

Request for Qualifications

The University of Akron
Lincoln Building, 3rd Floor
Akron, Ohio 44325-0405



www.uakron.edu
v: 330.972.8316

| | | | | |
|------------------|---|-------------------|-----------------------|-----------------------------|
| Project Name | <u>Quaker Square Inn Hotel Renovation</u> | Response Deadline | <u>12 / 18 / 2009</u> | <u>2:00 p.m. local time</u> |
| Project Location | <u>Quaker Square</u> | Project Number | <u>100014</u> | |
| City / County | <u>Akron / Summit</u> | | | |

Local Administration

| | | | |
|-----------------|--------------------------------|---------------|----------------------------------|
| Owner/Agency | <u>The University of Akron</u> | Owner/Agency | <u>The University of Akron</u> |
| Project Manager | <u>David J. Pierson</u> | Inquiries to* | <u>Bill Jenkins</u> |
| Street | <u>100 Lincoln St.</u> | Street | <u>100 Lincoln St., Room 211</u> |
| City | <u>Akron</u> Ohio | City | <u>Akron</u> Ohio |
| Zip | <u>44325</u> | Zip | <u>44325-9001</u> |
| Phone | <u>330.972.6297</u> | Fax | <u>330.972.5838</u> |
| E-mail | <u>djp4@uakron.edu</u> | E-mail | <u>bjenkins@uakron.edu</u> |

*Mail 4 copy(ies) of the Statement of Qualification(s) (SAO Form #F110-330 available via the State Architect's Office Web site at <http://www.das.ohio.gov/gsd/sao/documents.htm>) directly to this contact.

Project Overview

A. Project Description

The University of Akron has authorized the Department of Capital Planning and Facilities Management to request qualifications for Professional Design Services to renovate guest rooms and provide other improvements at the Quaker Square Inn. The major focus of the work will be new finishes, furnishings and accessories in the bedrooms and sitting areas of 65 guest rooms (in 8 configurations) on the first three floors of the building. Removal and reinstallation of life safety and communication devices may be required. Guest bathroom renovations will be limited to repair of tile, grout and caulk joints.

Additional guest room work will include limited replacement of light fixtures and builders hardware; removal of wet bars; and analysis/repair/replacement of HVAC units. Corridor, lobby and vending area enhancements (new ice machines); as well as pool deck structural repairs, may also be included in the project.

B. Scope of Services

Commence with verification of the Program of Requirements (“POR”), and proceed into the design phase of the project. The selected Associate, as a portion of its required Scope of Services and prior to submitting its proposal, will discuss and clarify with the Owner, the cost breakdown of the Architect/Engineer Agreement detailed cost components to address the Owner’s project requirements. Participate in the Encouraging Growth, Diversity and Equity (“EDGE”) Program as required by statute and the Agreement.

As required by the Agreement, and as properly authorized, provide the following categories of services: Program Verification, Schematic Design, Design Development, Construction Document Preparation, Bid and Award Support, Conformed Documents, Construction Phase, and Post-Construction Phase. Extra Services and Additional Services of all types may be added to the scope of service by fee amendment. Refer to *The SAO (State Architect’s Office) Manual* for additional information about the type and extent of services required for each phase of a Construction Manager project.

During the construction period, provide not less than 6 hours (excluding travel time) on-site construction administration services each week, including (1) attendance at progress meetings, (2) a written field report of each site visit, (3) on-site representation comprised of the A/E and its consultant staff involved in the primary design of the project, all having relevant and appropriate types of construction administration experience.

Architect/Engineer Selection Rating

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Project Name Quaker Square Inn Hotel Renovation Proposer Firm _____
City, State, Zip _____

Project Number 100014

| Selection Criteria | | Value | Score |
|--|---|-----------------|-------|
| 1. A/E Firm Location | | | |
| Proximity of primary A/E firm office where majority of work is to be performed in relationship to project site | 0 – _____ miles | 4 - 5 | |
| | – _____ miles | 2 - 3 | |
| | Over _____ miles | 0 - 1 | |
| 2. A/E Firm Size | | | |
| Number of relevant licensed professionals within primary A/E firm available to perform the work | Small = < _____ licensed professionals | | |
| | Medium = _____ licensed professionals | | |
| | Large = > _____ licensed professionals | | |
| 3. Current Workload | | | |
| Amount of fees awarded by the Contracting Authority to the primary A/E Firm in the previous 24 months (exclude projects on hold) | < \$ _____ | 4 - 5 | |
| | \$ _____ - \$ _____ | 2 - 3 | |
| | > \$ _____ | 0 - 1 | |
| 4. Primary A/E Qualifications | | | |
| a. Project Management Lead | Experience / ability of project manager to manage scope / budget / schedule / quality | 0 - 10 | |
| b. Project Design Lead | Experience / creativity of lead designer to meet needs of owner | 0 - 5 | |
| c. Technical Staff | Experience / ability of technical staff to develop quality construction documents | 0 - 5 | |
| d. Construction Administration | Experience / ability of field representative to identify / solve issues during construction | 0 - 10 | |
| 5. A/E Consultant Qualifications | | | |
| Key Discipline Leads | Experience / ability of all key discipline leads to effectively perform the work | 0 - 10 | |
| 6. Project Team Qualifications | | | |
| a. Previous Team Collaboration Number of projects that a majority of the team members have worked together | < _____ projects (Low) | 0 - 1 | |
| | – _____ projects (Average) | 2 - 3 | |
| | > _____ projects (High) | 4 - 5 | |
| b. LEED* Experience within Team | LEED AP(s)** on Team | 0 - 1 | |
| | LEED Registered Project(s) | 0 - 2 | |
| | LEED Certified Project(s) | 0 - 2 | |
| | Satisfies ALL above Criteria | Sum = 0 - 5 | |
| c. Team Organization | Clarity of responsibility / communication demonstrated by table of organization | 0 - 5 | |
| 7. Overall Project Team Experience | | | |
| a. Budget & Schedule Management | Performance in completing projects within original budget and schedule limitations | 0 - 5 | |
| b. Experience with Similar Project Type | < _____ projects (Low) | 0 - 3 | |
| | – _____ projects (Average) | 4 - 6 | |
| | > _____ projects (High) | 7 - 10 | |
| c. Past Performance | Level of performance as indicated by past A/E evaluations / letters of reference | 0 - 5 | |
| d. Knowledge of State of Ohio Capital Project Administration Process | < _____ projects (Low) | 0 - 3 | |
| | – _____ projects (Average) | 4 - 6 | |
| | > _____ projects (High) | 7 - 10 | |
| | | Subtotal | |

* LEED = Leadership in Energy & Environmental Design developed by the U.S. Green Building Council

** LEED AP = LEED Accredited Professional credential by the Green Building Certification Institute

Notes:

Owner Evaluation:

Name _____

Signature

Date