

# RFQ Question and Answer List

## State of Ohio Standard Forms and Documents

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Project Name Brain & Spine – AHU Review/Repair Project Number OSU-200524  
Project Location Brain & Spine Hospital

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Date posted: 4/11/2025  
Date revised: 4/11/2025

Below are the questions that have been received to date for the RFQ of the above-referenced project:

1. In Section G of the RFQ, it lists Architecture as the Lead A/E Discipline and Mechanical-Electrical-Plumbing Eng. as Secondary. Can you confirm if it is acceptable for an engineering firm to submit as the lead?
  - A. We are looking for an architect lead due to the complex planning scope that will be required for the project. As we activate our new inpatient hospital, we will need to backfill various areas within the Brain and Spine hospital and the architect will be responsible for coordinating these efforts with our WMC planning team. Additionally, this project will be a CMR delivery method, the architect will partner with the CMR hired and will be responsible for managing the scope and schedule as it develops through planning efforts.
2. Since most of the project scope focuses on the repair or replacement of numerous air handling units, how would an architecture firm be able to show this type of experience? Other than Section H, can an engineering subconsultant still show their projects in Section F or can an engineering firm be in the lead?
  - A. Please see the below information taken directly from the F110-330 Statement of Qualifications Form.  
**Section F. Example Projects Which Best Illustrate Proposed Team's Qualifications for This Contract.**  
*Select projects where multiple team members worked together, if possible, that demonstrate the team's capability to perform work similar to that required for this contract. Complete one Section F for each project. **Specialty consultants that have not worked with the lead firm may submit their own projects in this section.** Present no more than ten projects, unless otherwise specified by the Contracting Authority. Limit of one page in length per project. If more projects are submitted or their length exceeds one page, scoring will be based on the first page of the first ten projects only. Complete the following blocks for each project:*
3. Why was this particular delivery method chosen?
  - A. Given the complex planning and multi-phased construction requirements, coordination with a construction manager during design will be crucial for project success. The CMR will be responsible for providing phase and schedule efficiencies. Additionally, we are looking for the AE team to partner with the CMR and provide successful project examples with this delivery method.
4. For the design team's role, would the design firm be responsible for planning and design around the backfill work? Or is this strategy work to confirm the type of program moving into the Brain and Spine tower?
  - A. The design team will be responsible for coordinating with the WMC planning team around the backfill work. Understanding future planning efforts may influence this projects scope.
5. Is the award firm precluded from future RFP around this building?
  - A. No.
6. Is there any design work needed for the exterior of the Brain and Spine tower?
  - A. No exterior work has been identified at this time.

7. Has an analysis of the existing Brain and Spine Hospital Facilities been completed to understand the best and highest use of infrastructure? I.e., clinical space (OP vs. IP), or administrative and support space
  - A. Yes, a study was completed that reviewed all current spaces and infrastructure needs.
8. Has the program for the backfill of the Brain and Spine Hospital been identified? If so, can you share a list of the departments and if any work has been completed to understand future operations or space needs?
  - A. The backfill plan has not been finalized.
9. What is the approximate sq.ft. of planning needs for the Brain and Spine?
  - A. Approximately 258,800 GSF
10. What levels are expected to be part of the backfill work for the architect?
  - A. The backfill plan has not been finalized.
11. What is the approximate size of a typical Brain and Spine Hospital floor?
  - A. Approximately 26,300 GSF
12. Is a cost estimator required as part of the team?
  - A. The AE will be required to provide estimates as part of the standard deliverable at each stage of design and will reconcile their budget against the CMR's budget.
13. What is the anticipated schedule for bidding of this project?
  - A. Anticipate bidding this work in early 2026.
14. If we engage a mechanical contractor to be part of our team to assist with the design and logistics of the project, will that contractor still be eligible to pursue the construction portion of the project?
  - A. That contractor would not be eligible to pursue construction due to a conflict of interests.
15. Related to the referenced project RFQ, can you please share additional information related to existing building BAS? Have any updates occurred specifically to the BAS prior to the project? Can you share what the existing BAS system is (Delta, Siemens, etc)?
  - A. A study outlining current building systems was completed in January 2025. This study will be shared with shortlisted firms.
16. We understand that the selected A/E will be required to sign the standard agreement without modifications. Please clarify, however, that the "no modifications" statement pertains solely to the Agreement form itself, and that the University plans to work with the A/E to modify Exhibit B – AE Scope of Services and Exhibit C – Minimum Stage Submission Requirements to align project scope and deliverables more precisely.
  - A. The University does not allow modifications to the standard agreements.
17. Based on Section A of the RFQ, it seems that the Program Verification stage that is part of Basic Services will be limited to confirming the program and scope of the (4) primary goals of the project, which are focused on the AHU repair/replacements. Can OSU clarify if the scope of planning and programming services required for the backfill plan will be considered an Additional Service, or will it be considered Basic Services and therefore be required to fit within the Estimated Basic Fee Range noted in Section E?

- A. Program Verification is considered part of the basic services. A contract amendment will be considered if any additional programming scope is identified.