

Request for Proposals (RFP) for
Modular Facility Design and Implementation of the



HULA HEALTH CLINIC

Blue Lake Rancheria
428 Chartin Road
Blue Lake, CA 95525

December 2, 2022

Proposals (Sealed Bids) Due: January 27, 2023

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Owner Information

The Blue Lake Rancheria is a federally recognized Native American tribe in northwestern California, near the cities of Eureka and Arcata, five miles inland from the Pacific Coast, along California Highway 299.

Within the aboriginal territory of the Wiyot people, the Blue Lake Rancheria was founded in 1908 as a refuge for homeless Indians. The Tribe was terminated in 1958, and then reinstated to federal recognition status in 1983. Since then, the Tribe has made a concerted effort to rebuild.

Today, the Tribe has 100 acres of land in trust and thriving economic enterprises that support hundreds of local jobs, government operations and programs, economic diversification, resilience and sustainability efforts, environmental protection, and a wide array of social services.

More information can be found at: <https://bluelakerancheria-nsn.gov>

Contact for Submittals and Questions

All submittals and questions regarding proposals should be directed to:

David Narum, Resilience Director
Blue Lake Rancheria
428 Chartin Road
Blue Lake, CA 95521

E: dnarum@bluelakerancheria-nsn.gov

Table 1. Important Dates

Action	Date/Deadline
RFP Issued	December 2, 2022
Bid RFI's Due	January 4, 2023
Responses to Bid RFI Issued	January 11, 2023
Bidder Submissions Due	January 27, 2023
Bidder Interviews - 1/20	February 6, 2023
Selection of Bidder - TBD	February 10, 2023

Brief Project Description

Project Name: Hula Health Clinic

Project Type: New Modular Facility Construction and Installation.

Project Size: ~5,000-ft² facility with site work, including parking lot.



Figures 1 and 2. Location of the Hula Health Clinic at BLR

The Blue Lake Rancheria has funding from the U.S. Housing and Urban Development (HUD) to construct the “Hula Health Clinic” (HHC). The HHC will be constructed on the Blue Lake Rancheria trust lands, near the tribe’s historic barn and adjacent to new commercial development zones.

BLR is requesting competitive sealed bid proposals from licensed modular facility contractors (“Contractor”) for the design, construction, and installation of the HHC. Upon completion, the HHC will provide facilities for: 1) COVID 19 testing and assessment, 2) pandemic and other emergency response coordination, 3) information collection and dissemination (serving as a pandemic fusion center), 4) clinical education, and 5) inventory and storage of personal protective equipment (PPE) and other COVID 19- and public health-related supplies. The HHC will provide a critical piece of BLR’s pandemic and emergency response toolkit for decades to come.

A key purpose of BLR’s HHC is to continue to assess work with regional partners to shape public health strategies that are suited to the region’s available (and often limited) resources and capabilities, for both standard health concerns, and for COVID 19 and other emergent threats. Since 2016, BLR has worked with regional and national partners to offer a range of services and trainings on public health and emergency response issues as part of its Resilience, Training, and Innovation Center (RTIC) programming. BLR intends to deploy the HHCs for these public services and for safety training for health care workers and technicians. BLR will continue to provide services and trainings on a range of public health issues through established cooperative relationships with United Indian Health Services (UIHS) and other regional and national entities.

The HHC will also serve as a tribal hub for other important functions, including serving as a clinical education site and as a center for emergency response, including: situational awareness, a common operating picture, information fusion and sharing, communications, and strategic-level operations coordination for COVID 19 and other threats.

HHC Components

Final HHC configuration/layout/components will be developed in consultation with the selected vendor. BLR does expect that vendors are experienced in modular healthcare facilities and will be able to provide plans for an approximately 5,000 ft² facility with the following components at a minimum (all square footages noted are approximations):

- Lobby/waiting – 300 ft²
- Offices (minimum of three) – 100 ft²/office
- Business Office – 200 ft²
- Exam rooms (minimum of three) – 100 ft²/room, total 300 ft²
- Procedure room – 200 ft²
- Three unisex restrooms – 100 ft²/restroom, total 300 ft²
- One room with lockers and shower– 150 ft²
- Storage rooms – 500 ft² total
- Custodial/utility closet – 150 ft²
- Classroom/Training/Meeting – 300 ft²
- Multi-purpose (wellness, education, training, emergency operations) room – 1,500 to 2,000 ft²

Additional Considerations

- ***BLR is expecting that bidders with experience in modular health facilities will propose components that include/modify and go beyond the items listed above. We are hopeful that vendors with experience will be able to add value and provide new ideas in addition to those that BLR has already come up with.***
- Proposed costs should include the facility installation, including laying the concrete slab and connecting to utilities (power, water, and sewer). BLR will provide adjacent utility infrastructure in coordination with the vendor.
- BLR is intending to install solar PV panels on the HHC roof, so the design must include a “solar-ready” roof.
- Grading and parking lot construction will be completed by BLR.
- BLR is developing a related facility nearby and is hopeful that the HHC can be designed to reflect a similar roofline, as shown in the image below:



Project Schedule

The mandated project completion date is September 2023. Bidders are to submit a detailed project schedule describing the anticipated sequential execution and duration of the work. The selected Contractor will be responsible for maintaining and updating the construction schedule throughout the duration of the project.

Project Award

The successful bidder will work with BLR to ensure compliance with all HUD grant requirements.

Contractor Information and Qualifications

Company Information

- Name of Firm
- Address of Firm
- Telephone & Fax Numbers
- Primary Telephone and Correspondence contact information

Brief History of the Firm

- Size of Firm/Staff
- Years in Business
- Organization chart of Firm
- Distance from BLR

Team Background/Qualifications

- Construction Team
 - Principal in Charge
 - Director Design
 - Project Manager
- Resumes of Team Members
 - Name
 - Office Location
 - Phone Number
 - Years of Service with Firm
 - Education
 - Professional Experience
 - Pertinent Experience
- Sub-contractors (as needed)

- Representative Modular Health Clinic Projects – List a minimum of three (3) projects completed by your firm that best represents a similar scope, budget, program, and complexity. For each project, please include:
 - Completion Date
 - Name and Location
 - Budget
 - Graphic Description
 - Photographs
 - Total Square Footage
 - Cost per Square Foot – Exclude Site Costs and Architectural Fees
 - Change Order Percentage
- Legal Concerns
 - Explain the circumstances and outcome of any litigation, arbitration, or claims filed against your company by a client or any of the same you have filed against a client.
 - Explain the circumstances and outcome of any litigation, arbitration, or claims filed against your company by any client or any of the same you have filed.
 - Explain your General Liability Insurance coverage.
 - Explain your Professional Liability Insurance coverage.
- Construction Cost & Fees
 - Bidders to submit a detailed breakout of construction cost and associated fees
- Licensure
 - Is the principal licensed to construct and install modular commercial facilities in California?
 - Has the Principal or had their license suspended in California?
- Legal Proceedings
 - Identify any on-going legal proceeding or pending legal proceeding (arbitration, complaint, or court action) filed by an Owner or sub-contractor against your firm for any project in the past five years.
 - Project Approach. Describe your firm’s management approach for these projects. Please include your approach and the benefit each step has for the owner. Describe any unique aspects your firm may employ in the execution of the project.
- References
 - Please provide a minimum of three references to contact (see Attachment B).
- Unique Qualifications – Please state why your firm should be selected by BLR.
 - Proposer's understanding of the problem.
 - Proposed approach to client relationships.
 - Staff positions for the project.
 - Timeline.
- Point of contact and phone number for questions.

Selection Criteria

Proposals will be reviewed for completeness and qualifications. Final selection of a firm for contract negotiations will be made on the basis of the following criteria, with a maximum of 100 rating points as shown in Table 3:

Table 3. Proposal Selection Criteria

Selection Criteria	Maximum Points (total 100)
The modular facility vendor's scope of work, methodology, work plan, and budget.	30
The vendor's general experience, qualifications, and ability to perform timely execution of the project work as evidenced by previous, similar projects, particularly similarly sized health clinics.	30
The vendor's professional credentials, including the qualifications, expertise, and experience of individuals assigned to the project.	20
The vendor's understanding of and experience working with Native American tribes.	10
The vendor's references.	10

The final contract for these Services shall be awarded only after negotiations with the selected firm to establish a fair and reasonable price. BLR actively encourages submission of proposals from disadvantaged business enterprises and companies owned by Native Americans, minorities, women, immigrants, and veterans. BLR does not discriminate on the basis of race, color, religion, creed, sex, sexual orientation, gender identity, age, ancestry, national origin, disability, or veteran status in consideration of this award. Equal Opportunity Employer.

RFIs, Q&A and Other Matters

All requests for information (RFIs) and questions shall be submitted in writing to David Narum via email to dnarum@bluelakerancheria-nsn.gov. The last day to email questions is January 4, 2023. Responses will be provided by January 11, 2023, at: <https://bluelakerancheria-nsn.gov/RFP/>.

All submittals shall remain firm for sixty (60) calendar days following the last day to receive Competitive Proposals. Any submittal received beyond the due date indicated in this Request for Competitive Proposals will not be considered.

The selected vendor will enter a negotiated Professional Services Agreement (PSA) with BLR prior to the start of the project. In the PSA, the vendor will agree to provide all basic services for the definable scope of the project for a fixed fee.

An electronic copy of the competitive Proposal shall be emailed to David Narum at dnarum@bluelakerancheria-nsn.gov, or five hard copies of the proposal can delivered no later than the proposal due date to: Attn: David Narum, Blue Lake Rancheria, 428 Chartin Road, Blue Lake, CA 95525.

Terms and Conditions

The following terms and conditions apply to all proposals:

1. BLR reserves the right to reject any and all proposals submitted; to select one or more responding parties; to void this RFP and the review process and/or terminate negotiations at any time; to select separate responding parties for various components of the scope of services; and to select a final party/parties from among the proposals received in response to this RFP. Additionally, any and all RFP project elements, requirements and schedules are subject to change and modification. BLR also reserves the unqualified right to modify, suspend, or terminate at its sole discretion any and all aspects of this RFP process, to obtain further information from any and all responding parties, and to waive any defects as to form or content of the RFP or any responses by any party.
2. This RFP does not commit BLR to award a contract, defray any costs incurred in the preparation of a response to this RFP, or contract for any services. All submitted responses to this RFP become the property of BLR as public records. All proposals may be subject to public review, on request, unless exempted as discussed elsewhere in this RFP.
3. By accepting this RFP and/or submitting a proposal in response thereto, each responding party agrees for itself, its successors and assigns, to hold BLR and its agents, directors, vendors, attorneys, officers, and employees harmless from and against any and all claims and demands of whatever nature or type, which any such responding company, its representatives, agents, contractors, successors or assigns may have against any of them as a result of issuing this RFP, revising this RFP, conducting the selection process and subsequent negotiations, making a final recommendation, selecting a responding party/parties or negotiating or executing an agreement incorporating the commitments of the selected responding party.
4. By submitting responses, each responding party acknowledges having read this RFP in its entirety and agrees to all terms and conditions set out in this RFP.
5. Responses shall be open and valid for a period of ninety (90) days from the due date of this RFP.

Insurance Requirements

Vendor shall procure and maintain, at its sole cost and expense, in a form and content satisfactory to BLR, during the entire term of this Agreement including any extension thereof, the following policies of insurance:

1. Commercial General Liability Insurance. A policy of commercial general liability insurance using Insurance Services Office "Commercial General Liability" policy form CG 00 01, with an edition date prior to 2004, or the exact equivalent. Coverage for an additional insured shall not be limited to its vicarious liability. Defense costs must be paid in addition to limits. Limits shall be no less than \$1,000,000.00 per occurrence for all covered losses and no less than \$2,000,000.00 general aggregate.
2. Workers' Compensation Insurance. A policy of workers' compensation insurance on a state-approved policy form providing statutory benefits as required by law with employer's liability limits no less than \$1,000,000 per accident for all covered losses.

3. Automotive Insurance. A policy of comprehensive automobile liability insurance written on a per occurrence basis in an amount not less than \$1,000,000 per accident, combined single limit. Said policy shall include coverage for owned, non- owned, leased and hired cars.
4. Professional Liability or Error and Omissions Insurance. A policy of insurance in an amount not less than \$1,000,000.00 per claim with respect to loss arising from the actions of Vendor performing professional services hereunder on behalf of BLR.

In the event that the vendor is authorized to subcontract any portion of the work or services provided pursuant to this Agreement, the contract between the vendor and such subcontractor shall require the subcontractor to maintain the same policies of insurance that the vendor is required to maintain.

Proposal Organization and Format

Proposal is preferably submitted as a digital .pdf file. Proposers responding to this RFP must comply with the following format requirements:

Tab 1 - COVER LETTER, RFP SIGNATURE PAGES: Include cover letter, Attachment A - RFP Signature and Authority Affidavit Form, any addenda signature pages. The Signature and Authority Affidavit submitted in response to this RFP must be signed by the person in the Proposer's organization who is responsible for the decision as to the prices being offered or by a person who has been authorized in writing to act as agent for the person responsible for the decision on prices and services. Failure to provide this forms/information with your bid submittal may disqualify your proposal.

ATTACHMENT A

SIGNATURE AND AUTHORITY AFFIDAVIT FORM

PROPOSING COMPANY NAME: _____

FEIN (Federal Employer ID Number) OR Social Security # (if Sole Proprietorship)

Address: _____

City _____ State _____ Zip + 4 _____

Number of years in Business _____

Name the person to contact for questions concerning this proposal.

Name _____ Title _____

Phone () _____ Toll Free Phone () _____

Fax () _____ Email Address _____

In signing this proposal, we also certify that we have not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or firm to submit or not to submit a proposal; that this proposal has been independently arrived at without collusion with any other proposer, competitor or potential competitor; that this proposal has not been knowingly disclosed prior to the opening to any other proposer or competitor.

The undersigned, having familiarized themselves with the conditions affecting the cost of the work, having read completely the requirements, hereby proposes to perform everything required and to provide and furnish labor, materials, equipment, tools, and all other services and supplies necessary to produce in a complete and workmanlike manner all of the materials or products described in the project relating to this proposal.

I further certify that I have carefully examined the proposal documents and all terms herein, and site where the work is to be done, and have no agreements to prevent the completion of said work.

Signature/Title

Name (type or print)/Date

ATTACHMENT B

REFERENCES

Proposer: _____

Provide company name, address, contact person, telephone number, and appropriate information on the product(s) and/or service(s) provided to customers similar to those requested in this solicitation document. Potential subcontractors cannot be references. Any subcontractor arrangement for the completion of this work shall be listed on a separate page.

Company Name:

Address (include Zip + 4)

Contact Person: _____ Phone No. _____

E-Mail Address:

Product(s) Used and/or Service(s) Provided:

+++

Company Name: _____

Address (include Zip + 4)

Contact Person: _____ Phone No. _____

E-Mail Address: _____

Product(s) Used and/or Service(s) Provided:

+++

Company Name:

Address (include Zip + 4)

Contact Person: _____ Phone No. _____

E-Mail Address:

Product(s) Used and/or Service(s) Provided:
