved in several ways, including within the building aesthetics, internal building design and use of materials.

**SOURCE: Alberta Health Services Report: Dementia Care in Residential Living Options*

B) Community Services Schedule of Accommodation

The table attached in Appendix 11 [Community Services Schedule of Accommodation] is an estimate of the breakdown of required space for the Community Services requirements, excluding Long-Term Care, consolidated between all required programs within the facility. Proponents are directed to the Remarks column for context and description of room requirements. The types of programs expected to be delivered include:

- Adult Day Care
- Chronic Disease Management
- Dental
- Environmental Health
- Population Health
- Psychiatrist Services, Psychologist Services, General Practitioners, Social Worker
- Public Health Nursing
- Speech, Language Pathology
- Misc. Client Spaces
- Misc. Team Spaces

IH is seeking to ensure the correct program is provided and will be seeking a high-level functional program as part of the project. A functional program describes the requirements which a building must satisfy in order to support and enhance human activities. IH will work with the awarded proponent to validate/update the proposed Schedule of Accommodation, document the program requirements in a functional program and outline how the design meets the identified program requirements within the proposed project. The facility will require thoughtful design related to COVID-19 needs and learnings for all the above mentioned programs. IH has made available some concept designs for some of the rooms included in the Schedule of Accommodation which can be found in Appendix 13 [Referenced Drawings].

3.4.3 Commitment to Reconciliation and Cultural Safety

In acknowledgement of the [Authority's commitment](#) as a signatory to the Declaration of Commitment: Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in British Columbia, Proponents will provide a design that reflects a commitment to Aboriginal reconciliation, cultural safety, and that includes consultation with local Aboriginal community partners.

3.5 LEGISLATION AND STANDARDS

- The *Community Care and Assisted Living Act* and its Regulations;
 - http://www.bclaws.ca/civix/document/id/complete/statreg/96_2009#part3
- The *Continuing Care Act* and its Regulations;
- *The Residents Bill of Rights*;
- Policies and standards of the Authority relating to Home and Community Care and the provision of long-term care services, and
- Policies and standards of the Ministry of Health Services relating to Home and Community Care.
- Policies and standards related to End-of-Life Care and palliative care services, including Medical Assistance in Dying (MAiD):<https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care>
- Versions of the Acts and Regulations may be viewed at www2.gov.bc.ca
- All IH construction policies and General Requirements:
<https://www.interiorhealth.ca/AboutUs/BusinessCentre/Construction/Pages/Policies.aspx>

3.6 VALUE ADDED

The evaluation criteria will review and score value added features. Value added features are those elements of the Proposal which provide additional benefit to the Residents, the community, staff and/or the Authority without adding additional cost to the Authority. Value added and innovative strategies should quantify, where possible, any proposed financial benefit as well as describe in detail any non-financial (e.g. holistic, resident-focused) operational benefits that may differentiate a particular proposal.

Proponents are encouraged to consider value-added features which complement the services to be provided and/or which could provide an enhanced experience to those residing in, visiting or working at the campus, such as coffee shop, pharmacy or daycare facilities.

4 RFP PROCUREMENT PROCESS

This Request for Proposal process will be governed by the General Terms and Conditions provided in Appendix 4 [General Terms and Conditions].

4.1 SCHEDULE

Table 2 – Schedule, below, outlines the anticipated RFP and Contract process schedule. The timing and sequence of events resulting from this RFP may vary and shall be determined by the Authority.

Table 2 - Schedule

Event	Time / Date
RFP Invitation Issued on BC Bid	July 24, 2020
Proponent Introductory Meeting	August 13, 2020
Site Visit	August 20, 2020
RFP Notice of Intent to Respond Due	August 27, 2020
Collaborative Meetings	August 28-September 30
Closing Time on BC Bid	October 29, 2020 2:00 pm PST
Proposal Evaluation (including interviews with selected Proponents)	November 2020
Contract awarded	November 2020
Anticipated Occupancy	Summer 2022

4.2 COLLABORATIVE MEETINGS

The Authority will make available certain of its personnel to participate in one-on-one Collaborative Meetings with the Proponents prior to the Closing Time. The Authority expects the Collaborative Meetings to take place as follows:

- (a) Proponents who have submitted a response acknowledgement will be invited to meet with the Authority prior to the Closing Time;
- (b) The purpose is to provide a process that will assist the Proponents to develop optimal solutions while minimizing risk that a Proponent's solution is unresponsive and to permit a Proponent to discuss with the Authority any feedback on major issues and/or potential solutions and approaches that the Proponent may be considering for various aspects of its Proposal. The Proponent may bring forward elements of the proposed solution which will not comply with the specifications outlined in this RFP in order to solicit the Authority's position on alternatives proposed.
- (c) To facilitate free and open discussions at the Collaborative Meetings, Proponents should note that any comments provided by or on behalf of the Authority during any Collaborative Meeting and any positive or negative views, encouragement or endorsements expressed by or on behalf of the Authority will not in any way bind the Authority and will not be deemed or considered to be an indication of a preference by the Authority even if adopted by the Proponent; and
- (d) If for the purposes of the preparation of its Proposal a Proponent wishes to rely upon anything said or indicated at a Collaborative meeting, then the Proponent must submit an Enquiry describing the information it would like to have confirmed and if such information relates to a clarification, explanation or change to the provision of this RFP, request an Addendum to this RFP.

By participating in the Collaborative Meetings a Proponent confirms its agreement with these procedures. The Authority will consult each Proponent to confirm a specific date for the Collaborative Meeting. At least five days prior to the Collaborative Meeting, the Proponent should provide the Authority with a proposed meeting agenda, a list of issues it would like to discuss and any materials relevant to such issues.

4.3 NOTICE OF INTENT TO RESPOND

Proponents should acknowledge their intention to respond to this RFP prior to **4:00 pm on August 27, 2020**. Acknowledgements are to be sent via email or hardcopy written notice to the Contact Person in a format substantially similar to that found in Appendix 5 [Notice of Intent to Respond].

This acknowledgement should:

- a) Clearly identify the Proponent; and
- b) Clearly state the intention to submit a Proposal.

4.4 SUBMISSION INSTRUCTIONS & FORMAT

Proposals should be delivered to the Contact Person before the Closing Time listed on the front cover of this RFP.

The Proposal should contain a table of contents illustrating the page numbers of all major sections as well as identifying relevant appendices or attachments. Each page is to be numbered and clearly marked with the Proponent's name. The Proposal should be based on the structure outlined in the evaluation criteria as outlined in Appendix 6 [Evaluation Criteria and Submission Requirements] using clearly defined sections. Sections should be easily identified using tabs or other formatting which clearly segregates Proposal sections as described in section 5.

Interior Health requests the Proponent submit in separately bound sections as follows:

- i. Four (4) identically printed copies of the written Proposal;
- ii. Two (2) copies of any drawings, schematic designs, renderings or floor plans requested each at a scale of 1:100; and
- iii. One (1) identical copy of the written proposal including drawings, schematic designs, renderings, or floor plans in electronic format. If there is a discrepancy between the printed and electronic copies the printed copy will take precedence. The electronic copy must be written using a Microsoft compatible Adobe PDF format and written on either a compact disk or memory stick.

Proposals received after the Closing Time will not be evaluated.

4.5 ENQUIRIES

All Enquiries and communications regarding any aspect of this RFP should be directed to the Contact Person by email ("An Enquiry").

The following applies to any Enquiry:

- a) All enquiries and responses will be recorded by the Authority;
- b) If the Authority responds, the response will be in writing;
- c) A Proponent can request that an Enquiry be kept confidential by clearly identifying it as Commercial in Confidence if the Proponent considers the Enquiry is commercially confidential to it;
- d) If the Authority decides that an Enquiry marked "Commercial in Confidence" or the Authority's response to such an Enquiry must be distributed to all Proponents, then the Authority will permit the

enquirer to withdraw the Enquiry rather than receive a response and if the Proponent does not withdraw the Enquiry, then the Authority may provide its response to all Proponents; and

- e) Notwithstanding the former, if the Authority determines there is any matter which should be brought to the attention of all Proponents, whether or not such matter was the subject of an Enquiry, including an Enquiry marked “Commercial in Confidence”, the Authority may, in its discretion, distribute the Enquiry, response or information with respect to such matter to all proponents.

Information offered from sources other than the Contact Person with regard to this RFP is not official, may be inaccurate, and should not be relied on in any way, by any person for any purpose.

4.6 ADDENDA

The Authority may, in its absolute discretion through the Contact Person, amend this RFP at any time by issuing a written Addendum. The Authority will post addenda to BC Bid (www.bcbid.gov.bc.ca). Proponents are strongly encouraged to monitor BC Bid for addenda and additional information pertaining to the RFP.

5 PROJECT EVALUATION AND IMPLEMENTATION

5.1 PROPOSAL EVALUATION

Proponents should demonstrate their understanding of the requirements contained in the bid solicitation as outlined in Appendix 6 [Evaluation Criteria and Submission Requirements] and explain how they will meet these requirements. Proponents should demonstrate their capability in a thorough, concise, and clear manner for carrying out the work.

The evaluations will be conducted by the Evaluation Committee. Proposals may not be evaluated if the Proponent's current or past corporate or other interests may, in the opinion of the Authority, give rise to a conflict of interest in connection with this RFP.

The Authority may decide not to complete a detailed evaluation of a Proposal if the Authority concludes, having undertaken a preliminary review of the Proposal, that the Proponent or Proposal is not in contention to be selected as the Preferred Proponent.

5.1.1 Mandatory Criteria

The evaluation committee will first review compliance with Section 1 – Mandatory Criteria and continue reviewing only those Proposals fully meeting the Mandatory criteria. Proposals not clearly demonstrating that they meet the following mandatory criteria will be excluded from further consideration during the evaluation process.

5.1.2 Weighted Criteria

Proposals meeting all of the mandatory criteria will be further assessed against the following weighted criteria. The Evaluation Committee will perform a final evaluation and ranking of Proposals and will recommend a Preferred Proponent(s) to the Authority.

Evaluation Criteria	Max Score
Section 2: Corporate Strength, History, and Experience	10
Section 3: Land, Building and Project Management	30
Section 4: Business Case	30
Total	70
Section 6: Value Added	5

5.1.3 Clarification

If the Evaluation Committee decides that a Proposal is unclear or deficient in some aspects, but that these deficiencies are capable of being clarified, the Evaluation Committee may in its sole discretion, but is not required to, invite a Proponent to provide clarifications. The Evaluation Committee will be able to consider any supplementary information received through such clarifications in the evaluation of Proposals.

5.1.4 Interviews

The Evaluation Committee may in its sole discretion, but is not required to, request interviews or presentations with any, all or none of the Proponents to clarify any questions or considerations based on the information included in Proposals and clarifications during the evaluation process. Interviews or presentations will be scheduled at a time and location and will be of a length of time to be determined by the Evaluation Committee. The Evaluation Committee will be able to consider any supplementary or clarifying information received through such interviews or presentation in the evaluation of Proposals.

5.1.5 Right to Verify

The Authority may, in its sole and absolute discretion, but is not required to conduct reference checks relevant to the Proposal with any or all of the references cited in a Proposal, or with any other person not listed in a Proposal, to verify any and all information regarding a Proponent, including its directors, officers and key individuals and the Evaluation Committee may in its sole and absolute discretion rely on and consider any information received as a result of such reference checks, background investigations, requests for clarification or supplementary information and interviews/presentations in the evaluation of Proposals.

Any references that are included must have agreed to act as a reference. References should be able to supply objective opinion(s) of the Proponent and not have conflicting interest in the outcome of the RFP. Contact information for those who have agreed to act as references should also be included (name, designation, phone number and, if possible, e-mail address).

The Proponent acknowledges that in providing references, it will be deemed to have irrevocably consented (a) to the Authority contacting any or all such references in such manner and at such times as the Authority deems appropriate without further notice to the Proponent and, (b) to any and all such references providing comments and information to the Authority regarding the Proponent, the business history and experience of the Proponent and such other matters as the Authority may reasonably require in connection with its evaluation of the Proposal.

5.2 DEBRIEFING

Following negotiation of a final contract, Proponents may request a debriefing from the Authority. The Authority may, at its absolute discretion, provide such a debriefing, at which time, the Authority may advise the Proponent, in a general manner, the reason for the non-acceptance of the Proponent's response. During such debriefing, the Authority will discuss the relative strengths and weaknesses of that Proponent's Proposal, but the Authority will not disclose or discuss any confidential information of another Proponent.

5.3 SELECTION OF PREFERRED PROPONENT AND AWARD

The Evaluation Committee may recommend a Preferred Proponent to the Authority. The Authority may accept or reject the Evaluation Committee's recommendation. If the Authority selects a Preferred Proponent, the Authority will invite the Preferred Proponent to enter into final discussions to settle all terms of the Project Development and Lease Agreements, based on the Preferred Proponent's Proposal, including any clarifications that the Preferred Proponent may have provided during the evaluation of Proposals.

If for any reason the Authority determines that it is unlikely to reach final agreement with the Preferred Proponent, then the Authority may terminate the discussions with the Preferred Proponent and proceed in any manner that the Authority may decide, in consideration of its own best interests, including:

- a) Terminating the procurement process entirely and proceeding with some or all of the Project in some other manner including using other contractors; or
- b) Inviting another Proponent to enter into discussions to reach final agreement for completing the Project.

Any final approvals required by the Authority, such as from the Board of the Authority or from the Provincial Government, will be conditions precedent to the final execution or commencement of the Lease Agreement.

APPENDIX 1 – DEFINITIONS

The following terms will apply to this RFP and to any subsequent Agreement. Submission of a Proposal in response to this RFP indicates acceptance of all the following terms:

- 0.0 **Authority** – The Interior Health Authority;
- 1.0 **BC Bid** – The BC Bid website located at www.bcbid.ca
- 2.0 **Closing** – The precise time and date set out on the cover page of this RFP.
- 3.0 **Contact Person** – The individual named on the cover page of this RFP, and is to be the single point of contact at Interior Health for any and all questions and comments relating to the RFP.
- 4.0 **Contract** – The agreement resulting from this RFP executed by the Authority and the successful Proponent, and will consist of the RFP and any addenda and amendments, the Proponent's response, documents containing any additional terms or conditions clarified or mutually agreed to before awarding the Contract and written ratification of the Project Development and Lease Agreement by the Authority;
- 5.0 **Evaluation Committee** – A committee, comprised of members of the Authority and consultants that may be contracted at the sole and unfettered discretion of the Authority, assembled to complete the evaluation of the Proposals;
- 6.0 **Facility** – The building(s) duly licensed and regulated under the BC Community Care and Assisted Living Act or Section 2 of the BC Hospital Act, from which Complex Care services are provided.
- 7.0 **Health Campus** – Site which includes all prescribed LTC beds and Community Services space
- 8.0 **Long-Term Care Services** – A service which provides a secure supervised physical environment, accommodation and care to clients meeting specific eligibility criteria, who cannot continue to have their care needs met in their home or assisted living residence;
- 9.0 **Must or Mandatory** – A requirement that must be met in order for a Proposal to receive consideration;
- 10.0 **Lease Agreement** – An agreement between the Authority and the Landlord for the full, long-term operation and management of services including maintenance, and life cycle renewal of the project, the proposed form of which is included as part of the RFP;
- 11.0 **Landlord** – The successful Proponent to this RFP who enters into a written agreement with the Authority;
- 12.0 **Preferred Proponent** – The Proponent selected pursuant to this RFP to negotiate and enter into a Contract;
- 13.0 **Project Development Agreement** – An Agreement between the Authority and the Operator for the design and construction of the project, the proposed form of which is included as part of the RFP;
- 14.0 **Proponent** – An individual or a company that submits, or intends to submit, a Proposal in response to this RFP;
- 15.0 **Proposal** – The written submission by the Proponent in response to the RFP;
- 16.0 **RFP** – This Request for Proposal;
- 17.0 **Should** – A requirement having a significant degree of importance to the objectives of the RFP. The significance will be determined solely by the Authority;

- 18.0 LTC Unit** – A dwelling area consisting of a bed, associated bedroom space and a self-contained bathroom all of which meets the current definition of a Long Term Care bed,

APPENDIX 2 – PROJECT DEVELOPMENT AGREEMENT

See attachment.

APPENDIX 3 – LEASE AGREEMENT

See attachment.

APPENDIX 4 – GENERAL TERMS AND CONDITIONS

- 1. Acceptance of Proposals** – This RFP must not be construed as an agreement to purchase goods or services and does not constitute an offer of any kind. The Authority is not bound to enter into a Contract with the Proponent who submits the lowest priced Proposal or with any Proponent. Proposals will be assessed in light of the Evaluation Criteria. The Authority will be under no obligation to receive further information, whether written or oral, from any Proponent.

In order for the Authority to obtain the Proposal it deems most advantageous to it, the Authority reserves the right at its discretion to negotiate with any Proponent as it sees fit, or with one or more Proponent concurrently. In no event will the Authority be required to offer any modified terms to any other Proponent prior to entering into an Agreement. The Authority shall incur no liability to any Proponent as a result of such negotiations and modifications.

Neither acceptance of a Proposal nor execution of an Agreement will constitute approval of any activity or development contemplated in any Proposal that requires any approval, permit or license pursuant to any federal, provincial, regional district or municipal statute, regulation or by-law.

- 2. Advertisement** – The successful Proponent will not use the Authority's name or any of the individual Hospital/Facility site names or any contents of this document in any advertising or publications without prior written consent from the Authority.
- 3. Alternative Solutions** – If alternative solutions are offered, information should be submitted in the same format, as a separate Proposal.
- 4. Amendments to RFP** – The Authority reserves the right to modify the terms of the RFP prior to the Proposal closing date at its sole discretion. The Authority also reserves the right to cancel the RFP at any time prior to entering into a Contract with the successful Proponent(s). If a written addendum or amendment to the RFP is issued, such addendum or amendment must be incorporated in the RFP.
- 5. Change in Ownership** – The Proponent is obligated to inform the Authority of any changes to key personnel, ownership, bonding capability, financial position, legal action or any other information which may affect its status with the Authority during the bidding or Contract periods within three days of the change.
- 6. Clarifications** – Every Proponent who submits a Proposal and who is invited to an interview will be required to provide a formal presentation to the Evaluation Committee.
- 7. Collusion** – There shall be no collusion or arrangement between the Proponent and other Proponents in connection with this Proposal.
- 8. Completeness of Proposal** – By submission of a Proposal the Proponent warrants that, if this RFP is to design, create or provide a system or manage a program, all components required to run the system or manage the program have been identified in the Proposal or will be provided by the Proponent at no additional charge.
- 9. Confidentiality of Information** – The Proponent shall treat all information that they become privy to as a result of this RFP and the subsequent contract as confidential. The Authority is subject to the provisions of the *Freedom of Information and Protection of Privacy Act (the Act)*. Proprietary information can be protected under the Act (Section 21), which protects for disclosure harmful to business interests of a third party. All information contained in the submitted responses will be treated as confidential by the Authority and will not be disclosed to any third party except as required by law or by order of the Office of the British Columbia Information and Privacy Commissioner.

- 10. Conflict of Interest** – Any Proponent, or their sub-contractor, whose interests may in the opinion of the Authority, give rise to conflict of interest may be excluded from competition. Examples of this include but are not limited to:
- An association or familial relationship with an employee or official of the authority which could place the employee in a conflict;
 - Involvement by a Proponent in requirements definition or in preparation of the RFP or Proposal;
 - Involvement by the Proponent in the evaluation of bids; or
 - Actions by the Proponent which would have the effect of constraining or limiting the ability of other Proponents to prepare and submit a Proposal.

11. Currency and Taxes – Prices quoted are to be in Canadian dollars, inclusive of taxes.

12. Debriefing – At the conclusion of the RFP process, all Proponents will be notified. Unsuccessful Proponents may request a debriefing meeting with the Authority. Requests for debriefing sessions must be made in writing to the RFP contact within five business days of receipt of their status notification. A debriefing meeting will be at the sole discretion of the Authority. Only the Proponent's submission will be reviewed.

13. Dispute Process – If a Proponent is not satisfied with the response from the debriefing process and they wish further explanation or to initiate the dispute process, a request must be made in writing to the Director of Contracted Services Office within five business days of receiving the debriefing. All submissions must be dated and have an authorized signature. At this point in the process, the following must be provided:

- Full contact information;
- The nature of the complaint;
- All background information relating to the complaint, including all relevant documents that substantiate the complaint; and
- The outcome that the Proponent is seeking.

In the event that the dispute remains unresolved, unless the parties otherwise agree, it will be referred to and finally resolved by arbitration and will be conducted as follows: Disputes shall in the first instance be referred to non-binding mediation, through the use of a mutually agreeable dispute resolution process. If the dispute is not resolved by mediation then the parties shall refer the dispute to arbitration, to a board of three arbitrators, one of whom will be appointed by each of the parties and the third, who will act as chairman, will be chosen by the first two named.

14. Evaluation – Evaluation of Proposals will be by a committee formed by the Authority. The evaluation committee will check Proposals against the evaluation criteria. Proposals not meeting the Mandatory Criteria will be rejected without further consideration. Proposals will be assessed and scored against the evaluation criteria.

Notwithstanding anything contained in the Authority's RFP or any custom or usage that might otherwise apply, the Authority will not be limited as to its criteria for evaluation of Proposals. The Authority may take into account additional criteria and considerations in order to obtain the most advantageous Proposal to the Authority and the evaluation process will be conducted solely at the discretion of the Authority.

15. Governing Law – Any Contract resulting from this RFP will be governed by and will be construed and interpreted by the laws and courts of the Province of British Columbia.

16. In-house bids – The Authority reserves the right to submit one or more proposals on its own behalf in response to this Request for Proposals. Any proposal or proposals submitted by Interior Health Authority shall be assessed by an independent evaluator in accordance with the criteria set out in this Request for Proposals and in objective comparison to any private sector proposal or proposals received. The submission of a successful proposal by Interior Health Authority shall give rise to

no liability on the part of Interior Health Authority to any private sector proponent with respect to compensation for costs incurred by such proponent in the preparation of its proposal or otherwise.

- 17. Irrevocability of Proposals** – By submission of a clear and detailed written notice, the Proponent may amend or withdraw its response prior to the closing date and time. Upon closing, all responses become irrevocable. By submission of a response, the Proponent agrees that should its response be successful, the Proponent will enter into negotiations and at the sole discretion of the Authority into a Contract with the Authority.

The Proponent will not change the wording of its Proposal unless requested by the Authority for purposes of clarification.

- 18. Language** – The working language of the Province of British Columbia is English and all responses to this RFP must be in English.

- 19. Late Proposals** – Proposals that are received after the closing date and time specified will not be opened nor accepted for consideration. The Proponent's unopened submission will be returned at the Proponent's expense with a non-compliance letter. If a situation arises that is not in the Proponent's control such as a Force Majeure incident, at its sole discretion the Authority will make an acceptance decision.

- 20. Law and Regulations** – The Proponent shall comply with and, upon request of the Authority, furnish certificates of compliance with all applicable Provincial and Municipal laws and with all applicable rules, orders, regulations or requirements issued thereunder, and shall indemnify the Authority against any damages by reason of violations of this paragraph. Any Contract arising from this RFP will be governed in all respects by the laws of the Province of British Columbia.

- 21. Liability for Errors** – While the Authority has used considerable effort to ensure an accurate representation of information in this RFP, the information contained in this RFP is supplied solely as a guideline for Proponents. The information is not guaranteed or warranted to be accurate by the Authority, nor is it necessarily comprehensive or exhaustive. Nothing in this RFP is intended to relieve Proponents from forming their own opinions and conclusions with respect to the matters addressed in this RFP.

Each Proponent acknowledges and agrees that the terms and conditions of this RFP will prevail over the Authority's Expression of Interest or any obligation on the Authority that might otherwise be implied.

- 22. License and Registration** – All Proponents must be incorporated and have obtained licenses where required by legislation. Corporations submitting Proposals shall be registered in the Province of British Columbia.

- 23. Mandatory Criteria** – The Authority at its sole discretion reserves the right to evaluate Proposals that may not meet the mandatory criteria.

- 24. Modification of Terms** – The Authority reserves the right to modify the terms of this RFP at any time in its sole discretion. This includes the right to cancel this RFP at any time prior to entering into a Contract with the successful Proponent.

- 25. Negotiation Delay** – If a written Contract cannot be negotiated within thirty (30) days of notification of the successful Proponent, the Authority may at its sole discretion at any time thereafter, terminate negotiations with that Proponent and either negotiate a Contract with another Proponent or choose to terminate the RFP process and not enter into a Contract with any of the Proponents.

- 26. Non-compliance** – Submission of this Proposal shall be construed by the Authority to mean that the Proponent agrees to carry out all of the conditions set forth in this document that may be pertinent for each requirement. Any proposed variation from these conditions must be clearly identified. Provide any details of any non-compliance with the stated terms and conditions including an explanation of the concern and suggested alternative.
- 27. Ownership of Proposals** – All documents, including Proposals, submitted to the Authority become the property of the Authority. They will be received and held in confidence by the Authority, subject to the provisions of the Freedom of Information and Protection of Privacy Act.
- 28. Proponents' Expenses** – Proponents are solely responsible for their own expenses in preparing a Proposal and for subsequent negotiations with the Authority, if any. If the Authority elects to reject all Proposals, the Authority will not be liable to any Proponent for any claims, whether for costs or damages incurred by the Proponent in preparing the Proposal, loss of anticipated profit in connection with any final Contract, or any other matter whatsoever.
- 29. Proposal Validity** – Proposals will be open for acceptance for at least 90 days after the closing date.
- 30. References** – Any references that are included must have agreed to act as a referee. Referees should be able to supply objective opinion(s) of the Proponent and not have conflicting interest in the outcome of the RFP. Contact information for those who have agreed to act as references should also be included (name, designation, phone number and, if possible, e-mail address).

The proponent acknowledges that in providing references, it will be deemed to have irrevocably consented (a) to the Health Authority contacting any or all such references in such manner and at such times as the Health Authority deems appropriate without further notice to the proponent and, (b) to any and all such references providing comments and information to the Health Authority regarding the proponent, the business history and experience of the proponent and such other matters as the Health Authority may reasonably require in connection with its evaluation of the proposal.

- 31. Rejection of Proposals** – Proposals which contain qualifying conditions or otherwise fail to conform to these instructions may be disqualified or rejected. Anything to the contrary herein notwithstanding, the Authority may, at its sole discretion, elect to retain for consideration Proposals which are non-conforming and may waive any irregularity, failure to comply or time stipulation required by these instructions.

If the Authority elects to reject all Proposals, the Authority will not be liable to any Proponent for any claims, whether for costs or damages incurred by the Proponent in preparing the Proposal, loss of anticipated profit in connection with any final Agreement, or any other matter whatsoever.

- 32. Reliance on Oral Representations** – All representations on the scope of this Proposal or clarifications thereof must be in writing to be considered valid.
- 33. Timeframes** – The timetable outlined in this document represents the anticipated schedule for the RFP Timeline. The timing and the sequence of events resulting from this RFP may vary and shall ultimately be determined by the Authority.
- 34. Use of RFP** – This document, or any portion thereof, may not be used for any purpose other than the submission of Proposals.

APPENDIX 5 – NOTICE OF INTENT TO RESPOND

Interior Health Authority

Contracted Services
 1440 - 14th Ave Vernon, BC V2B 2T1
 Phone 250-549-6336
RequestsForProposals@interiorhealth.ca

NOTICE OF INTENT TO RESPOND FORM

To be submitted by the Authorized Representative of the Proponent **ON OR PRIOR TO August 27, 2020**
Request for Proposals 2020-21-004
HEALTH CAMPUS IN THE COMMUNITY OF NELSON

PROPONENT CONTACT INFORMATION			
Proponent Name			
Street Address			
City		Province	
Country		Postal/Zip Code	
Mailing Address (if different)			
Fax NO.		Telephone No.	
Proponent Contact Person			
Name		Title	
E-mail			

ACKNOWLEDGMENT OF TERMS OF RFP

The undersigned is a duly authorized representative of the Proponent and has the power and authority to sign this Notice of Intent to Respond Form on behalf of such Proponent or other interested party.

Authorized Representative

APPENDIX 6 – EVALUATION CRITERIA AND SUBMISSION REQUIREMENTS

1.0 MANDATORY CRITERIA		
Focus Area	Evaluation Criteria	Submission Requirement
1.1 Proposal Submission Deadline	Documents Received by the Contact Person before the Closing time and in sufficient quantity as specified in the RFP Section 4.3 Submission Instructions & Format.	Proposals must be received by the Contact Person before the Closing Time as noted on the front cover of the RFP. Documents must be provided in a package which clearly identifies this RFP number, and the Proponent's name, as outlined in Section 4.3 - Submission Instructions & Format.
1.2. Letter of Introduction	Submission includes a letter of introduction signed by an authorized representative of the Proponent.	A signed letter of introduction is provided in a format substantially the same as one of the templates provided in Appendix 7 and/or Appendix 8 (Letter of Introduction)
1.3. Proponent Profile	Submission includes background information relating to the corporate profile of the Proponent.	Identify and describe all of the following: i. Proponent Contact person, position, current telephone, fax and e-mail information ii. A description of the organization (proprietary, partnership, not-for-profit society, etc.), legal entities, registrations, charter number etc. iii. Please confirm whether the company has changed its ownership structure in the last 5 years. Has your company been formed following a merger with, or takeover of, another company? Please note any planned or anticipated changes in the ownership or management of your firm in the next 5 years. iv. Identify of any other name that the organization has operated under including when and why the organization name was changed v. A list of parent or subsidiary corporations. vi. Is your company currently for sale or involved in any transactions to expand or become acquired? Do you foresee this happening in the next 5 years?

<p>1.4 Design Principles</p>	<p>The extent to which the building design supports the design principles.</p>	<p>a) Submit the architectural floor plan as well as a clearly defined site plan and a clearly articulated outline specification for the entire Health Campus.</p> <p>For the Long-term care units, this includes but is not limited to:</p> <ul style="list-style-type: none"> i. for each room, the room's purpose, its inside dimensions and the location and size of any fixed equipment; ii. the width of each hallway and stair; iii. the location and size of windows and the height of windowsills from the floor; iv. The location of toilets, wash basins, containers for soiled clothes. v. the location of all exits; vi. the location of all security devices installed for the purposes of monitoring or controlling the movements of persons in care, including, without limitation, <ul style="list-style-type: none"> • door and window alarms, • video surveillance, and • alarm control points in relation to electronic monitoring devices worn or carried by a person in care; vii. The location of any accommodation and washrooms reserved for employees. viii. Also include a notation of numbers of units including references specifying which units, if any, are convertible to double units or any other form of shared occupancy <p>For the Community Services spaces, this includes all specifications as referenced in Appendix 11 [Community Services Schedule of Accommodations]</p> <p>b) Submit renderings of the exterior and interior of the Health Campus sufficient to determine aesthetics of the building(s) and the site, including proposed exterior color and material schemes.</p> <p>c) Identify and include design elements for post-COVID needs for public and private spaces</p>
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2.0 CORPORATE STRENGTH, HISTORY, & EXPERIENCE		
Focus Area	Evaluation Criteria	Submission Requirement
2.1 Design and Construction Projects Resulting in Quality Health Facilities	The extent to which the Proposal provides evidence of the Proponents experience in delivering design and construction projects resulting in quality Health Care facilities.	i) Identify (name) Key Individuals of the design and construction team and provide up to five relevant examples of similar successful projects - include a statement evidencing the design and construction teams commitment to remain with the Project to completion should the Proponent be successful. ii) Provide examples of projects where the design and construction teams have worked together successfully and where the Proponent has worked successfully with the design team and the construction team. iii) For the examples provided in i) and ii) provide the original expected date of completion and the date an occupancy permit was issued. Describe strategies used to minimize or recover from delays and setbacks to the completion date.
2.2 References	The extent to which the references provide evidence of the Proponent’s ability to successfully develop a large-scale project such as Long-Term Care or Community Services	Provide a minimum of 3 (three) reference letters from a funding organization, preferably a health funding body, reference letters should speak to the Proponent’s ability to work collaboratively with partners and other elements which provide evidence of the Proponent’s organizational and operational strength to deliver projects.
2.3 Professional Submission	The extent to which the Proposal submitted provides evidence of the Proponent’s professionalism.	Ensure that the Proposal is formatted as per the Submission Requirements and contains easy to find sections breaks, page numbers and the Proponent’s name on each page.



3.0 LAND, BUILDING, AND PROJECT		
Focus Area	Evaluation Criteria	Submission Requirement
3.1 Project Feasibility	The extent to which the Proponent provides evidence that the facility opening is feasible within the project timelines set out by the Proponent.	<p>Provide an overview of the project including key milestones and timelines in a format substantially similar to the one provided in Appendix 2 - Project Development Agreement - Schedule C.</p> <p>Proponents should provide a full outline of the Health Campus facility development plan that demonstrates, with supporting documentation, that the project is feasible within the stated timelines. Provide a Gantt chart demonstrating the number of weeks/months from Contract award to the following phases:</p> <ul style="list-style-type: none"> i. Start-up – Financial, Zoning, Subdivision Planning; ii. Design – Schematic Design, Design Development, Working Drawings to 50%, Working Drawings to 100%; iii. Demolition/site prep iv. Construction; and v. Commissioning, Inspection and Opening.



<p>3.2 Suitability of Design</p>	<p>The extent to which the building environment, amenities, and design supports Resident care as stated in RFP Section 3.4.1.</p>	<p>Describe in a narrative format and clearly demonstrate on design drawings how the following design principles for LTC units are met:</p> <ul style="list-style-type: none">• Accessibility• Flexibility• Home-Like Environment• Infection, Prevention and Control,• Palliative Care and Spiritual Care• Privacy• Visitor Access• Elder and Dementia Friendly Principals and Guidelines <p>Include elements such as</p> <ul style="list-style-type: none">• design is non-institutional and home-like (i.e. private rooms, long hallways, cluster sizes, 18-pod neighborhoods)• accessible green space• dining suitability (including more than one suitable location for dining options)• access to internet <p>Also include resident and staff safety systems such as:</p> <ul style="list-style-type: none">• communication systems (i.e. nurse call)• door thresholds and mobility considerations• visual – sight lines• operational safety for residents and staff• interior/exterior security• elevator access• ceiling lifts
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<p>3.3 Integration of Design with IH Care Model – Site Safety & Outbreak Readiness</p>	<p>The extent to which the facility design reflects the highest level of safety for residents and staff to allow for integration with the IH Care Model to support managing infection prevention and control, outbreak management & pandemics, and response planning related to COVID-19</p>	<p>Describe in a narrative format how the design reflects flexibility in accommodating and configuring response planning to outbreaks and pandemics.</p> <p>Include any other protocols in place to ensure the highest level of safety for Residents, Staff, and Visitors.</p>
<p>3.4 Development Risk Management Plan</p>	<p>The extent to which the Proponent's risk management plans during this phase of the project demonstrates reasonableness and sound project planning.</p>	<p>Describe the overall strategy for risk management during development from site acquisition to project completion. Include risk identification, assessment and mitigation plans, including any risks to the Authority.</p> <p>Plans should describe in detail the approach to minimize any disruption to other Services delivered onsite during the project development and construction phase. Proponents must outline the approach to project management and strategies to ensure project timelines are achieved.</p>
<p>3.5 Site Circulation and Parking</p>	<p>The extent to which the Proponent provides evidence that the facility will provide the required parking stalls and site circulation</p>	<p>Provide a site circulation plan (1:500) illustrating the movement of vehicles, pedestrians, equipment deliveries, waste removal and ambulance access;</p> <p>Provide a parking plan (1:500), illustrating the parking strategy, including locations of handicap, visitor, drop-off/pick-up stalls, employee parking, and bike parking.</p>



4.0 BUSINESS CASE		
Focus Area	Evaluation Criteria	Submission Requirement
4.1 Financial Statements	The extent to which the Proposal evidences the Proponent's financial sustainability.	Provide financial statements (preferably audited) or financial statements prepared by an independent qualified accountant for the Proponent for the three (3) full financial years preceding the posting date of this RFP.
4.2 Letters of (Funding) Support	The extent to which the Proposal evidences the Proponent's ability to secure funding should they be successful in award.	Provide a Signed letter(s) from lender(s) to support the likely debt load resulting from the proposed land development. If the Proponent does not require a loan, proof that the necessary funds are available and will be available. Include a Bankers Credit Report.
4.3 Financial Reference	The extent to which the Proposal evidences the Proponents financial sustainability and ability to secure financing.	Provide a sealed letter of financial reference supporting the Proponent's financial stability from a qualified accountant (CPA), external auditor, or bank manager.
4.4 Investigations or Other Legal Proceedings	The extent to which the Proposal evidences the Proponent's positive corporate history and corporate culture.	Provide a summary annotated list of all investigations or legal proceedings relevant to labour relations, debt servicing, vendor payments, and the provision services that have been initiated against the Proponent or its past or present directors over the five (5) years preceding the posting date of this RFP.
4.5 Affordability	The extent to which the proposed solution is affordable to the Authority.	<p>Clearly outline the anticipated payment schedule using the Table in Appendix 10 [Pricing Table]</p> <p>Clearly indicate:</p> <ul style="list-style-type: none"> - Base rent for years 1 through 20 expressed as annual value - Tenant improvement costs for years 1 through 20 expressed as an annual value <p>In your financial submission please identify:</p> <ul style="list-style-type: none"> - The building capital cost and specify the parking cost - Tenant improvement budget - Inflationary assumptions (fixed rate) - Discount rate used

<p>4.6 Project Development Budget & Budget Analysis Information</p>	<p>The extent to which the project development budget and budget analysis information provide evidence of the Proponent’s ability to develop a financially sound project.</p>	<p>Provide:</p> <ul style="list-style-type: none"> • Project development budget similar in format to the template provided in Appendix 9 [Project Development Budget].
<p>4.7 Risk Management</p>	<p>The extent to which the financial risk management strategy provides evidence of the Proponent’s ability to deliver the project.</p>	<p>Describe the financial risk management strategy, identifying cost pressures and plans to address identified cost pressures without impacting Authority funding. Include risk identification, assessment and mitigation plans, including any current or foreseeable risk to the Authority. Include development and operational considerations not limited to development costs and unforeseen major expenses.</p>
<p>5.0 VALUE-ADDED CRITERIA</p>		
<p>Focus Area</p>	<p>Evaluation Criteria</p>	<p>Submission Requirements</p>
<p>5.1 Value-Added Criteria</p>	<p>The extent to which the value added features cost demonstrate a cost neutral benefit for Residents, staff or the Authority.</p>	<p>Value added features are those elements that the organization would offer to Residents, family, community and/or the Authority that:</p> <ul style="list-style-type: none"> i. Are unique and makes the Proposal stand out; ii. Are not requested but offered as part of the services; iii. Are delivered at no extra cost to the Authority; iv. Will provide research evidence regarding service improvement; v. Will incorporate Aboriginal perspectives and priorities into the design or operation vi. Will enhance Resident satisfaction and/or quality of living; or vii. Will provide opportunity for growth and expansion of services for residents and the community, and enable provision of other community programs such as meal provision, day program, bathing program, etc. viii. Provide services that will enhance resident, client or staff satisfaction including such programs as retail coffee outlet, pharmacy or daycare services.



APPENDIX 7 – LETTER OF INTRODUCTION (FOR-PROFIT)

Date: _____

Sample

James Kinakin
Director, Contracted Services
Interior Health Authority
1440 14th Avenue
Vernon, BC
V1B 2T1

**Re: Request for Proposals (RFP) # 2020-21-004
Health Campus in the Community of Nelson**

I, (name) am the (position) of (company or entity), the Proponent of the attached Proposal. I have the authority to submit this Proposal and bind and make representations for the Proponent. Through submission of this Proposal, we agree to all the terms and conditions of the RFP and we agree to be bound by statements and representations made in this Proposal.

We understand that our Proposal is subject to the *Freedom of Information and Protection of Privacy Act* under which applicants can request that provincially funded bodies, such as the Authority, release information on the allocation of provincial program funds. Records can be withheld if their disclosure would be harmful to the business interests of the provincial body or the party with which it is doing business; however, in the case of a dispute, the final decision is made by the Information and Privacy Commissioner.

We certify that we do not have any actual or potential conflict of interest between our interests and the interests of the Authority under this Request for Proposals process and that there is no collusion or arrangement between the Proponent and other Proponents in connection with this Proposal. We acknowledge that if a conflict exists, the Authority may, at its sole and absolute discretion, withhold consideration of our Proposal.

We authorize and consent to the Authority receiving and exchanging with others, including credit bureaus, lenders, the references provided in the Proposal, and with other persons with whom we have had dealings, credit and other information about us. We understand that such information will be a factor in the decision of the Authority to enter into agreements for this RFP.

Proponent's legal name: _____

Authorized Officer: _____ Date: _____

APPENDIX 8 – LETTER OF INTRODUCTION (NOT-FOR-PROFIT)

Date: _____

Sample

James Kinakin
Director, Contracted Services
Interior Health Authority
1440 14th Avenue
Vernon, BC
V1B 2T1

**Re: Request for Proposals (RFP) # 2020-21-004
Health Campus in the Community of Nelson**

I, (name) am the (position) of (Society's full legal name), the Proponent of the attached Proposal. By a resolution passed by the Society's Board of Directors on (date), a copy of which is attached, I have the authority to submit this Proposal and bind and make representations for the Society. Through this Proposal, we agree to all the terms and conditions of the RFP and we agree to be bound by statements and representations made in this Proposal.

We understand that our Proposal is subject to the *Freedom of Information and Protection of Privacy Act* under which applicants can request that provincially funded bodies such as the Authority release information on the allocation of provincial program funds. Records can be withheld if their disclosure would be harmful to the business interests of the provincial body or the party with which it is doing business; however, in the case of a dispute, the final decision is made by the Information and Privacy Commissioner.

We certify that neither the officers nor directors have any actual or potential conflict of interest between our interests and the interests of the Authority under this RFP process. We acknowledge that if a conflict exists, the Authority may, at its sole and absolute discretion, withhold consideration of our Proposal. Further, we understand that the president of the Society will be required to execute a statutory declaration with respect to conflict of interest if our Society is asked to make a detailed Proposal.

We authorize and consent to the Authority receiving and exchanging with others, including credit bureaus, lenders, any references provided in the Proposal, and with other persons with whom we have had dealings, credit and other information about us. We understand that such information may be a factor in the decision of and the Authority to enter into agreements for this RFP.

Proponent's legal name: _____

Authorized Officer: _____

Date: _____

APPENDIX 9 – PROJECT DEVELOPMENT BUDGET

Proponent:

		LTC Beds	Community Services	Total
Land Costs				
	Land			1,800,000
	Land Costs incl. closing fees and transfer tax			
Professional Fees				
	Accounting (incl. professional and construction)			-
	Architecture & Engineering Consultant			-
	Building Envelope Consultant			
	Electrical Consultant			
	Environmental Consultant			-
	Geotechnical Engineering			-
	Hazardous Materials			
	Interior Design			
	Landscaping Consultant			
	Testing & inspection services			-
	Quantity surveyor			-
	Other (specify)			
Construction Costs				
	Structural			-
	Architectural			-
	Mechanical			-
	Electrical			-
	Other (specify)			
Furnishings & Equipment				
	Safety and security			-
	Kitchen			-
	Other (specify)			
Project Financing and Administration				
	City Permits, Zoning, Development Fees, and other costs			
	Community Relations			
	Contingency			
	Financing			-
	Insurance & Warranty			
	Project Manager			-
	Construction Manager			-
	Transportation			
	Other (specify)			
Subtotal				
	Taxes	-	-	-
Grand Total				
		-	-	-

APPENDIX 10 – PRICING TABLE

Lease cost	Lease cost per square foot (Year 1)	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12	Yr 13	Yr 14	Yr 15	Yr 16	Yr 17	Yr 18	Yr 19	Yr 20
Annual Base Lease Payments																					
Tenant improvement Payments																					



APPENDIX 11 – COMMUNITY SERVICES SCHEDULE OF ACCOMMODATION

Nelson Community Services Space Program					
Ref.	Space/ Area	Area Requirements			Remarks
		Units	NSM/ Unit	NSM	
A	Nelson Community Services				
A1	Shared and Clinical Spaces				
A1.1	Reception	8	5	40	8 Reception Staff - Reception desk with a computer workstation. Request for privacy from the waiting area when the client arrives to check into their appointment.
A1.2	File Room/ Copy Room	3	10	30	Consider location and efficiency if co-located. Shared for the clinic, plan for printer/fax machine, business supply storage, client files.
A1.3	Mail Room	1	15	15	Consider location and efficiency if co-located.
A1.4	Waiting Room	2	28	56	2.8 NSM per person. Includes space for 9 chairs (1 Hip, 1 Bariatric) and a Wheelchair per room. Total of 10 people per room.
A1.5	Public Washroom	7	5.6	39.2	1 Public W/C is collocated with the Soiled Utility Room.
A1.6	Staff Washroom	5	5.6	28	
A1.7	Boardroom	2	40	80	Multi-Purpose Room (currently 400 NSM) and Baby Clinic
A1.8	Group Room	2	25	50	Two doors for access/ egress. This room is a larger space that can accommodate multiple patients at one time for clinics, or group education. This room is sized to hold a total of 12-14 people, and can be used for Morning team meetings, and huddles. This room is outfitted with audio-visual equipment for presentation capabilities, and telehealth capabilities.
	Group Room Storage Room	2	10	20	Collocated with the Group room for the storage of chairs, tables and PT equipment.
A1.9	Meeting Room	3	13	39	4 to 6 people room
A1.10	Storage Room	10	10	100	Consider location and efficiency if co-located.
A1.11	Confidential Telephone Room	5	4.6	23	
A1.12	Library	1	20	20	
A1.13	Deluge Shower Alcove	1	2	2	Adjacent to the Soiled and Janitor Rooms. Includes Eyewash.
A1.14	Linen Cart Alcove	1	2	2	For Clean Linen 6 Bag MIP cart.
A1.15	Ice and Water Machine Alcove	1	2	2	Plumbed Ice and Water Machine with counter and storage space. Adjacent to Medication room.
A1.16	Emergency Cart Alcove	1	2	2	Power and Data required for Emergency Cart.
A1.17	Assessment Alcove	1	8.5	8.5	The assessment alcove will be used to gather patient vital signs and initial baseline information. Floor mounted weigh scale, bariatric visitor chair and infant scale to be located here.

A1.18	Exam Bay	1	9.5	9.5	An exam bay is collocated with the assessment for patient assessments and includes access to a handwashing sink, exam chair and small workstation area for the practitioner.
A1.19	Observation Room	2	9	18	Requires a pass through into a Treatment Room. For Code White use as a Safe Room. The Observation Room allows a clinician to observe either space for safety or training.
A1.20	Exam Room	2	11	22	An exam room is for patient assessments and includes a handwashing sink, exam table and small workstation area for the practitioner. 1 Room has a Plinth for Physio usage.
A1.21	Treatment Rooms	3	15	45	This room allows the clinician to access the client from three points (foot of bed, right and left sides)
A1.22	SPL Therapy Room	1	13	13	Confirm Requirements for an Audio Booth
A1.23	Consult Room	11	11	121	A consult room can be used for appointments that do not require a physical assessment such as for counselling, or education. It is a space where one or more clinicians can facilitate a consult or counselling appointment with the patient and a family member, using comfortable seating. This is a space that is design to be non-clinical and incorporates trauma informed practice principals. It may also be used as a private space for patients that require confidentiality while waiting for their appointment. It does not have a handwashing sink. The room will include a printer and pedestal along with a desk and a computer. Space for 3-4 People.
A1.24	Medication Room	2	9	18	Includes HHS, counter, workstation, prescription lockboxes, fridge for medications and vaccines, cupboards, waste containers.
A1.25	Vaccine Room	1	8.5	8.5	Vaccine Fridge. Consider location and efficiency if co-located.
A1.26	Clean Supply Room	3	11	33	1 - Dental Storage, 1 General, 1 - Ambulatory Care. This room holds clean medical supplies, such as bandages, gauze, syringes, boxes of gloves, or any other items that would be required for the operations of this space. A handwashing sink is not permitted in this room in order to maintain the integrity and sterility of the clean supplies.
A1.27	Clean Equipment Room	2	11	22	Adjustable shelving, power around perimeter of room for charging may include data. Space for IV poles, small pieces of equipment etc.
A1.28	Soiled Utility Room	2	12	24	HHS at entry. Stainless steel counter with utility sink, upper cabinets. Lower shelves below utility sink. Access to Personal Protective Equipment for unit based decontamination and cleaning, controlled access to this room, automatic door opener. Floor drain. Temporary storage of soiled equipment (wheelchairs, IV poles). Pass through to accommodate Point-of-Care Testing (urine).
A1.29	Housekeeping Room	1	10	10	Floor sink, Hand hygiene sink, eye wash station, storage for clean supplies such as extra paper towel, toilet paper, soap, hand sanitizer. Storage for housekeeping equipment mop & bucket and or cart.
A1.30	Housekeeping Supply Room	1	5	5	Allows for clean storage of housekeeping supplies.
A1.31	IMIT Room	1	10	10	IMIT room for telecommunications and internet operations.

A1.32	Staff Room	3	20	60	Consider location and efficiency if co-located. Space for 10 people. Also known as a lunch room this room will be equipped with dining furniture, a refrigerator to store lunches, a sink, cupboard to hold dishes and sundries, and countertop to hold small appliances such as a coffee maker, toaster and kettle.
A1.33	Change Room Shower Room	1	12	12	Estimated Area for 2 people with dedicated change and shower rooms
A1.34	Visiting Staff Office	2	11.5	23	
A1.35	Office	26	11.5	299	CDM office, Practice Support Program, Residential Care, Dr's Office (6 original) 2 dentist, Population Health, 3 for Allied Health, Dietician and Nutrition Office (2), HS LPN TL, Knowledge Coordinator, HH site Manager, Environmental Health Officer, PH Inspector, Public Health Engineer, System Analyst
A1.36	Visiting Work Station	4	4.6	18.4	
A1.37	Work Station	88	4.6	404.8	Assumes each clinician has a dedicated desk with computer workstation. First 6, Psychiatrists/ Practitioners (23), Nurse Practitioner (2), Licencing (2), PH Team Lead (1), PH Nurses (8), Dental (1), SLP (2), HS LPN (2), Trainees (2), HH Coordinator (1), HH RN (14), HH Intake (1), Health Unit Aid Clerk (4), OT/PT (2), EHO + PH Inspectors + PH Engineers (9), Last (8).
A1.38	Activity/ Dining Area	1	24	24	
A1.39	Art Space	1	20	20	Art Therapist
A1.40	Kitchen	1	60	60	Consider colocation options. Kitchenette may suffice.
A1.41	Shower/ Laundry	1	12	12	Tub room size used
A1.42	EHO Lab	1	16	16	Environmental Health Officer

Totals	1864.9
Component Gross-up Factor	1.35
Total with Gross-up Factor	2517.6
Building Gross-up Factor	1.4
Total with Component and Building Gross-up Factors	3524.7

APPENDIX 12 – PROPOSED SUBDIVISION PLAN

See attachment

Includes:

- a) Proposed Subdivision of Lot A, District Lot 97, Kootenay District, Plan NEP60492
- b) Approximate original ground contours and existing water, drainage, and sanitary sewer approximate service locations

APPENDIX 13 – REFERENCE DRAWINGS

See attachment. Includes:

- Reference Data Sheets