Appendix 2 – Evaluated Criteria

|  |  |
| --- | --- |
| Evaluated Criteria | Scoring Value |
| 1. **Executive Summary and Understanding the Requirements**  * Provide a summary of your response, highlighting the key features of your proposal, to allow the evaluation team to quickly gain an overall perspective of your proposal. * Provide a brief description of your understanding of the service requirements defined in this RFP. The content should be expressed in your own words and should not simply recite the requirements as defined in the document. Please reference your experience specifically related to this assignment that contributes to your understanding of the project.   *Submit using Company Profile Form, see* ***Appendix 2 - Attachment A*** | **15** |
| 1. **Company Demonstrated Skill and Experience**  * Proponents should detail and describe their relevant experience in healthcare facilities and renovation and specifically to this scope of the project including working in clinical areas. * Proponents should describe previous similar projects completed in the last 5 years as it pertains to the scope of work in this RFP. Please describe a minimum of three projects. * In a separate document, please provide your firm’s organizational chart that clearly outlines and identifies the company's structure and all members of the assigned project team and corporate support. * Proponents should describe the relevant experience of mechanical and electrical contractors as it relates to those projects. (provide the name and experience of key sub trade staff that will be assigned for the duration of the project.) and their role in a minimum of three similar healthcare renovation projects.   *Submit your response using* ***Appendix 2 - Attachment B*** | **30** |
| 1. **Personnel Demonstrated Skill and Experience**   Please submit detailed resumes of your team members assigned to this project, including Project Manager and Site superintendent. Please provide experience for each team member that directly relates the project’s scope of work, with describing each team member’s relevant experience in health care facilities and similar healthcare renovation projects.  *Submit your response using* ***Appendix 2 - Attachment C*** | **30** |
| 1. **Methodology and Approach**  * Outline the comprehensive methodology and approach you will follow in completing all aspects of this RFP. * Please outline methodology for delivering a project on time, on budget and accident free on a fast-tracked schedule. * Address health and safety methodologies that your team will implement on the site specifically referencing work in mental health and emergency departments. * Outline the comprehensive methodology and approach you will follow for Approvals, Financial reporting, draws and holdbacks. * Outline any risks associated with this project and how they would be mitigated. Provide examples of how you have accomplished this in previous projects. * Provide recommendation and or value adds to enhance the overall outcome of this project.   *Submit your response using* ***Appendix 2 - Attachment D***  *Suggested up to two (2) pages* | **15** |
| 1. **Project Timeline/GANTT Chart**   Based on a tentative project start in June 2023 and a tentative completion date of 3 months after the start of the project, Proponents are to provide, at a minimum the following information:  Project schedule in a Gantt chart, that includes enough details to demonstrate Proponents understanding of the coordination requirements for a successful project within the timeline specified in this RFP.   * + Timeline/ Schedule for project progression, with clear start and end dates for each task and critical milestones for major activities   + Identify phases of work (if any)   + Clear linkages between tasks showing the task dependencies   + Provide a detail plan outlining the level of effort and specific activities planned for each task.   + Provide sufficient detail to allow for a complete understanding of how the work is to be carried out. | **10** |
| 1. **Project References**   *Proponents are to provide at least three (3) Client references using* ***Appendix 2 – Attachment E*** | **Pass/Fail** |

Attachment A

Executive Summary and Understanding the Requirements

| Provide a brief description of your understanding of the service requirements defined in this RFP. The content should be expressed in your own words and should not simply recite the requirements as defined in the document. Please reference your experience specifically related to this assignment that contributes to your understanding of the project. | |
| --- | --- |
| **Proponent Name:** |  |
|  | |

Attachment B

Company Demonstrated Skill and Experience

| Please describe your relevant experience in healthcare facilities and renovation and specifically to this scope of the project including working in clinical areas. | |
| --- | --- |
| **Proponent Name:** |  |
|  | |

Please describe previous similar projects completed in the last 5 years as it pertains to the scope of work in this RFP. Please provide three (3) project examples, using Project Experience forms provided on the following pages.

The evaluation criteria to be applied, in the sole and absolute discretion of the Purchaser, in relation to the information provided reference projects are summarized below:

* Reference projects should be comparable in scope and value to this Project;
* Use of Proponent Key Project Personnel; and;
* Reference projects were completed within the past five (5) years.

Validation of the information provided stated may include feedback from references.

**Project Form (1 of 3)**

| **PROJECT SAMPLE** | |
| --- | --- |
| Proponent Name: |  |
| Client Name and address: |  |
| Project Name: |  |
| Project Scope and Summary |  |
| Proponent Project Manager: |  |
| Proponent Site Superintendent |  |
| Briefly describe any challenges encountered and actions taken to correct. |  |
| Architect/Designer: |  |
| Contract Start Date: |  |
| Contract Completion Date: |  |
| CONTRACT BID VALUE: | $ |
| CONTRACT FINAL VALUE: | $ |
| Client Contact Name: |  |
| Client Contact Information | Telephone E-mail |

**Project Form (2 of 3)**

| **PROJECT SAMPLE** | |
| --- | --- |
| Proponent Name: |  |
| Client Name and address: |  |
| Project Name: |  |
| Project Scope and Summary |  |
| Proponent Project Manager: |  |
| Proponent Site Superintendent |  |
| Briefly describe any challenges encountered and actions taken to correct. |  |
| Architect/Designer: |  |
| Contract Start Date: |  |
| Contract Completion Date: |  |
| CONTRACT BID VALUE: | $ |
| CONTRACT FINAL VALUE: | $ |
| Client Contact Name: |  |
| Client Contact Information | Telephone E-mail |

**Project Form (3 of 3)**

| **PROJECT SAMPLE** | |
| --- | --- |
| Proponent Name: |  |
| Client Name and address: |  |
| Project Name: |  |
| Project Scope and Summary |  |
| Proponent Project Manager: |  |
| Proponent Site Superintendent |  |
| Briefly describe any challenges encountered and actions taken to correct. |  |
| Architect/Designer: |  |
| Contract Start Date: |  |
| Contract Completion Date: |  |
| CONTRACT BID VALUE: | $ |
| CONTRACT FINAL VALUE: | $ |
| Client Contact Name: |  |
| Client Contact Information | Telephone E-mail |

Attachment C

Personnel Demonstrated Skill and Experience

Please submit in separate pages detailed resumes of your team members assigned to this project, including Project Manager and Site superintendent.

Please provide your key personnel’s experience, using Key Personnel Forms provided on the following pages.

**Key Personnel Form (1 of 3)**

Project Manager Project Co-ordinator

Site Superintendent

| KEY PERSONNEL EXPERIENCE | |
| --- | --- |
| Proponent Name: |  |
| Key Personnel Name: |  |
| Years worked with Proponent |  |
| Years worked on similar size, scope and complexity of reference Project |  |
| Relevant Certifications and Training |  |
| **PROJECT EXPEREINCE** | |
| Please describe the team member’s relevant experience in health care facilities and similar healthcare renovation projects: |  |
| Projects where the team member has been directly involved: |  |
| Key Personnel Role in the stated projects: |  |
| Please describe how relevant the experience of the team member gained in the past to the project’s scope of work: |  |
| Client Contact Name: |  |
| Client Contact Information | Telephone E-mail |

**Key Personnel Form (2 of 3)**

Project Manager Project Co-ordinator

Site Superintendent

| KEY PERSONNEL EXPERIENCE | |
| --- | --- |
| Proponent Name: |  |
| Key Personnel Name: |  |
| Years worked with Proponent |  |
| Years worked on similar size, scope and complexity of reference Project |  |
| Relevant Certifications and Training |  |
| **PROJECT EXPEREINCE** | |
| Please describe the team member’s relevant experience in health care facilities and similar healthcare renovation projects: |  |
| Projects where the team member has been directly involved: |  |
| Key Personnel Role in the stated projects: |  |
| Please describe how relevant the experience of the team member gained in the past to the project’s scope of work: |  |
| Client Contact Name: |  |
| Client Contact Information | Telephone E-mail |

**Key Personnel Form (3 of 3)**

Project Manager Project Co-ordinator

Site Superintendent

| KEY PERSONNEL EXPERIENCE | |
| --- | --- |
| Proponent Name: |  |
| Key Personnel Name: |  |
| Years worked with Proponent |  |
| Years worked on similar size, scope and complexity of reference Project |  |
| Relevant Certifications and Training |  |
| **PROJECT EXPEREINCE** | |
| Please describe the team member’s relevant experience in health care facilities and similar healthcare renovation projects: |  |
| Projects where the team member has been directly involved: |  |
| Key Personnel Role in the stated projects: |  |
| Please describe how relevant the experience of the team member gained in the past to the project’s scope of work: |  |
| Client Contact Name: |  |
| Client Contact Information | Telephone E-mail |

Attachment D

Methodology and Approach

| * Outline the comprehensive methodology and approach you will follow in completing all aspects of this RFP. * Please outline methodology for delivering a project on time, on budget and accident free on a fast-tracked schedule. * Address health and safety methodologies that your team will implement on the site specifically referencing work in mental health and emergency departments. * Provide a detail plan outlining the level of effort and specific activities planned for each task. Provide sufficient detail to allow for a complete understanding of how the work is to be carried out. Provide a Schedule showing critical path tasks and key milestones in a GANTT format and explain how you will meet the required completion date. * Outline the comprehensive methodology and approach you will follow for Approvals, Financial reporting, draws and holdbacks. * Outline any risks associated with this project and how they would be mitigated. Provide examples of how you have accomplished this in previous projects. * Provide recommendation and or value adds to enhance the overall outcome of this project. | |
| --- | --- |
| **Proponent Name:** |  |
|  | |

Attachment E

Project References

Each Respondent shall state below providing ***three (3)*** recently completed ***Project References*** that are reasonably comparable in complexity and nature of the work performed to the Work specified in this RFP. The Respondent shall ensure the reference contact information is up to date and accurate.

Purchaser may, at its sole discretion, request additional references, verify any Proponent’s statement or claim made in the Proponent’s Proposal, by whatever means it may deem appropriate, including contacting persons in addition to those offered as references, and to reject any Proponent statement or claim, if such statement or claim or its Proposal is patently unwarranted or is questionable.

| **Project Reference 1** | | **Proponent Response** | | |
| --- | --- | --- | --- | --- |
| Briefly Describe the Reference Project: | | | | |
| Describe Proponent’s Key Staff (e.g. Project Manager, Site Supervisor, Sub-Contractors) | |  | | |
| Reference Project Corporate Name and Address: | |  | | |
| Contact Information  Identify appropriate contact to verify this Project | | Contact Name |  | |
| Phone/Email |  | |
| Name of Consultant (if applicable) | |  | | |
| Start/End Date | / | Contract Value | | $ |
| Comments: | | | | |

| **Project Reference 2** | | **Proponent Response** | | |
| --- | --- | --- | --- | --- |
| Briefly Describe the Reference Project: | | | | |
| Describe Proponent’s Key Staff (e.g. Project Manager, Site Supervisor, Sub-Contractors) | |  | | |
| Reference Project Corporate Name and Address: | |  | | |
| Contact Information  Identify appropriate contact to verify this Project | | Contact Name |  | |
| Phone/Email |  | |
| Name of Consultant (if applicable) | |  | | |
| Start/End Date | / | Contract Value | | $ |
| Comments: | | | | |

| **Project Reference 3** | | **Proponent Response** | | |
| --- | --- | --- | --- | --- |
| Briefly Describe the Reference Project: | | | | |
| Describe Proponent’s Key Staff (e.g. Project Manager, Site Supervisor, Sub-Contractors) | |  | | |
| Reference Project Corporate Name and Address: | |  | | |
| Contact Information  Identify appropriate contact to verify this Project | | Contact Name |  | |
| Phone/Email |  | |
| Name of Consultant (if applicable) | |  | | |
| Start/End Date | / | Contract Value | | $ |
| Comments: | | | | |