

Request for Proposal

**Capital Construction Projects
Program Management
Services**

**for
One Brooklyn Health System, Inc.
Brooklyn Health Transformation Initiative**

Issue Date: May 22, 2018

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**Capital Construction Projects
Owner's Representative – Program Management Services
Request for Proposal**

A. INTRODUCTION

One Brooklyn Health System's Planning & Construction Division is soliciting proposals to provide Program Management Services for the planning, design, and construction of One Brooklyn Health System's capital improvement projects. The Request for Proposal (RFP) process involves the selection of a consultant/firm/company (Consultant) based on competitive proposals. After consideration of the proposals, the final decision will be made by a selection committee consisting of One Brooklyn Health System's senior leadership, its Planning & Construction division and MWBLE Consultant. OBHS will consider only those Proposers who are able to demonstrate compliance with the following minimum qualification requirements:

- Successfully completed two (2) project management assignments involving similar scopes of work within the past five (5) years, with each project or the programmatic value of a portfolio of related projects having a contracted value in excess of \$500 million.
- Have a documented record of successfully completing capital grant projects with the NYS Department of Health within the last three (3) years.
- Have a documented record of successfully completing construction projects pertaining to health care facilities, including hospitals, while such facilities were in operation, within the past five (5) years.

The selection of the Consultant will follow the procedures and steps as described in this RFP. Questions may be submitted as stated in Section E. Notwithstanding anything outlined in this RFP, this RFP is not an offer to contract or encumber One Brooklyn Health System in any manner whatsoever. Acceptance of a proposal neither commits One Brooklyn Health System to award an agreement to any Consultant, (regardless of whether all requirements stated in this RFP are met), nor does this RFP limit One Brooklyn Health System's right to further negotiate any stated term herein or provided by Consultant. One Brooklyn Health System reserves the right to contract with any Consultant for any reason. Failure to answer any question in this RFP may subject that RFP responder to disqualification. Failure to meet a qualification or requirement may not necessarily subject a responder to disqualification. Individual

discussions with One Brooklyn Health System's senior leadership or its Planning & Construction division are not permitted after the issue date of this RFP and until the announcement of the selected firm.

Electronic delivery of proposals via e-mail is due no later than the date stated in the Calendar of Events found below. One Brooklyn Health System also requires that **5** paper copies shall be submitted to the following contact by the same date:

Dona A. Green
Senior Vice President, Strategy/Project Management
One Brooklyn Health System, Inc.
c/o Interfaith Medical Center
1545 Atlantic Avenue
Brooklyn, NY 11213
dgreen@interfaithmedical.org

B. RFP TIMELINE

<i>TENTATIVE DATES</i>	ACTION
May 22, 2018	RFP Issued
May 31, 2018	Pre-proposers conference Location: TBD
June 7, 2018	Written questions from proposer to OBHS by 3 pm ET
June 12, 2018	Questions and Answers posted online
June 27, 2018	Proposals due by 4 pm ET
July 6, 2018	Optional interviews with short-listed candidates scheduled
July 18, 2018	Decision announced
August 1, 2018	Services begin

C. BACKGROUND

Description of the project:

In order to strengthen and protect access to health services in the central and eastern areas of Brooklyn, three community hospitals, Interfaith Medical Center (IMC), Kingsbrook Jewish Medical Center (KJMC), and Brookdale University Hospital (BHMC) have come together to organize a new, not for profit organization, One Brooklyn Health System, Inc. (“OBHS”). OBHS provides greater access to high quality medical care and keep our communities healthy through an integrated care system that respects the diversity of our communities and addresses both the health needs and unique factors that shape them. Additional information regarding the three facilities can be found on the following websites:

FACILITY	WEBSITE
Brookdale	http://brookdalehospital.org/
Interfaith	http://www.interfaithmedical.com/
Kingsbrook	https://www.kingsbrook.org/

As part of their Kings County Health Care Delivery System Transformation Plan (Plan), One Brooklyn Health Systems has developed a comprehensive plan to update and strengthen their critical infrastructure and medical facilities. The Plan includes investments in facilities infrastructure that are critical for patient safety, to meet regulatory standards, to accommodate needed clinical restructuring activities across the system, to decrease outmigration, enhance patient access and experience, and achieve operational savings. Major investments will be made related to power generation capacity and mechanical, electrical, and plumbing projects, including elevators that are essential to maintaining the physical integrity and safety of the Hospitals. These investments include plans for building a micro-grid generator at BHMC to address ongoing power interruptions due to Con Edison's aging infrastructure; KJMC's Emergency Electrical Separation project to meet CMS life safety regulations;

and IMC's installation of new electric chillers and a building management system to control ambient air temperatures in clinical and patient care areas.

OBHS will regionalize Hospital clinical programs, establishing clinical centers of excellence at each Hospital campus. BHMC and IMC will continue to service as essential community hospitals, while KJMC's campus will re-purpose inpatient beds for behavior health and rehabilitation services requiring significant facilities and convert formerly occupied inpatient floors to accommodate existing and new array of ambulatory services in its Medical Village. In addition, there are plans to expand its post-acute care services at its related nursing home, and continue to operate a free-standing ED. BHMC will also upgrade its OR service so that it is positioned to become OBHS's center for low-volume, high-risk procedures that are too expensive to support at each Hospital. Extensive facilities renovations will be done at IMC to expand its inpatient behavioral health programs, including increased psychiatric ED capacity, integrating CPEP services transferred from BHMC, expanding ambulatory behavioral health services, and renovating existing space to meet current standards of emergency and inpatient care. Capital investments in inpatient rehabilitation, traumatic brain injury, and sub-acute rehabilitation will also be made. By regionalizing, consolidating and upgrading services, OBHS will support KJMC becoming the regional center of excellence for physical rehabilitation and post-acute care thereby achieving efficiency improvements in quality and increasing the value of its health care services provided to the community. The Plan contemplates a holistic approach that contemplates the needs of its patient communities and is in alignment with each of the member hospitals. A list of approved projects organized by hospital campus is attached as Attachment F. One Brooklyn Health System, Inc. seeks the services of an Owner's Representative / Project Management firm or team to assist with the implementation of the programming, planning, design, construction and activation phases of the Brooklyn Health Care Transformation Plan. It is expected that each proposer will have a minimum of seven (7) years' experience in providing services similar to those contemplated in the scope of services described below. A proposer may propose as a legal joint venture or as a common law or contract joint venture. In that case, at least one of the members of the joint venture must have a minimum of seven (7) years' experience providing Project Management services similar to those contemplated in the RFP's scope of work.

D. SCOPE OF SERVICES

Scope Description

The intent of this RFP is to retain the services of an experienced capital project management firm or team to provide Program Management services in support of the execution of One Brooklyn Health System's Planning & Construction Division. The Planning & Construction division's core services include the management of the planning, design, procurement, construction, commissioning, occupancy and close-out of these projects.

All management processes, tools, reports, and software used by the program management firm during the course of the project are expected to be transferable and available to the One Brooklyn Health System (Owner) for its use on its other projects. No proprietary work products or software that cannot be licensed to One Brooklyn Health System are to be used for this engagement.

Scope of Services Outline

Services requested in this RFP include the following:

Senior Management Reporting

- Meet regularly with Owner's Representative to review items requiring action, schedule, and budget status. Meet monthly with Project Steering Committee to present monthly status report that contains an Executive Summary, Items Requiring Action, Project Schedule Update, Project Cost Status, and Issues List

Strategic Development of Project

- Assist in Strategic/Financial Assessments
- Develop and Prepare Project Scope Definition/Descriptions
- Prepare Budget and Contingencies
- Prepare Master Schedules
- Incorporate Critical Success Factors and Program Sustainability
- Prepare Risk Assessments

Development Budget

- Prepare and update monthly a comprehensive development budget estimate in a format that contains appropriate development costs that are typically incurred through substantial completion of the Project.

Project Schedule

- For each location, develop and maintain a master development schedule which addresses design, construction and owner-related milestones.
- Monitor the Architect, the Contractor and other consultants' activities. Report schedule deviations.
- Work with the responsible party(ies) to bring their activity back in line with the schedule objectives.

Master Site Facility Plan and Strategy Development

- Land Utilization and Site Optimization
- Placement of Structures
- Conceptual Site Planning
- Development of Phasing and Future Growth
- Movement Systems/Parking Utilities and Infrastructure Regulatory Planning and Zoning

Project/Project Delivery Method Assessment

- Traditional Lump Sum
- Fast-Track GMP at Risk
- Design –Build
- Integrated Project Delivery
- Collaborative Project Delivery

Selection and Coordination of Remaining Development Team Members

- Assist Owner's management in preparation of a Request for Proposal ("RFP") for a design firms, construction firms and other consulting firms not currently under contract and required for completion of the Project:
 - Provide criteria for evaluation that will be included in the RFP
 - Prepare and distribute Requests for Proposal
 - To the extent appropriate, field questions from firms during their proposal preparation process and coordinate receipt of responses
- Review RFP proposals:

- Assist Owner’s management in identifying key criteria for evaluation
- Review proposals and summarize salient information in a summary format for Owner’s management
- Assist Owner’s management in selecting a short-list of firms for further review
- Provide management with input to assist in Owner’s final selection of consulting firms for the Projects

Design Direction and Review

- Review design development documents, construction documents and interior design concepts prepared by the Architect.
- Assist Owner’s senior management in establishing appropriate building quality levels and objectives.
- Recommend a construction bid package breakdown to permit an accelerated construction commencement.

Achieving Optimum Value

- Review design and construction assumptions. Direct the project team’s effort to arrive at the most optimum solution(s) with respect to Owner’s strategic objectives and budgets.
- Establish a process and criteria for evaluating and approving potential value engineering and cost reduction items by Owner’s senior management.

GMP and Construction Buyout

- With Owner’s legal counsel, negotiate the Construction Agreements, Construction Guaranteed Maximum Prices (GMPs), Lump Sum agreements, potential savings provisions, potential change order conditions and responsibility to control or cap general condition expenses.
- Review Contractor’s recommendations regarding potential subcontractor and supplier bidders.
- Participate in the subcontractor/supplier buyout review process. Review all price proposals. Identify potential areas for additional price optimization and savings.

Construction Administration

- Monitor the construction process and progress, including the review and coordination of all work undertaken by other consultants, designers, contractors and OBHS staff to ensure the timeliness, cost effectiveness and quality of execution of the Plan
- Coordinate communication between Owner, the Architect, the Contractor and other design consultants.
- Monitor the submittal and request for information processes.

- Monitor and document, in conjunction with the MWBLE Consultant for the program, the achievement of MWBE and local business participation in all projects.
- Coordinate with Construction Managers and/or Architects working on various program projects
- Assist in the development of Request for Information (RFI), Request for Qualifications (RFQ), Request for Proposals (RFP) and/or Invitation to Bid (ITB) documents as necessary for the projects
- Advise Owner of any observed deficiencies in construction quality and assist with developing recommended corrective action.
- Monitor the quantity, cost impact and schedule impact of change orders. Review the design with the Architect when testing the merits of proposed change orders. Recommend approval/disapproval of additional cost and/or schedule extension requests.
- Monitor the Contractor's coordination with the Owner's facilities staff for temporary shut downs, jobsite staging, material deliveries, utility tie-ins, traffic flow disruptions, etc.
- Monitor activities to ensure compliance and recommend corrective courses of action to be taken in the event consultants or contractors fail to satisfy the requirements of their respective contracts.
- Collaborate with Owner and represent Owner's interests in mediating interpretations between the design consultants (i.e., Architect, engineer, etc.) and the Contractor during the Construction Phase.
- Coordinate regular progress meetings with Owner, the Architect, the Contractor and other consultants as necessary.
- Monitor the Contractor's adherence to its equipment and material procurement/delivery schedule.
- Monitor the Contractor's receipt, storage and security of Owner-purchased material and equipment.
- In conjunction with the Architect, review change order costs prior to submittal for approval.
- Review and assist Owner with analyzing the merits of proposed design changes, including an analysis of the cost impact of each proposed change.
- Recommend approval/disapproval of additional costs and/or schedule extension requests.
- Provide Owner with periodic reports relative to design and construction including:
 - Agendas and minutes for planning, design and construction meetings
 - Monthly reports summarizing construction progress, key issues and upcoming scheduled work
- Evaluate the completion of work at "Substantial Completion".
- Monitor completion of the Contractor's punch-list.
- Review the submittal of closeout documents such as As-Built, Operation and Maintenance Manuals and Warranties.

- Coordinate and lead Owner, the Architect and Contractor through a review of the Project, ten (10) months following “Substantial Completion”, with the purpose of identifying and resolving any warranty issues.

Safety Administration

- Manage and monitor safety processes including the review and coordination of all work undertaken by other consultants, designers, contractors and OBHS staff to ensure the creation of a clean and safe work environment based upon regulatory and industry codes and standards and best practices as well as the professional experience of the Program Manager.
- The implementation of clear communication, clean construction methods, adhering to Infection Control requirements, implementing fire safety plans, performing High Risk Construction Activity Reviews, Pre-Construction Risk Assessments, Site Specific Environmental Health and Safety Plans and staff safety orientations.

Quality Control

- Confirm that Elements of the Quality Assurance Program are Implemented
- Observe, Report, and Make Recommendations, Review Construction Documents and Specifications, Track Submittal Review and Approval Processes, Report Observed Deficiencies in Construction Quality
- Assist with Developing Recommended Corrective Actions
- Track the Scope, Schedule and Cost Activities of the Construction Testing Agencies
- Monitor Contractors’ Receipt, Storage, and Security of Purchased Material and Equipment
- Monitor As-Built Drawings and Specifications
- Evaluate the Completion of Work at Substantial Completion
- Assist in Punch List Inspections and Preparation of Punch Lists

Medical and Other Systems Equipment Coordination

- Coordinate the planning, procurement and installation of medical equipment and other systems (i.e., phone system, computer systems, other) with the selected equipment planner, equipment vendors, the Architects and the Contractors.

Furnishings/Signage/Artwork Coordination

- Coordinate the planning, procurement and installation of furnishings, signage, landscapes and artwork with the selected interior designers, vendors, the Architects and the Contractors.

Accounting and Cost Control

- Review project costs monthly including construction, soft costs and fees, medical and systems equipment, furnishings, signage, plantscape and artwork.
- Establish a cost report that tracks all projects' budgeted line items, expenses and changes.
- Manage a pay application process for Owner that includes submittal, review and approval protocols.
- Forecast cash flow for the Projects and adjust as necessary in accordance with the Project's progress and actual monthly draws.
- Analyze Proposed Design Changes; Review Scope, Cost Impact and Schedule Impact of Change Order Requests; Recommend Disposition of Additional Cost and/or Schedule Extension Requests; Monitor Contractors' Requests for Information; Manage Cost or Schedule Change Exposure

Certificate of Need

- Manage and prepare site for Department of Health facility survey by assembling the Department of Health survey checklist
- Manage Department of Health Survey and prepare and complete all items identified on the Plan of Correction
- Coordinate as necessary with the Department of Health Operational Survey (Nursing) to allow for occupancy

E. SUPPLIER DIVERSITY COMMITMENT - Minority, Woman-Owned, and Local Businesses

Diversity Contracting Requirements

1. Diversity Practices

OBHS seeks to engage firms that have a demonstrated history of hiring, training, developing, promoting and retaining minority group members and women. Under NYS Executive Law Article 15-A, 5 NYCRR Part 141.1(o) diversity practices are the efforts of firms to include New York State certified MWBEs in their business practices. Diversity practices may include past, present, or future actions and policies, and include activities of contractors on contracts with private entities and governmental units other than the State of New York. OBHS will assess the diversity practices of prospective bidders to encourage contractors to engage in meaningful, capacity-building collaborations with MWBEs through evaluation of the Diversity Practices Questionnaire in Attachment D. All prospective bidders are required to complete the attached Diversity Practices Questionnaire. This questionnaire elicits information about each prospective bidder in order to verify that its work environment demonstrates a strong commitment to

diversity. By responding to the RFP and completing this questionnaire, each prospective bidder acknowledges that:

- (i) The bidder has an equal employment opportunity policy statement (which shall be submitted to OBHS with each bidder's Proposal using the Form attached as Attachment E).
 - a. Pursuant to Article 15 of the Executive Law and all other State and Federal statutory and constitutional non-discrimination provisions, the bidder will not discriminate against any employee or applicant for employment because of race, creed, color, sex, religion, national origin, military status, sexual orientation, age, disability, genetic disposition or carrier status, domestic violence victim status, or marital status, will undertake, or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination, and will make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force during its legal engagement with OBHS. It shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.
 - b. The bidder will state in all solicitations or advertisements for employees that, in the performance of this contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, sex, religion, national origin, military status, sexual orientation, age, disability, genetic disposition or carrier status, domestic violence victim status, or marital status.
 - c. The bidder will submit the applicable Workforce Employment Utilization Report utilizing the MWBE Form attached as Attachment F, as applicable, describing the anticipated work force to be utilized on the engagement with OBHS or, where required, information on the bidder's total work force, including apprentices, broken down by specified ethnic background, gender, and Federal occupational categories or other appropriate categories specified by OBHS. This form elicits information about each responding bidder in order to verify that its work environment demonstrates a strong commitment to diversity.
 - d. The contractor is further required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the contractor, shall undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race,

creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the contract; or (ii) employment outside New York State.

2. Minority and Women-owned Business Enterprises (MWBE)

Pursuant to New York State Executive Law Article 15-A, OBHS recognizes its obligation to promote opportunities for maximum feasible participation of certified minority- and women-owned business enterprises and the employment of minority group members and women in the performance of OBHS contracts.

For purposes of this solicitation, OBHS hereby establishes an overall goal of 30% for MWBE participation.

Bidders must submit an MWBE Utilization Plan on the Form attached as Attachment G with their bid or proposal. Any modifications or changes to the MWBE Utilization Plan after the contract award and during the term of the contract must be reported on a revised MWBE Utilization Form and submitted to OBHS for acceptance.

Contractors shall attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Form, during the performance of the contract. Requests for a partial or total waiver of established goal requirements made subsequent to contract Award may be made at any time during the term of the contract to OBHS, but must be made no later than prior to the submission of a request for final payment on the contract.

Contractors are required to submit a Contractor's Quarterly MWBE Contractor Compliance & Payment Report on the Form attached as Attachment H to OBHS address, phone and fax information], by the 5th day following each end of quarter over the term of the contract documenting the progress made toward achievement of the MWBE goals of the contract.

3. Encouraging Use of Local, Brooklyn-Based Businesses in Contract Performance

Local Brooklyn businesses play a critical role in the economic health of the local community. In recognition of their economic activity and community support in doing business in Brooklyn, bidders/proposers/contractors for this contract for commodities, services or technology are strongly encouraged and expected to utilize locally based Brooklyn businesses in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles. Successful bidders will demonstrate

- a. the ability to utilize Minority, Women, and Local (MWL) owned businesses in the local area and ZIP codes defined below:

- i. UHF Neighborhoods that govern the use of MWL businesses are those that are in OBHS' primary service area:
 - 1. Bedford Stuyvesant/Crown Heights
 - 2. Canarsie and Flatlands
 - 3. East New York/New Lots
 - 4. Flatbush
- ii. ZIP codes that govern the use of MWL businesses are those that are in OBHS' primary service area:
 - 1. 11203
 - 2. 11207
 - 3. 11208
 - 4. 11212
 - 5. 11213
 - 6. 11216
 - 7. 11233
 - 8. 11236
- b. the intent to hire local residents in the proposal from the ZIP codes from the Local area and ZIP codes
- c. a history of engaging local talent in any previous contracts or subcontracts.

F. SUSTAINABILITY

One Brooklyn Health System seeks to promote sustainable and diverse alternatives by collaborating with suppliers of goods and services that are aligned with sustainable principles and efforts. Consultants who also participate in sustainability promotion and whenever possible, use sustainable products/services and business practices and encourage its suppliers to do the same, will be recognized as aligned with One Brooklyn Health System's goals and objectives. The Consultant will assist One Brooklyn Health System in further developing its current practices and enhance/support the Plan to include monitoring and reporting of the sustainability goals and objectives.

G. PROPOSAL SUBMITTAL GUIDELINES

Proposers are advised that performance of the services contemplated hereunder will give rise to the existence, or the appearance, of a conflict of interest, and accordingly, the firm(s) selected pursuant to this Request for Proposal will be expressly precluded from participation in, or the performance of, any of the individual projects to be completed under this program.

In order to perform a thorough and timely evaluation of each firm's qualifications, proposals shall follow the tabbed and categorized format described below. The proposals shall be limited to twenty (20) pages. The resumes (Section 4), staffing plan (Section 5) and fee proposal (Section 6) are excluded from the fifteen-page limit count. All material presented will be used strictly for assessment of each firm's qualifications and for no other purpose. Proposal contents must include:

Cover Letter

Table of Contents

Section 1 Executive Summary

Provide a brief summary describing and highlighting your firm's experience, qualifications and particular expertise to perform the Program Management Services described in this RFP.

Section 2 Firm Description

2.1 Firm Overview

2.1.1 General Information

- 2.1.1.1 Firm proposal contact name, telephone, fax number and e-mail address.
- 2.1.1.2 Address of firm's headquarters and branch offices designated to provide RFP services.
- 2.1.1.3 Firm ownership structure, principals of the firm and organization structure.
- 2.1.1.4 Description of firm history, size, and growth.
- 2.1.1.5 Number of permanent employees, identified by professional discipline for the branch office designated to provide the requested services.
- 2.1.1.6 Describe all project disputes which, in the last five years, reached the level of formal mediation, arbitration, or litigation. For each dispute, describe the parties involved, the nature of the dispute, and the amount in dispute. Please provide this information for all such disputes arising out of the consultant's projects, regardless of whether the consultant was a party or a witness in the dispute.
- 2.1.1.7 Description of the firm's quality initiatives and how they will be employed on this project.

Section 3 Program Management Experience

3.1 Experience

- 3.1.1 Provide a listing of program management service assignments with particular emphasis on health care projects completed on occupied facilities, including:
 - 3.1.1.1 Detailed description of program management services provided.

- 3.1.1.2 Dates services were performed.
- 3.1.1.3 Magnitude of fee and fee basis.
- 3.1.1.4 Summary of project results.
- 3.1.2 Provide names and telephone numbers of contact personnel within organizations for which your proposed project management team has provided similar services. List three project management team references and provide additional references related to your firm's three most recent engagements. Provide reference contacts in the following categories:
 - 3.1.2.1 Organization's officer in charge.
 - 3.1.2.2 Organization's program executive.
- 3.1.3 Identify sub-consultants, if any, and indicate their experience and qualifications.

Section 4 Proposed Key Management Staff Members

- 4.1 Key Management Staff Members – Provide a proposed staffing matrix to provide coverage for the overall initiative as well as the individual sites.
 - 4.1.1 Submit current resumes for the proposed key representatives:
 - 4.1.1.1 Firm Principal/Client Executive, include statement identifying the main projects the proposed Firm Principal/Client Executive has managed in the last five (5) years. Include the percentage of time this individual will dedicate to this program.
 - 4.1.1.2 Other Project Staff – the staffing proposed should optimize the firm's strengths to provide timely, cost effective and high quality services and support.
 - 4.1.2 Individual resumes must be limited to two pages each and include the following:

Proposed individual.

 - 4.1.2.2 Years of experience in program and project management and years with firm.
 - 4.1.2.3 List of engagements and references from the three most recent assignments.
 - 4.1.2.4 Existing assignment(s).
 - 4.1.2.5 Key responsibilities for this assignment.
 - 4.1.2.6 Present office affiliation.
 - 4.1.2.6 Education or special training.
 - 4.1.2.8 Relevant experience with assignment descriptions, size and cost.
 - 4.1.2.9 Current assignment status.

- 4.1.2.10 Other service commitments including percentage of time dedicated to each assignment (note: this must be verifiable).

Section 5 Methodology & Approach

- 5.1 Describe your methodology and approach to managing project programs of this nature including the following:
- 5.1.1 Describe the approach/work process and scope of services that would likely be undertaken by your firm in this engagement.
- 5.1.2 Describe your approach to working with client "stakeholders and users".
- 5.1.3 What do you consider to be critical success factors in this assignment?
- 5.1.4 Describe the tools and standards your firm uses to manage projects, including the use of a web-based project management system.

Section 6 Proposed Fee

- 6.1 Fee structure including hourly rates of proposed staff.
- 6.1.1 Include satisfactory evidence of your firm's insurance coverage for:
- Statutory worker's compensation.
 - Comprehensive general liability insurance.
 - Professional liability insurance.

Section 7 Optional Appendices

- 7.1 A responding firm may provide any additional relevant information not included in the sections above.

H. SELECTION AND EVALUATION INFORMATION

Confidentiality

The information in this RFP and any information about One Brooklyn Health System, Inc. and its campuses, facilities, services and business practices is confidential. Maintaining this confidentiality is a condition for any firm receiving or responding to this RFP. Team members may be asked to sign a non-disclosure agreement (NDA).

General Information

One Brooklyn Health System, Inc. intends to select a program management firm or team based on the information contained in responses to this RFP.

Submitted proposals shall thoroughly address all of the items listed in this RFP. Submittals that do not address all of the information outlined in Section D. Proposal Submittal Guidelines are considered incomplete and may not be subject to further evaluation.

A selection team of individuals, made up from One Brooklyn Health System's senior leadership, its Planning & Construction division and MWLBE Consultant, will conduct the evaluation of qualifications received. All members of the selection committee will receive a copy of each submission along with a prepared evaluation sheet. Evaluation of the submittals received will be completed in conformance with the following criteria.

- Completeness of qualifications in responding to the information requirements, in addition to adherence to the submittal requirements defined in this RFP.
- Current and past experience and performance on healthcare or institutional planning and construction services.
- The current and past experience of proposed staff.
- Evaluation of key personnel, including time commitment to these project management services, as a proportion of total time available, experience with similar healthcare or institutional program and project management services, and past experience of key personnel in working with other owner representatives as part of prior program and project management teams.
- Ability to meet One Brooklyn Health System's stated MWBE and local business requirements and satisfy sustainability objectives.
- Depth of the team including capabilities and availability of additional resources, if needed.
- Approach to project management services. Stated fee structure.

Questions

Please direct all inquiries concerning this matter via e-mail with subject heading *F&C-CAPM-001 Question* to the following:

Dona A. Green
Senior Vice President, Strategy/Project Management
One Brooklyn Health System, Inc.
c/o Interfaith Medical Center
1545 Atlantic Avenue
Brooklyn, NY 11213
dgreen@interfaithmedical.org

Interviews

OBHS may arrange interviews with the short-listed firms. The intention of the interview is to review the proposed team member's capabilities. Times and locations will be provided at a later date. The

interview will be structured and shall begin with introductions, a presentation of your firm, and questions asked by the selection team.

Fees and Reimbursable Expenses

Your firm is required to submit a copy of its fee proposal and staffing plan with your electronic submittal. The fee proposals will be considered equivalent to thirty (30) percent of the selection criteria score.

The scores from the proposal evaluation and interview will be considered as equivalent to seventy (70) percent of the selection criteria score.

The fee proposal shall be as follows:

- Provide a lump sum fee with a monthly schedule of payments. Include a schedule of hourly rates for each member of the proposed project management positions including administrative staff.
- Reimbursable Expenses – these expenses shall be reimbursed at cost. See Attachment A for allowable reimbursable expenses.

Reservation of Rights

OBHS reserves the right, in its sole and absolute discretion, to reject all Proposals, to undertake discussions and modifications with one or more Proposers, to waive defects in Proposals, and to proceed without a short-list, with that Proposal or modified Proposal, if any, which in its sole judgment will, under the circumstances, best serve its interest and the public's interest.

Due Date

RFP responses from interested firms are due electronically via e-mail with subject *F&C-CAPM-001 Proposal* by June 27, 2018 at 4:00 p.m. ET on the date listed in the Calendar of Events on page 4. Please also submit five (5) physical copies of the RFP response to the following contact:

Dona A. Green
Senior Vice President, Strategy/Project Management
One Brooklyn Health System, Inc.
c/o Interfaith Medical Center
1545 Atlantic Avenue
Brooklyn, NY 11213
dgreen@interfaithmedical.org

I. CONTRACT INFORMATION

It is the Owner's intention that the selected company will execute the proposed contract agreement found in Attachment B. If, in response to this request, any proposer wishes to identify any exception to the

attached agreement, each such exception shall be separately and fully described and stated (together with the reason for the exception or item). If the exception is due to increased costs, the cost of the exception shall be detailed for purposes of evaluation by the Owner. The fees submitted in response to this request should cover all of the terms and conditions set forth in the attached agreement, without deviation or alteration of any kind. If no alterations or exceptions are later agreed to or accepted by the Owner (in writing and by appropriate change to the form of the agreement attached hereto), it will be construed that the fees submitted in response to this request include all of the terms and conditions set forth in the attached example agreement, without amendment or exception.

J. ATTACHMENTS

Attachment A: Reimbursable Expenses, to be provided at a later date, see page 22

Attachment B: Example of Proposed Contract Agreement, to be provided at a later date, see page 23

Attachment C: Workforce Employment Utilization Report, pages 24 and 25

Attachment D: Diversity Practices Questionnaire, pages 26-28

Attachment E: EEO Policy Statement, page 29

Attachment F: List of Projects, pages 30-38

Attachment G: MWBE Utilization Form, pages 39 and 40

Attachment H: MWBE Contractor Compliance and Payment Form, pages 41 and 42

OBHS Capital Construction Projects Program Management Services
Attachment A: Reimbursable Expenses

This attachment will be provided at the bidder's conference.

OBHS Capital Construction Projects Program Management Services
Attachment B: Example of Proposed Contract Agreement

This attachment will be provided at the bidder's conference.


FORM C

WORK FORCE EMPLOYMENT UTILIZATION

Contract No.:		Reporting Entity: <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor		Reporting Period: <input type="checkbox"/> January 1, 20__ - March 31, 20__ <input type="checkbox"/> April 1, 20__ - June 30, 20__ <input type="checkbox"/> July 1, 20__ - September 30, 20__ <input type="checkbox"/> October 1, 20__ - December 31, 20__	
Contractor's Name:				Report includes: <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Contractor/Subcontractor's total work force	
Contractor's Address:					

Enter the total number of employees in each classification in each of the EEO-Job Categories identified.

EEO-Job Category	Total Work force	Work force by Gender		Work force by Race/Ethnic Identification													
		Male (M)	Female (F)	White (M) (F)		Black (M) (F)		Hispanic (M) (F)		Asian (M) (F)		Native American (M) (F)		Disabled (M) (F)		Veteran (M) (F)	
Officials/Administrators																	
Professionals																	
Technicians																	
Sales Workers																	
Office/Clerical																	
Craft Workers																	
Laborers																	
Service Workers																	
Temporary /Apprentices																	
Totals																	

PREPARED BY (Signature):		TELEPHONE NO.:		DATE:	
NAME AND TITLE OF PREPARER (Print or Type):					

General Instructions: The work force utilization (FORM C) is to be submitted on a quarterly basis during the life of the contract to report the actual work force utilized in the performance of the contract broken down by the specified categories. When the work force utilized in the performance of the contract can be separated out from the contractor's and/or subcontractor's total work force, the contractor and/or subcontractor shall submit a Utilization Report of the work force utilized on the contract. When the work force to be utilized on the contract cannot be separated out from the contractor's and/or subcontractor's total work force, information on the total work force shall be included in the Utilization Report. Utilization reports are to be completed for the quarters ended 3/31, 6/30, 9/30 and 12/31 and submitted to the MWBE Program Management Unit within 15 days of the end of each quarter. If there are no changes to the work force utilized on the contract during the reporting period, the contractor can submit a copy of the previously submitted report indicating no change with the date and reporting period updated.

Instructions for completing:

1. Enter the number of the contract that this report applies to along with the name and address of the Contractor preparing the report.
2. Check off the appropriate box to indicate if the entity completing the report is the contractor or a subcontractor.
3. Check off the box that corresponds to the reporting period for this report.
4. Check off the appropriate box to indicate if the work force being reported is just for the contract or the Contractor's total work force.
5. Enter the total work force by EEO job category.
6. Break down the total work force by gender and enter under the heading 'Work force by Gender'
7. Break down the total work force by race/ethnic background and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the Office of Affirmative Action Programs at (518) 473-2507 if you have any questions.
8. Enter information on any disabled or veteran employees included in the work force under the appropriate heading.
9. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN & PACIFIC ISLANDER** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE INDIAN (NATIVE AMERICAN/ALASKAN affiliation or community recognition. NATIVE)** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

OTHER CATEGORIES

- **DISABLED INDIVIDUAL** any person who:
 - has a physical or mental impairment that substantially limits one or more major life activity(ies)
 - has a record of such an impairment; or
 - is regarded as having such an impairment.
- **VIETNAM ERA VETERAN** a veteran who served at any time between and including January 1, 1963 and May 7, 1975.
- **GENDER** Male or Female

Attachment D

Diversity Practices Questionnaire

I, _____, as _____ (title) of _____ firm or company (hereafter referred to as the company), swear and/or affirm under penalty of perjury that the answers submitted to the following questions are complete and accurate to the best of my knowledge:

1. Does your company have a Chief Diversity Officer or other individual who is tasked with supplier diversity initiatives? Yes or No

If Yes, provide the name, title, description of duties, and evidence of initiatives performed by this individual or individuals.

2. What percentage of your company's gross revenues (from your prior fiscal year) was paid to New York State certified minority and/or women-owned business enterprises as subcontractors, suppliers, joint-venturers, partners or other similar arrangement for the provision of goods or services to your company's clients or customers?

3. What percentage of your company's overhead (i.e. those expenditures that are not directly related to the provision of goods or services to your company's clients or customers) or non-contract-related expenses (from your prior fiscal year) was paid to New York State certified minority- and women-owned business enterprises as suppliers/contractors?¹

4. Does your company provide technical training² to minority- and women-owned business enterprises? Yes or No

If Yes, provide a description of such training which should include, but not be limited to, the date the program was initiated, the names and the number of minority- and women-owned business enterprises participating in such training, the number of years such training has been offered and the number of hours per year for which such training occurs.

5. Is your company participating in a government approved minority- and women-owned business enterprise mentor-protégé program?

¹ Do not include onsite project overhead.

² Technical training is the process of teaching employees how to more accurately and thoroughly perform the technical components of their jobs. Training can include technology applications, products, sales and service tactics, and more. Technical skills are job-specific as opposed to soft skills, which are transferable.

If Yes, identify the governmental mentoring program in which your company participates and provide evidence demonstrating the extent of your company's commitment to the governmental mentoring program.

6. Does your company include specific quantitative goals for the utilization of minority- and women-owned business enterprises in its non-government procurements? Yes or No

If Yes, provide a description of such non-government procurements (including time period, goal, scope and dollar amount) and indicate the percentage of the goals that were attained.

7. Does your company have a formal minority- and women-owned business enterprise supplier diversity program? Yes or No

If Yes, provide documentation of program activities and a copy of policy or program materials.

8. Does your company plan to enter into partnering or subcontracting agreements with New York State certified minority- and women-owned business enterprises if selected as the successful respondent? Yes or No

If Yes, complete the MWBE Utilization Plan, GOER Form # ADM-145.

All information provided in connection with the questionnaire is subject to audit and any fraudulent statements are subject to criminal prosecution and debarment.

Signature of Owner/Official _____
Printed Name of Signatory _____
Title _____
Name of Business _____
Address _____
City, State, Zip _____

STATE OF _____

COUNTY OF _____) ss:

On the _____ day of _____, 201_, before me, the undersigned, a Notary Public in and for the State of _____, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this certification and said person executed this instrument.

Notary Public

New York State
Department of Labor

**MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES (MWBE)
EQUAL EMPLOYMENT OPPORTUNITY (EEO) POLICY STATEMENT**

By signing and submitting this Policy Statement, the below noted awardee/contractor/organization (authorized representative) agrees to adopt the following policies with respect to the project/program/product being developed or services rendered at the New York State Department of Labor.

M/WBE

This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participations goals set by the State for that area in which the State-funded project is located, by taking the following steps:

- (1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.
- (2) Request a list of State-certified M/WBEs from AGENCY and solicit bids from them directly.
- (3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.
- (4) Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.
- (5) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. The Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
- (6) Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that, if legally permissible, bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

EEO

- (a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.
- (b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex disability or marital status.
- (c) At the request of the contracting agency, this organization shall request each employment agency, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.
- (d) The Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. The Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristics, marital status, or domestic violence victims status, and shall also follow the requirements of the Human Rights Law with regards to non-discrimination on the basis of prior criminal conviction or prior arrest.
- (e) This organization will include the provisions of sections (a) through (d) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

M/WBE Contract Goals

___% MWBE Participation
___% MBE Participation
___% WBE Participation

Agreed to this ___ day of ____, 201__

Name of Awardee/Contractor/Organization: _____

MWBE Liaison/Authorized Representative's Signature: _____

Print Name: _____ Title: _____

One Brooklyn Health System - Abridged Project List
Ambulatory

Award #	Project Name	Site	Project Description
1	B Walker Primary Care	IMC	Completely renovating and reconfiguring the Bishop Walker Center will expand its capacity by adding exam rooms, increasing efficiency and improving patient flow. This sub-project will facilitate the relocation and integration of behavioral ambulatory services now provided on IMC’s campus. New digital mammography equipment and replacement of 2 end-of-life x-ray suites will enable service expansion and ensure a one-stop patient experience.
2	B Walker Women's Health	IMC	OBHS seeks locate services in a new housing development for this Bishop Walker Integrated Women’s and Teen Health Center and other services—possibly community-based businesses/organizations that provide wellness and health support services. This Integrated Center will provide comprehensive services, including Internal Medicine, Nutrition, Gynecology, Breast Care Center, Family Planning and Teen Pregnancy Prevention Services, Adolescent Medicine and Sexual and Reproductive Health.
3	Pierre Toussaint Urgent Care	KJMC	OBHS will renovate 2,500 square feet of underutilized 1st floor space of the Pierre Toussaint Health Center. This major high pedestrian traffic and retail district location is within steps of public transportation. This Center will help reduce unnecessary emergency department visits, improve convenient community access to needed services, and link people to the OBHS’ integrated system to improve their and the community’s health outcomes.
4	Pierre Toussaint Primary Specialty Care	KJMC	The renovation and reconfiguration of this inefficiently designed medical office space will increase its capacity and efficiency, improve patient flow and patient experience, and increase demand for OBHS’ full continuum of primary, specialty and inpatient care.
5	Medical Village	KJMC	Developing the Medical Village within the existing Kingsbrook campus will provide economic efficiencies by co-locating professional expertise while leveraging the existing assets of clinical equipment and facilities. The Medical Village will offer a diverse portfolio of outpatient clinical and patient supportive services to meet a range of community needs. Several highly-specialized Ambulatory Centers of Excellence will be co-located on the Medical Village campus to achieve truly integrated care including a Musculo-Skeletal Center and Comprehensive Eye Center.
6	Medical Village ASC	KJMC	Ambulatory Surgery Center (ASC) includes five operating suites equipped with the latest technology necessary to perform virtually all types of outpatient surgery including eye, upper extremity, knee, hip, ankle, GI and many cancer related cases including breast surgery. The investment to expand needed patient recovery room spaces and to create a family centered waiting environment will increase efficiency, capacity and patient satisfaction.
7	Medical Village Imaging	KJMC	Imaging Center includes a comprehensive array of the latest digital diagnostic imaging, electronic picture archiving technologies and non-invasive interventional treatments. Equipment includes MRI, CT including a CT Scanner capable of performing “functional” imaging known as Positron Emission Tomography (PET), diagnostic x-ray, ultrasound, nuclear medicine, 3-D mammography, bone densitometry, cardiac and peripheral vascular ultrasound. A complement to the ASC, the outpatient interventional radiology (IR) suite within the Center serve as the Systems preferred facility for conducting a range of complex but less invasive treatments ranging from biopsies to pain blocks to radiofrequency ablations.

One Brooklyn Health System - Abridged Project List
Ambulatory

Award #	Project Name	Site	Project Description
8	Medical Village Cancer- Infusion	KJMC	Comprehensive Cancer Center includes Radiation Medicine including treatment planning and radiation therapy all co-located to ensure a multi-disciplinary model of care will be made available locally for individuals with blood disorders or solid tumor cancers.
10	Old Bristol Women & Child Health	BHMC	The renovation and reconfiguration of this inefficiently designed medical office space will increase its capacity and efficiency, improve patient flow and patient experience, and increase demand for OBHS’ full continuum of primary, specialty and inpatient care.
11	Medical Village Infrastructure	KJMC	To accomplish this Kingsbrook campus transformation, essential enabling initiatives will re-locate and right-size the clinical laboratory, build out an outpatient retail pharmacy, upgrade key infrastructure including the buildings’ mechanical, electrical, plumbing, elevators and fire safety systems, and renovate the main entry lobby to the Medical Village.
12	Mid-size Primary Care Practice	OBHS	This site will provide primary care, with linkages to OBHS specialty care, inpatient and community services. Specifics on the types of primary care provided (e.g., pediatrics, teen health, women’s or men’s health, geriatric care) will be determined by further analysis of community needs and currently available services.
13	Mid-size Primary Care Practice	OBHS	This site will provide primary care, with linkages to OBHS specialty care, inpatient and community services. Specifics on the types of primary care provided (e.g., pediatrics, teen health, women’s or men’s health, geriatric care) will be determined by further analysis of community needs and currently available services.
14	Mid-size Primary Care Practice	OBHS	This site will provide primary care, with linkages to OBHS specialty care, inpatient and community services. Specifics on the types of primary care provided (e.g., pediatrics, teen health, women’s or men’s health, geriatric care) will be determined by further analysis of community needs and currently available services.
15	Mid-size Primary Care Practice	OBHS	This site will provide primary care, with linkages to OBHS specialty care, inpatient and community services. Specifics on the types of primary care provided (e.g., pediatrics, teen health, women’s or men’s health, geriatric care) will be determined by further analysis of community needs and currently available services.
16	[FQHC] PC Satellite	FQHC	Partner FQHC will increase community access to primary care by opening a new 5,000 sft Primary Care Satellite Site in a medically underserved Brooklyn neighborhood. Services will include Family Medicine, Pediatrics, OB\GYN, Chronic Care Management, and rotating specialty care based upon need.
17	[FQHC] Care Center	FQHC	Partner FQHC will identify a site, in collaboration with OBHS to ensure OBHS geographic distribution, to establish a new 15,000-20,000 sft primary care and multispecialty FQHC. FQHC will incorporate two existing successful private practices and expand services. This new site will provide integrated and coordinated primary care, specialty care, and behavioral health services.
18	Mid-size Primary Care Practice	OBHS	This site will provide primary care, with linkages to OBHS specialty care, inpatient and community services. Specifics on the types of primary care provided (e.g., pediatrics, teen health, women’s or men’s health, geriatric care) will be determined by further analysis of community needs and currently available services.

One Brooklyn Health System - Abridged Project List
Ambulatory

Award #	Project Name	Site	Project Description
19	Mid-size Primary Care Practice	OBHS	This site will provide primary care, with linkages to OBHS specialty care, inpatient and community services. Specifics on the types of primary care provided (e.g., pediatrics, teen health, women’s or men’s health, geriatric care) will be determined by further analysis of community needs and currently available services.
20	[FQHC] Integrated Ctr	FQHC	Partner FQHC will develop integrated Primary Care, Behavioral Health, Substance Use Services and Pharmacy Services. 10,500 sft will be renovated and reconfigured, including the addition of an elevator for access by patients with limited mobility, and an onsite pharmacy. Providing co-located comprehensive and an integrated range of services will improve the ability to address complex chronic conditions, reduce health disparities and improve health outcomes.
21	Behavioral Health Program	IMC	OBHS seeks to relocate and expand this Center in a new housing development, supporting OBHS’s goal to increase capacity and integrate primary care and behavioral health services. The original building could be available for additional housing capacity.
22	[FQHC] Service Center	FQHC	Partner FQHC will create a new fully equipped 50,000 sft health center to replace its current headquarters. \
23	[FQHC] Specialty Care Satellite	FQHC	Partner FQHC will increase access to specialty care by opening and renovating a new 5,000 sft Specialty Care Practice Site. Services in the new site will include Psychiatry, Podiatry, Surgical Consultation, Optometry/ Ophthalmology, Nutritional Counseling.
24	[FQHC] Service Center-G	FQHC	Partner FQHC will relocate and expand its satellite health center to a nearby site, and create new, full service, 7,000 sft primary care facility. It will offer comprehensive Primary Care including Adult Medicine, Pediatrics, OB/GYN, Diagnostic Imaging, Behavioral Health Care, and Social Services.
25	Urgent Care	OBHS	This center will be open 67 hours per week and provide urgent care, including diagnostic imaging and basic lab testing. It will link patients who do not have a source of care to the OBHS integrated system of primary, specialty, inpatient and community services.
26	[FQHC] Care Center-D	FQHC	Partner FQHC will establish 4,000 sft Center for residents within a new residential complex. This Center will provide residents access to a primary care home and OBHS’s integrated continuum of ambulatory primary, specialty and inpatient services. The Center will provide the full range of urgent care services, including diagnostic Imaging, Lab, and onsite Pharmacy. It also will include Telemedicine, and Social Services and Behavioral Health complement suite of urgent care services.
27	Urgent Care	OBHS	This center will be open 67 hours per week and provide urgent care, including diagnostic imaging and basic lab testing. It will link patients who do not have a source of care to the OBHS integrated system of primary, specialty, inpatient and community services.
28	Urgent Care	OBHS	This center will be open 67 hours per week and provide urgent care, including diagnostic imaging and basic lab testing. It will link patients who do not have a source of care to the OBHS integrated system of primary, specialty, inpatient and community services.

One Brooklyn Health System - Abridged Project List
Ambulatory

Award #	Project Name	Site	Project Description
29	Urgent Care	OBHS	This center will be open 67 hours per week and provide urgent care, including diagnostic imaging and basic lab testing. It will link patients who do not have a source of care to the OBHS integrated system of primary, specialty, inpatient and community services.
30	[FQHC] Urgent Care	FQHC	2,500 sft of underutilized space in an existing facility will be converted to an urgent care center to treat non-life threatening illness. It will offer diagnostic services, including X-rays and laboratory tests to enable identification of illnesses and treatment of minor broken bones.
31	ASC & Imaging Ctr East NY	OBHS	OBHS seeks to create a new, state of the art, comprehensive ambulatory surgery and imaging center.
34	Bedford Dental Ctr	IMC	Renovations to the Bedford Dental Center dental operatories, waiting room and sterilization facilities, modernization of its x-ray system, and adding x-ray capacity in 4 operatories. The outcome will be quality and patient experience improvement, reduction in wait times, increased capacity and attraction of new patients to use OBHS’s integrated, comprehensive care continuum.

One Brooklyn Health System - Abridged Project List
Infrastructure

Award #	Project Name	Site	Project Description
1	Tri-Generation Plant	BHMC	Build a 6 MW combined cooling, heating & power plant to ensure a safe, reliable and efficient environment of care for all BHMC campus facilities.
2	ICU Renovation	BHMC	Renovate 20K SF of vacant space in the BHMC CHC- building, 5th Fl to create a new 33-bed ICU to accommodate demand from KJMC patients requiring ICU care. Relocate the 26-beds in the existing "ward-style" ICU to the new unit. Convert 7 unused M/S beds to 7 ICU beds in the new unit.
3	Emergency Generators	BHMC	Replace and install BHMCs four 3+ decades old emergency generators that are 5-10 years past the manufacturer recommended useful life to ensure a reliable back-up power system for the campus
4	OR Room Automation	BHMC	Replace obsolete manual HVAC system monitoring and controls for the operating rooms - and eliminate rental costs for seasonal HVAC equipment - with an industry best-practice "smart" building automation system - allows remote monitoring, fault detection & alerts, auto-control of air quality. Supports improved infection control.
5	Fire Alarm Upgrade	BHMC	Upgrade current system and replace devices where necessary thereby addressing outstanding Notice of Deficiency for existing alarm system and diminish "fix when fail" culture of maintenance of operating systems.
6	Equipment Replacement	BHMC	Replace major capital equipment (incl. angiography lab, CT scanner/simulator, MRI, Ultrasound, ventilators, digital x-rays, etc.) that are at - or have exceeded useful life and that support clinical reorganization and the provision of safe, quality care.
10	Building Automation	BHMC	Replace obsolete manual HVAC system monitoring and controls for all BHMC buildings and improve energy efficiency -with an industry best-practice "smart" building automation system - allowing remote monitoring, fault detection, system issue alerts and auto-control of air quality.
11	Elevator Upgrades	BHMC	Using the findings (i.e. gear machinery w/ oil leaks, worn hoist cables and missing code-required door restrictors) of an independent assessment of BHMC's elevators - replace & repair OBHS/BHMCs aged elevators to ensure safety, improve patient experience, support operations & meet building code.
12	98th St Entrance	BHMC	Add new glass vestibule, asphalt paving, concrete curbs/sidewalks and install lighting to create a new entrance vestibule and canopy with improved visibility, security and accessibility - for motor vehicle drop offs - at BHMCs 98th Street rear entrance. The entrance is along several bus lines & is the busiest patient & staff entrance.
13	Central Sterile	BHMC	Purchase equipment that can operate via energy efficient medium pressure steam vs. current high pressure steam and install electric-fired point-of-use boilers in the Central Sterile Department to create the required safer and more energy efficient 65 psi steam to operate the equipment.
15	OR Upgrades	BHMC	Renovate 17,500 SF of BHMCs CHC-building, 6th floor Operating Room Suite consisting of 12 operating rooms and the Post-anesthesia care unit (PACU). The space is 40 years old and untouched. Renovations are consistent with the Northwell Study’s clinical integration strategy to regionalize high-risk, low volume surgical services at BHMC.
16	Psych Upgrades	BHMC	Renovate and upgrade all inpatient psychiatric units and fixtures therein ensuring compliance with NYS OMH guidelines for patient and staff safety.

One Brooklyn Health System - Abridged Project List
Infrastructure

Award #	Project Name	Site	Project Description
17	Air Handler Upgrades	BHMC	Replace BHMCs single motor, single blower, single centrifugal forward curve fan & single chilled water coil and single heating coil design - with an integrated fan-wall system to optimize energy efficiency and improve the environment of care.
20	Cooling Tower	BHMC	Replace BHMCs aged Cooling Tower which is approx. 40 years old & at least 10 years past its useful life causing increased concern for unplanned outages & failures. Current tower necessitates increased inspections and constant replacement of ancillary equipment.
21	ED Renovations	BHMC	This is a multi-phase project to modernize and improve the capacity, flow and layout of the existing ED. The 1st phase is to engage a consultant to perform a planning/feasibility study of current conditions & options for creating a modern, efficiently designed emergency department. The budget's for the options identified in phase 1 are likely to exceed BHMC's resources. Phase 2 assumes a modest "make-ready" budget for the preferred option which can include demolition, abatement, renovation and movement of spaces/programs/services to be relocated in anticipation of funding for design/construction of the preferred options
22	AITU Renovation	BHMC	Reopen 32 M/S beds on CHC-building, 9th Floor (Beds were intermittently used for surges); perform minor renovations to refresh (painting, lighting, curtains, appliances) unit and improve the environment of care. Relocate the AITU program.
23	Post ICU Renovation	BHMC	Engage architect to design 21-bed Medical/Surgical unit in the Snapper-building, 6th floor; Renovate current 24-bed unit to accommodate 21 code-compliant beds that support clinical regionalization efforts.
1	Nurse Call Bell System	IMC	Replace aged, end-of-life call bell system that presents great challenges in care delivery as parts are difficult to acquire & functionality is limited. The new system will be installed throughout the hospital incl. ED & will be able to be integrated w/ phone, bed & security systems & track staff response time & provide personal panic alarms in high-risk areas.
2	Fl 8&9 Reno BHlth	IMC	IMCs 8th & 9th floor behavioral units have serious deficiencies and do not meet OMH standards. Scope of work will include gut demolition, general construction, installation of windows, glass, doors, drywall, ceramic tile, flooring & hardware consistent w/ NYS OMH & NYS DOH guidelines. All units will have new MEP infrastructure including code-required fresh air.
3	Fl 8 reno CPEP	IMC	Design & construct therapeutic, code-compliant functional areas on IMCs floor 8 to provide the following CPEP functions: reception, triage, nurse observation & charting, referral, psychiatric & medical evaluations & assessments, extended observation. Upgrade MEP infrastructure consistent w/ OMH/SDOH guidelines.
4	ED expansion	IMC	Extensive renovation of the existing medical ED, as well as an expansion of the ED into a 2,400 SF area currently occupied by the Psych ED. The area occupied by the Psych ED would become available once the new CPEP program is created on the 8th floor. Will result in increased volume; creation of a true internal EMS ambulance arrival intake area for internal triage that will improve triage throughput and patient privacy; additional examination bays/room for evaluation and treatment, including a designated telemetry bed to improve monitoring capability, an additional isolation room to improve patient and staff safety regarding infectious disease, a dedicated medication room for placement of the automated medication dispensing machine and medication refrigerator and an additional medical observation area in the ED for patients admitted but awaiting admissions.

One Brooklyn Health System - Abridged Project List
Infrastructure

Award #	Project Name	Site	Project Description
5	Elevator Replacement	IMC	Modernize 13 end-of-life, obsolete and code deficient elevators at IMC including a dedicated elevator for CPEP patient transfer. Maintenance has become routine and costly for these elevators. Their dysfunction impedes IMC's ability to offer a safe and consistent experience for patients, visitors and staff.
6	MRI Upgrade	IMC	Replace aged, obsolete and inefficient MRI (low magnet strength, irreplaceable coils, regular software defaults), which challenges IMCs ability to provide reliable access to this service and comprehensive diagnostics.
7	New x-ray (2nd Floor Radiology)	IMC	Replace and update end-of-life, obsolete radiology equipment @ IMC's 2nd floor Xray department with industry standard digital equipment so as to ensure the provision of quality diagnostics to IMC patients & clinicians.
8	2 Portable x-ray units	IMC	Replace and update end of life radiology equipment at IMC allowing more effective patient care to patients at IMC. To include a new x-ray within the IMC (2nd floor), two portables and a nuclear medicine camera all of which are end of life and use antiquated film cartridges for development. All new equipment will be digital, offering better image quality and faster throughput.
9	Automated medication dispensing	IMC	Purchase Omnicell XT automated medication dispensing system allowing for daily monitoring, documenting and reporting to enhance care quality, antibiotic stewardship, safety and operational efficiency.
10	MEP Upgrades	IMC	Execute on prioritized Mechanical, Engineering and Plumbing (MEP) system code and operational deficiencies requiring replacement/upgrades to which impede IMC's ability to provide a safe, quality environment of care. Priority repairs/replacements are in the following systems: HVAC, sprinkler, plumbing, electrical, fire alarm, architectural & structural support for MEP upgrades.
11	ASC Upgrade	IMC	Create secure, patient centered pre-operative area including upgrade of OR surgical equipment. The project is multi-phase and includes construction and infrastructure work; 1a. Build out new respiratory therapy space on 5th floor; 1b. Relocate RT to new space; 2a. Build-out new pre-Op area on 5th floor; 2b.1 install surgical suite med equipment; 2.b.2 Expand existing ambulatory surgery center into new Pre-Op area
12	HVAC Upgrade	IMC	Replace obsolete manual HVAC system monitoring and controls for IMCs main building with an industry best-practice "smart" building automation system that allows remote monitoring, fault detection and alerts, auto-control of air quality with resulting improvements in patient safety, and environment of care.
13	Nuclear medicine camera	IMC	Replace and update end of life radiology equipment at IMC allowing more effective patient care to patients at IMC. To include a new x-ray within the IMC (2nd floor), two portables and a nuclear medicine camera all of which are end of life and use antiquated film cartridges for development. All new equipment will be digital, offering better image quality and faster throughput. The Nuclear Medicine camera was purchased by Phillips in 1995 and has been at end of life for several years.
14	Detox & Rehab renovation	IMC	Renovate IMC's 6th floor, which houses the adult Rehabilitation (20-bed) and (20-bed) Detoxification programs for patient comfort and privacy and operational efficiency for staff. Scope of work includes reception privacy, window replacement, day room restructuring for pantry, ice/coffee machines, shower room upgrades, code compliant exam rooms and patient room upgrades.

One Brooklyn Health System - Abridged Project List
Infrastructure

Award #	Project Name	Site	Project Description
15	Central pharmacy upgrade	IMC	Renovation of an area within the central pharmacy to create a new sterile compounding suite that meets the USP 797 and USP 800 guidelines. The advantages of conforming to these guidelines are clear: sterile compounding done in a USP 797/800 compliant compounding facility creates safer medications for patients and safer working conditions for the staff performing the work. Compliant suites have cleanroom spaces that meet ISO 7 (Class 10,000) standards.
20	MS Floor renovation	IMC	Upgrade of the medical/surgical floors: 2, 3 and 4. The total patient population on these floors is 120 at maximum capacity, which works out to 40 beds/floor. Scope of work to rectify environmental deficiencies will include the following new work: ceilings, floor finishes, doors & hardware, fan coil units, paint, cubicle curtains, bed bumpers, plumbing fixtures, lighting, bathroom tile, patient wardrobe & sink base, showers, handrails, crash rail, frame protectors, window repair, corner guards, and new furniture including patient beds. A new fresh air system and additional life safety items are being provided through the Infrastructure project submitted separately.
1	Inpatient Rehabilitation Unit	KJMC	This Project will regionalize the core programmatic elements of rehabilitation related services for OBH onto the Kingsbrook campus. The Project will renovate the existing inpatient rehabilitation units, reducing the current licensed general rehab beds from 40 to 25 and the traumatic brain injury unit from 25 to 15. In addition, the Project will renovate the existing sixty-eight bed sub-acute rehabilitation unit within the post-acute care Rutland Nursing Home on the Kingsbrook campus, create an integrated multi-disciplinary therapeutic gym space for all inpatient acute, sub-acute and outpatient rehab patients. This Project includes significant improvements to the building infrastructure including the replacement of elevators and major HVAC systems, and will add new family oriented spaces for patient/family dining and recreational activities. A main entry lobby will also be renovated.
2	Facility Infrastructure	KJMC	Address life safety issues related to mechanical, electrical, plumbing, elevators and fire safety infrastructure within the Katz and Power Plant buildings including meeting a CMS life safety code requirement for the separation of emergency electrical branches within the DMRI building by engaging an engineer to design the corrective action plan and engage a contractor to commence the necessary modifications.
3	Major Medical Equipment	KJMC	Replace major capital equipment within the emergency department, main kitchen and throughout the post-acute care facility that are at - or have exceeded useful life and that support clinical reorganization and the provision of safe, quality care.

Attachment F.C

One Brooklyn Health System - Abridged Project List

Information Technology

Award #	Project Name	Site	Project Description
1	EHR & Clinical Apps	OBHS	Standardize clinical and patient accounting applications to make patient records available throughout all inpatient and ambulatory settings of OBHS

Attachment G – M/WBE Utilization Plan

INSTRUCTIONS: This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This MWBE Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (M/WBE) under the contract. Attach additional sheets if necessary.

Federal Employer Identification No. (FEIN):

Offeror's Name:

Region/Location of Work:

Offeror's Address:

Solicitation No.:

City, State, Zip Code:

Project No.:

Telephone No.:

M/WBE Goals in the Contract: MBE - % WBE - %

1. Certified M/WBE Subcontractors/Suppliers Federal Employer Identification Number (FEIN), Name, Address, Phone, Fax and Email Address.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary)	5. Dollar Value of Subcontracts / Supplies / Services and intended performance dates of each component of the contract.
A.	<u>NYS ESD CERTIFIED</u> <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
B.	<u>NYS ESD CERTIFIED</u> <input type="checkbox"/> MBE <input type="checkbox"/> WBE			

6. IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, OFFEROR MUST SUBMIT A WAIVER REQUEST FORM (FORM E4).

PREPARED BY (Signature): _____ **DATE:** _____

Preparer's Name (Print or Type):

Preparer's Title:

Date:

SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.

TELEPHONE NO.:

EMAIL ADDRESS:

**** FOR OBHS USE ONLY ****

REVIEWED BY:

DATE:

UTILIZATION PLAN APPROVED?

☐ YES ☐ NO Date:

Contract No.:

Project No. (if applicable):

Contract Award Date:

Estimated Date of Completion:

Amount Obligated Under the Contract:

Description of Work:

NOTICE OF DEFICIENCY ISSUED?

☐ YES ☐ NO Date of Issue:

NOTICE OF ACCEPTANCE ISSUED?

☐ YES ☐ NO Date of Issue:

QUARTERLY M/WBE COMPLIANCE REPORT

M/WBE 102 (Revised 1/12)

As evidence of the progress made toward achievement of the minority and women owned business enterprise (MWBE) Goal(s), contractor is required to complete and submit the following for each NYS-certified MWBE (please use additional sheets if necessary). Beginning THIRTY (30) days after a contract is awarded Quarterly MWBE Contractor Compliance Reports are due on Jan.15, April 15th, July 15th, and October 15th to report MWBE utilization for the preceding quarter.

REPORTING PERIOD

April 1 – June 30

☐

Oct. 1 – Dec. 31

☐

July 1 – Sept. 30

☐

Jan. 1 – Mar. 31

☐

Contract Overview

Offeror/Contractor Name: _____	Telephone: _____	M/WBE NYS Certified Firm?
Address _____	Federal ID No: _____ SFS Vendor ID: _____	<input type="checkbox"/> Y If Yes, proceed to box A
City, State, Zip: _____	Solicitation No: _____	<input type="checkbox"/> N If No, proceed to box B

Please place the name of your company in Box A only if you are a NYS-Certified M/WBE and include quarterly contract payments received.

A Name: _____	Actual CIO/OFT Contract payment(s) received by the NYS-Certified M/WBE Contractor during the reporting period:	\$ _____
FEIN: _____ SFS Vendor ID: _____		
<input type="checkbox"/> MBE <input type="checkbox"/> DUAL	Actual total of payments made over the life of this contract:	\$ _____
<input type="checkbox"/> WBE		

In boxes B thru E, please include quarterly expenditures your company made to NYS-certified M/WBE companies only. Check the DIRECT box for expenditures required to meet CIO/OFT Contract obligations, and INDIRECT box for expenditures not specific to contract obligations.

B Name: _____	Actual payment(s) made to the NYS-Certified M/WBE Contractor during the reporting period:	\$ _____
FEIN: _____ SFS Vendor ID: _____		
<input type="checkbox"/> MBE <input type="checkbox"/> DUAL <input type="checkbox"/> DIRECT	Actual total of payments made over the life of this contract:	\$ _____
<input type="checkbox"/> WBE <input type="checkbox"/> INDIRECT	Description of Work: _____	
	Dates of Services: _____	

C Name: _____	Actual payment(s) made to the NYS-Certified M/WBE Contractor during the reporting period:	\$ _____
FEIN: _____ SFS Vendor ID: _____		
<input type="checkbox"/> MBE <input type="checkbox"/> DUAL <input type="checkbox"/> DIRECT	Actual total of payments made over the life of this contract:	\$ _____
<input type="checkbox"/> WBE <input type="checkbox"/> INDIRECT	Description of Work: _____	
	Dates of Services: _____	

QUARTERLY M/WBE COMPLIANCE REPORT

M/WBE 102 (Revised 1/12)

In boxes B thru E, please include quarterly expenditures your company made to NYS-certified M/WBE companies only. Check the DIRECT box for expenditures required to meet CIO/OFT Contract obligations, and INDIRECT box for expenditures not specific to contract obligations.

D Name: _____		SFS Vendor ID: _____		Actual payment(s) made to the NYS-Certified M/WBE Contractor during the reporting period: \$ _____
FEIN: _____				
<input type="checkbox"/> MBE	<input type="checkbox"/> DUAL	<input type="checkbox"/> DIRECT	Actual total of payments made over the life of this contract: \$ _____	
<input type="checkbox"/> WBE		<input type="checkbox"/> INDIRECT	Description of Work: _____	
			Dates if Services: _____	

E Name: _____		SFS Vendor ID: _____		Actual payment(s) made to the NYS-Certified M/WBE Contractor during the reporting period: \$ _____
FEIN: _____				
<input type="checkbox"/> MBE	<input type="checkbox"/> DUAL	<input type="checkbox"/> DIRECT	Actual total of payments made over the life of this contract: \$ _____	
<input type="checkbox"/> WBE		<input type="checkbox"/> INDIRECT	Description of Work: _____	
			Dates of Services: _____	

- ☐ I hereby affirm that the information supplied in this quarterly compliance report is true and correct to the best of my knowledge.
- ☐ I hereby affirm that the information supplied in the previous quarterly report is true and correct. If not, attached is a revised compliance report for the previous quarter.

SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 142, AND THE ABOVE REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.

Signature _____ Date _____

Sworn to before me this _____ day of _____ 20____

Print Name _____

Notary Public _____

Title _____

Seal: _____

Email _____ Telephone _____

FOR AUTHORIZED USE ONLY	
Reviewed by:	_____
Date Received:	_____