COOK COUNTY HOSPITAL (STROGER) CAMPUS

REQUEST FOR PROPOSAL # H14-0067

COOK COUNTY HEALTH AND HOSPITALS SYSTEM (CCHHS) AND COOK COUNTY OFFICE OF ASSET MANAGEMENT

GENERAL DESCRIPTION: COOK COUNTY HOSPITAL (STROGER) CAMPUS REAL ESTATE DEVELOPMENT TEAM FOR CORE MEDICAL NEEDS (NEW CLINIC AND OFFICE SPACE)

DATE ISSUED: November 24, 2014

Response to Proposal shall be delivered to:

Cook County Health and Hospitals System
C/O John H. Stroger Jr., Hospital of Cook County
1969 West Ogden Ave., Room # 1120
Chicago, IL 60612

Attention: Supply Chain Management Department RFP Lock Box

DATE DUE:

Part One RFP: February 09, 2015
Part Two RFP: May 11, 2015

NOTE: THIS IS A REQUEST FOR PROPOSALS ISSUED BY COOK COUNTY HEALTH AND HOSPITAL SYSTEM FOR CORE MEDICAL NEEDS WHICH MAY RESULT IN A DEVELOPMENT CONTRACT. THIS IS NOT A SOLICITATION FOR A COMPETITIVE BID.
CORE MEDICAL NEEDS
Near West Side, Chicago IL

Cook County Health and Hospitals System
November 24, 2014
Cook County Hospital (Stroger) Campus Aerial View

Cook County Campus Diagram – Core Medical and Market Rate
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1 CCHHS DEFINITIONS

The following definitions shall apply to this RFP:

"Addendum" or "Addenda" shall refer to a one or more documents issued to Registered Proposers in hard or soft copy by which modifies this Request for Proposal or provides additional information.

"Baseline Scenario" shall refer to the Phase One development program for Core Medical needs.

"Board" shall refer to the Cook County Board of Commissioners.

"Campus" shall refer to the John H. Stroger Jr. Hospital and associated buildings as well as excess property owned by the County, all as described in Section 5.01.

"System Board" shall refer to the Board of Directors of the Cook County Health and Hospitals System.

"Contract" shall mean a properly executed contract that has been negotiated between CCHHS and a Proposer for the Phase One Program Needs described in this RFP.

"County" shall mean the County of Cook, Illinois, a body politic and corporate.

"Deliverables" shall refer to the items, supplies, equipment or services that will be provided pursuant to any Contract entered into as a result of this RFP.

"Developer(s)" shall mean the individuals, businesses or entities that have submitted in response to this RFP and have entered into a Contract.

"Framework" shall describe the County’s Strategic Framework or campus plan that provides the context and strategic direction for the Core Medical and Market Rate development.

"Owners’ Representative" shall mean the Executive Director of Supply Chain Management for CCHHS and the Owners’ point of contact for the RFP.

Owners definition – do we need or is it covered here?

"Project" shall mean the development, relocation and management of the Core Medical Program, as defined in this RFP.

"Proposer(s)" shall mean the individuals or business entities, if any, submitting a Proposal in response to this RFP.

"Procurement Director" or “System Director SCM” shall mean the System Director Supply Chain Management who serves as chief procurement officer for the CCHHS.

"Registered Proposer" shall refer to a prospective Proposer who has submitted a completed Proposer Registration Form (Attachment B) to CCHHS.

"Request for Proposal" or "RFP" shall refer to this solicitation of Proposals by CCHHS which may lead to the negotiation of a contract and the recommendation that the CCHHS authorize a Contract with a Proposer.

Request for Submittals” or “RFS” shall refer to this Part One of this solicitation of Submittals by CCHHS which may lead to the negotiation of a contract and the recommendation that the CCHHS authorize a Contract with a Proposer.

"Solution" the specific configuration of Part One Submittals that is submitted to meet the needs and goals of the CCHHS as articulated in this RFP.

"Strategic Campus Development Plan” or “the Plan” shall mean the document attached as Attachment E and described in Section 2.02.

2 CCHHS AND PROJECT GENERAL INFORMATION OVERVIEW
2.01 COOK COUNTY HEALTH AND HOSPITALS SYSTEM OVERVIEW

The Cook County Health and Hospitals System ("CCHHS" or "System") is a unit within Cook County government, governed by an independent Board of Directors pursuant to Cook County Code of Ordinance 08-O-35 Chapter 38, Section 3870 adopted 05/20/2008. CCHHS provides a full continuum of health care services through its seven operating entities, referred to as "System Affiliates." System Affiliates provide a broad range of services from specialty and primary care to emergency, acute, outpatient, rehabilitation and preventative care. CCHHS services are offered without regard to a patient’s economic status or ability to pay.

The Cook County Office of Asset Management is the representative of the Cook County Board of Commissioners in this initiative. Asset Management develops and implements the County’s strategic asset management, preserving the value of capital inventory paid for by the citizens of Cook County, optimizing facility inventory, and leveraging available assets to spur economic development. Asset Management oversees the Departments of Capital Planning and Policy ("DCPP"), Facilities Management and Real Estate Management ("REM"), with 575 employees and an annual operating budget of approximately $46.7 million. Asset Management coordinates capital construction projects, routine maintenance programs, and the use of all real estate assets owned and leased by the County. The County’s real estate portfolio includes 201 unique properties in over 19 million square feet including over 16 million square feet owned by Cook County and 3 million square feet in leased facilities.

Within Asset Management the DCPP provides safe, secure and accessible facilities through capital construction projects, for all County Departments and Elected Officials so that they may serve the public and perform their duties in an environment that fosters efficient, convenient, and cost-effective delivery of public services. DCPP is responsible for performing a complete facilities condition inventory and assessment; and then developing a long-range capital plan for improvements identified as necessary. Additional information regarding DCCP can be found at: http://www.cookcountyil.gov/capital-planning-and-policy-office-of/

The mission of the Real Estate Management Division (REM) is to ensure that appropriate owned or leased facilities are available in which Cook County departments and elected officials may efficiently provide public services and carry out the operations of Cook County Government, and to promote efficient use of real estate assets through the development and enforcement of standards and management of the space allocation process.

The focus of this RFP is enhancements to the Cook County Hospital (Stroger) Campus clinic and office facilities in conjunction with the John H. Stroger, Jr. Hospital which is a tertiary, acute care hospital. The System also operates: 1. Provident Hospital of Cook County, a community acute care hospital; 2. the Ambulatory and Community Health Network, a system of sixteen (16) clinics offering primary care services in medically underserved areas and schools; 3. the Cook County Department of Public Health, the certified local public health department for most parts of suburban Cook County, which provides limited clinical services, as well as communicable disease control, environmental health and prevention and education services; 4. Cermak Health Services of Cook County, a health facility operated within the confines of the Cook County Department of Corrections which provides health screening, primary and specialty care for detainees; 5. Ruth M. Rothstein Core Center, a comprehensive care center for HIV and other infectious diseases; and 6. Oak Forest Health Center of Cook County. None of these facilities are involved in this RFP solicitation.

CountyCare is an Illinois Medicaid plan that allows the Cook County Health and Hospitals System (CCHHS) to enroll Affordable Care Act (ACA) qualifying individuals into Medicaid. CCHHS
implemented early enrollment starting in February, 2013 through an 1115 Waiver Demonstration Project. CountyCare is a major focus for CCHHS as this is a Medicaid health plan that began for low-income adults as established under the Affordable Care Act. CountyCare is expanding its eligible membership population to children, seniors, and persons with disabilities. CCHHS will continuously undergo the transformation of its services to continue its commitment to service excellence for its patients. As such, CCHHS must continue to reinvest in its facilities to ensure the highest standards of medical care as well as to remain competitive with other area hospitals and providers.

2.02 PROJECT OVERVIEW
The Cook County Board and the Cook County Health and Hospitals System desire to procure a development team experienced in urban medical and health care facilities and campuses to deliver a range of near-term (Phase One) Core Medical Needs facilities and facility enhancements to the Cook County Hospital (Stroger) Campus.

The County, in conjunction with its consultants, recently created a Strategic Campus Development Plan (Attachment E) (the “Strategic Campus Development Plan,” or the “Plan”) which serves as the framework or context from which developer solutions can be derived and applied for improvements to the Cook County Hospital (Stroger) Campus. The Plan sets out a framework and a strategy for meeting the Core Medical needs of CCHHS on the Campus, preserves flexibility for future medical uses and needs, identifies excess real estate, and facilitates the mixed use, market rate redevelopment of that excess real estate to enhance the overall campus and provide a source of revenue. This framework builds on the broader Real Estate Asset Strategic Realignment Plan (REASRP) which assessed all County real estate assets (Attachment I).

This RFP is limited to the Core Medical near term needs as described in Section 5.02. A subsequent, separate RFP will be issued for a master developer for Market Rate development of the excess real estate on Campus.

The Owners have included in this offering four key facilities/sites for the Core Medical improvements:

- Fantus Clinic site
- Polk Building and site
- “Stroger Infill” site (open area west of Polk Building and south of Stroger Hospital Emergency Department)
- Stroger Hospital (for potential redeployment of space if Proposers can demonstrate a clear benefit and value)

The Owners have identified a suggested Phase One program (Attachment D) for Proposers to respond to, which seeks to solve the near term need for:

- High quality ambulatory clinic space (replacement of key clinic facilities to allow the demolition of the existing Fantus Clinic)
- Consolidation/relocation of CCHHS administrative and clinical office space (to allow the future redevelopment of the existing Polk Building site or structure)
- Conference, meeting and assembly space to support operations, along with ground floor retail to enhance the Campus amenities
- Redeployment of targeted space inside Stroger Hospital as appropriate to best achieve the above components (cafeteria relocation, potential clinic relocation, etc.)
- Additional parking to serve the medical customers and staff; Proposers shall be required to assess the Core Medical parking demand, supply and pricing in their own, independent parking study
• Access improvements through separation of emergency and visitor vehicular traffic

The Owners seek a Development Team to develop this program efficiently, cost-effectively and in a quality which will enhance CCHHS’s competitiveness in the marketplace.

3 RFP PROCESS, TERMS AND CONDITIONS

3.01 ADHERENCE TO INSTRUCTIONS; PROPOSER REGISTRATION FORM
These instructions to Proposers contain important information and should be reviewed carefully prior to submitting a Submittal. Failure to adhere to the procedures set forth in these instructions, failure to provide positive acknowledgement that the Proposers will provide all services and products or failure to provide acceptable alternatives to the specified requirements may lead to disqualification of the submitted Submittal. Submission of a Submittal constitutes an Agreement to be bound by the provisions set forth in this RFP. All prospective Proposers must submit a Proposer Registration Form (Attachment A) in order to receive any Addenda which are issued prior to the date(s) upon which Submittals are due. Proposers failing to submit a Proposer Registration Form shall not be entitled to receive any Addenda, and therefore, risk elimination if their Submittals do not meet CCHHS’ specifications.

3.02 TWO-PART RFP OFFERING
This RFP is organized into two sequential steps. In this Part One, Proposers will provide qualifications and experience specific to the Owners’ stated needs, as well as each Proposer’s strategic approach based on its review, assessment and understanding of the Owner’s development program and objectives. From a comprehensive review of the Part One submittals, the Owners’ will “shortlist” the most qualified, responsive and creative teams to advance to Part Two of the process, anticipated to be limited to approximately 3 teams. At the start of Part Two of the RFP, the Owners’ Representative will provide more specific instructions to the shortlisted developers to facilitate their submittal of detailed, strategic development proposals.

More detailed requirements for the Part One RFP are summarized in Section 7.01. The Part Two of the RFP requirements are generally anticipated to include advancement of the Respondents assessment, approach and conceptual development of the project as well as a cost proposal.

3.03 INTERVIEWS AND ORAL PRESENTATIONS
To facilitate the selection of the best development team to work closely with the Owners throughout the duration of the Core Medical Project, both Part One and Part Two may involve oral interviews and will include interactive dialogue between each Proposer and the Owners’ team. For a proper and thorough review and assessment of Part One submittals, the Owners may request formal presentations, team interviews, and/or clarifications sessions with individual Proposers. Additionally, as part of the Part Two process, the Owners will engage in a confidential “interactive” process to help further clarify and advance each proposal with the benefit of the Owners’ dialogue and input. Shortlisted Developers and the Owners will sign a Confidentiality Agreement (Attachment F) to ensure that any and all discussion of ideas, concepts, terms or strategies will remain in the strictest confidence and not be shared with any other Teams. This interaction helps to ensure well-advanced, informed and comprehensive proposals by the Part Two submittal date.

3.04 SCHEDULE OF ACTIVITIES/ MILESTONES
The following milestone dates and times identify critical events relative to this RFP, including submission of written inquiries to CCHHS, submission of Submittals and the consideration of Submittals by the RFP Review and Evaluation Committee. CCHHS may revise or supplement this schedule by sending, faxing or e-mailing Addenda to each Registered Proposer. CCHHS reserves the right to extend submission dates which will be applicable to all Proposers.

KEY TARGET DATES:

- Part One RFP Issue: November 24, 2014
- Proposer Registration Form (filed no later than): December 16, 2015
- Pre-Submittal Meeting & Site Tour: December 16, 2014
- Inquiry Submittal Deadline: December 22, 2014
- Response to Questions: December 30, 2014
- Part One RFS Submission Deadline: February 9, 2015
- Submittal Review, Interviews, Clarifications: February/March 2015
- Part Two Shortlist Selection: March 18, 2015
- Part Two Proposal Preparation and Interaction: mid-March/April 2015
- Part Two RFP Due Date: May 11, 2015
- Owners’ Evaluation and In-Depth Interviews: May/June, 2015
- Owners’ Development Partner Negotiation & Selection: Anticipated July 2015

3.05 QUESTIONS, INQUIRIES and PRE-SUBMITTAL MEETING

Formal questions and correspondence regarding this RFP should be directed to the Owners’ Representative as indicated below:

All formal questions should be submitted in writing via e-mail by the inquiry deadline set forth in Section 3.04, above. The CCHHS response to questions received will be posted on the website and emailed to all Registered Proposers no later than December 30, 2014.

A pre-submittal conference will be held on December 16, 2014 at Hektoen Auditorium, 627 S. Wood Street, Chicago, IL 60612 at 10am. The conference will provide an in-depth presentation of the Strategic Campus Development Plan as well as discussion of the Baseline Scenario, the RFP requirements and other critical dialogue aspects.

3.06 FACILITIES / PROPERTY INSPECTION

A site and facility tour will be offered as part of the pre-Submittal meeting. Additional site tours may be requested by Proposers and scheduled by the Owners’ Representative based on demand.

3.07 SUBMITTAL SUBMISSION DUE DATE AND LOCATION

Part One submittals shall be submitted no later than 3:00 P.M. CST on the Submittal Submission Deadline Date, listed in Section 3.04 above. It is the sole responsibility of the Proposer to ensure that Submittals are submitted in their entirety by the Submission Deadline regardless of postmark date or method of delivery. Facsimile transmittal is not acceptable. Submittals received after the Submittal Submission Deadline shall be rejected and returned unopened.
Part One Submittals shall be delivered to:

Cook County Health and Hospitals System  
C/O John H. Stroger Jr., Hospital of Cook County  
1969 West Ogden Ave., Room # 1120  
Chicago, IL 60612  
Attention: Supply Chain Management Department RFP Lock Box

Submittals should be prepared in an 8.5” x 11” paper format and must be printed double sided, except for specialized or large sized attachments which may be single sided if necessary. Any drawings or graphics included with the submittals should be no larger than 11” x 17” format. Proposers are required to submit 1 original hardcopy (unbound and marked ‘original’), 5 bound hardcopies, and seven electronic copies (CD or USB flash drive).

ALL PAPER SUBMITTALS MUST BE SUBMITTED IN A SEALED ENVELOPE WHICH PROMINENTLY DISPLAYS:
1) THE NAME AND NUMBER OF THIS RFP AS SET FORTH ON THE COVER PAGE OF THIS RFP AND
2) THE PROPOSER’S NAME, ADDRESS AND CONTACT TELEPHONE NUMBER.

3.08 OWNERSHIP OF SUBMITTALS AND PROPOSALS
All material submitted by Proposers shall become the sole property of CCHHS. CCHHS shall be under no obligation to return any submittals or materials submitted by Proposers in response to this RFP. These notwithstanding, please refer to Section 3.11 for information about CCHHS’ obligations under the Illinois Freedom of Information Act. Proposer agrees that CCHHS may use any information or ideas set forth in a Submittal in determining the Solution to be contracted, regardless of the Proposer selected, or for a subsequent RFP if no Proposer is selected. If a Proposer deems specific materials or information to be proprietary and confidential the Proposer shall so identify such as outlined in Section 3.11. That notwithstanding, development concepts, approaches, proposed programs or other substantive proposals will not be permitted to be marked as proprietary and confidential. Proposers who are unwilling to agree to the provisions of this paragraph are prohibited from submitting Submittals.

3.09 COST OF PROPOSER RESPONSE
All costs and expenses in responding to this RFP shall be borne solely by the Proposer regardless of whether the Proposer’s Submittal is eliminated or whether CCHHS selects to cancel the RFP or declines to pursue a contract for any reason.

3.10 CANCELLATION OF RFP; REQUESTS FOR NEW OR UPDATED PROPOSALS
CCHHS, in its sole discretion, may cancel the RFP at any time and may elect to reissue the RFP at a later date. CCHHS may also issue an Addendum modifying the RFP and may request supplemental information or updated or new Submittals.

3.11 CONFIDENTIALITY
Except as set forth in 3.08, all information submitted in response to this RFP shall be confidential by all parties until CCHHS has executed a Contract with the successful Proposer or has terminated the RFP process and determined that it will not reissue the RFP in the near future. Following such actions, the contents of Submittals submitted in response to this RFP may be utilized by the Owners in any manner, and may be disclosed in response to requests made pursuant to the provisions of the Illinois Freedom of Information Act (“FOIA”). If a Proposer wishes to preserve the confidentiality of specific proprietary information set forth in its Submittal, it must request that the information be withheld by specifically identifying such information as proprietary.
in its Submittal (section 7). CCHHS shall have the right to determine whether it shall withhold information upon receipt of a FOIA request, and if it does so pursuant to a Proposer request, the Proposer requesting confidential treatment of the information shall bear the costs of asserting that there is a proper exemption justifying the withholding of such information as proprietary in any court proceeding which may result. This notwithstanding, Proposer is on notice that the CCHHS is subject to the FOIA and that any documents submitted to the CCHHS by the Proposer may be released pursuant to a request under the FOIA. Any interactive interviews during the RFP process shall be treated as confidential by the Owners and the Proposer until CCHHS has executed a Contract with the successful Proposer.

Confidentiality Agreement
As described in Section 3.03, the Owners may engage in separate, confidential discussions with each of the Proposers to clarify and advance proposals. All Proposers selected in the short list to proceed into Part Two and the Owners shall sign a Confidentiality agreement to ensure that the interactive process and dialogue that commences remains confidential between the parties. The Confidentiality Agreement is mentioned here for reference and will only be required of the shortlisted Proposers at the start of Part Two (Attachment F).

3.12 SEPARATE MARKET RATE RFP SOLICITATION

The Strategic Campus Development Plan (Attachment E) identifies certain structures and land on Campus that are not essential to meet CCHHS current or future needs. Those portions of the Campus are excluded from this RFP and will be addressed in a separate RFP process described as the “Market Rate RFP.” Proposers responding to this Core Medical RFP may also respond to the Market Rate RFP with the same or different development team. The Market Rate RFP will seek a Master Developer for the redevelopment of non-essential real estate within the campus area generally to the east of the facilities addressed within this Core Medical RFP, and shown on Campus Diagram on Page 3 as “Market Rate”.

The Market Rate RFP will be fully coordinated by Cook County, CCHHS and their Strategic Program/Development Manager, CCS, with this solicitation to avoid competition with the Core Medical Project and ensure proper integration of the two where appropriate. For example, parking to serve the Core Medical needs will be the responsibility of the selected Market Rate developer who will expand the existing parking garage based on the demand assessed by the Core Medical Developer as part of their scope (see Section 2.02).

4 CCHHS OBJECTIVES

4.01 CCHHS OBJECTIVES FOR THE DEVELOPMENT

In preparing the Strategic Campus Development Plan, a number of CCHHS objectives emerged which will guide the Core Medical development and evolution of the Campus for the next 20 to 40 years. These include:

- **Solution for the immediate Core Medical Needs:** improve the Core Medical facilities with new or strategically redeployed existing facilities to enhance the overall delivery of quality community health care, and to improve CCHHS’ competitive position in the health care marketplace
- **Enable maximum flexibility:** with the continually evolving and changing delivery of health care, the future plan and facilities must allow critical flexibility to accommodate future
needs and changes; the final plan should not be a custom plan but one that is adaptable over the many years

• **Ensure proximity, adjacency and connectivity:** at its core is the Stroger Hospital which will serve as the “hub” around which many of the ancillary functions should be located; through a compact, dense, urban, medical core, the efficiencies of operations will be maximized and while preserving adjacent land for future needs

• **Enhance competitiveness:** the County Care program enables patients a choice in selecting hospitals and doctors; CCHHS must ensure that its facilities, delivery of care, and doctors and staff, remain a viable and desired option for its long standing patient base, as well as to potential new patients; this should leverage future opportunities and aspirations to provide competitive offerings that enhance the attractiveness of Cook County Hospital (Stroger) Campus while generating additional revenues (such as redefined clinics, ambulatory specialties, medical residential, etc.)

• **Foster an urban campus, character and experience:** at its heart, a goal of the Owners to create a cohesive, connected, and integrated “urban” campus and community, through both medical development and market rate infill to greatly improve the patient, visitor, doctor/staff and community experience

### 4.02 OWNER’S OBJECTIVES FOR THE RFP

The Owners’ objectives in seeking a development team for Core Medical are as follows:

• Contract with a qualified developer who has a demonstrated track record in planning, programming, financing, designing, building, operating and maintaining urban medical and health care developments, as well as demonstrated skills in strategic and creative development implementation

• Benefit from the expertise, experience and creative implementation skills of a development team especially with regard to strategic delivery and implementation of capital improvements, and efficiency and economies with ongoing building facility management, maintenance and operations.

• Establish a baseline cost for the capital improvements and ongoing efficient operations and maintenance of any new facility as part of the developer's delivery of the Core Medical Phase One program components

• Complete the redevelopment in an expeditious and cost-effective manner while maintaining maximum flexibility to accommodate future modifications in the advancement and delivery of community health care

• Propose a cost effective development that takes advantage of the existing improvements in campus infrastructure and provides best overall lifecycle of the facilities

• Implement an aggressive development schedule that results in substantial completion of the Baseline Scenario as quickly as feasible

### 5 DEVELOPMENT FRAMEWORK AND BASELINE SCENARIO

#### 5.01 CORE MEDICAL PROPERTY LOCATION

The Core Medical Needs will be provided for in the properties described as follows and shown on Attachment D. Located along the east side of Ogden Avenue generally between Polk Street on the south and Harrison Street on the north, Damen on the West and the existing parking garage and vacated hospital structure on the East, the project includes the Stroger Hospital building, the 1900 W. Polk Ave. building/site, the “Fantus Clinic” building, the buildings and grounds storage building, the vacant site directly west of the Polk Building, the power plant, the vehicular arrivals
court, and a proposed southward extension of Wolcott. The existing parking garage and proposed expansion of the garage are not included in this offering but will be the primary facilities available to satisfy the Core Medical parking demand (see Attachments D, E & H for more information). However, the programming and parking demand, supply and pricing assessment to determine the appropriate scope of the garage based on the medical campus needs is part of the Core Medical Developer’s responsibilities.

5.02 DEVELOPMENT FRAMEWORK OVERVIEW
As referenced previously, the Owners completed a “Strategic Campus Development Plan” for the campus and it is included herein as Attachment E. Please consult this attachment to familiarize yourself with the Plan as it sets the basic guiding framework for both the Core Medical RFP, and the related Market Rate RFP (which is not part of this offering and cited for reference and context only).

Phase One Program Needs.
The result of this strategic planning process has been the identification of CCHHS’ immediate needs for development on the Campus. This is outlined in detail in the CCHHS Core Medical Master Development Program (Attachment D) and includes:

- Replacement of the Fantus / Outpatient Clinic
- Replacement of the CCHHS Administrative offices
- Parking demand and clarity of access
- New vehicular access for campus separating public from emergency traffic
- Limited redeployment of Stroger Hospital space, as a result of any required relocations or consolidations

The Core Medical program will be finalized in three sequential steps: as specified in these RFP documents as the baseline, as advanced during the RFP process through the input, interaction with and expertise of Development Teams, and as finalized during the detailed programming efforts undertaken by CCHHS with the development team selected by the RFP process. The second and third advancements of the program may result in variations to the scenario contained herein.

Baseline Scenario.
The Phase One Program Needs and Baseline scenario outlined herein provides what the County and its strategic consultant have identified as a feasible approach to meeting the Core Medical needs. However, the County will entertain independent ideas and variations on both program and scenario. These ideas will be further developed during Part Two of the RFP process.

Incorporating the goals established in the Framework for a compact, dense and connected medical core, a number of program and phasing alternatives were explored all centered around the ‘hub’ of the Core Medical campus, Cook County (Stroger) Hospital. These included those sites that share a proximity, adjacency and connectivity with Stroger:

- Polk Building/Site (Parcel B)
- Stroger Infill Site (Parcel C)
- Fantus Clinic Site (Parcel D)
- To a limited extent, underutilized areas within Stroger Hospital itself (Parcel A)

Within these sites, there appears to be ample area to accommodate the near, mid and long term needs of the hospital. In order to help frame the logical near term development, a “baseline” program and strategy was established, utilizing the assessment of the US Equities studies from their February 28, 2014 report (Attachment I) which established a maximum “starting point”
program for clinic and office needs, together with the physical planning options available on all sites. These findings were translated into a "baseline" program for the Core Medical RFP and further refined through sessions with the CCHHS Leadership group and is summarized in Section 5.03 below and articulated and illustrated further in Attachment D, the “CCHHS Core Medical Master Development Program,” or “Program.”

5.03 BASELINE DEVELOPMENT SCENARIO
Proposers are required to assess the Phase One program and scenario described in Attachment D, and articulate an approach to implement this to best achieve the Owners’ intent and objectives.

PHASE ONE- Program and Scenario Summary:
The “baseline” Phase One scenario proposes construction of a new combined Clinic/Office building on the Parcel C Stroger Infill site. With its ideal size, location, site configuration and availability, the Stroger Infill site offers an immediate solution to accommodate a multitude of scenarios for the baseline project. A new building on the Parcel C Stroger Infill site is envisioned to house ground floor retail/food service (the relocated Cafeteria) and lobby space; two levels of Clinic space, a level of conference space and meeting rooms to replace the Hektoen/Board Room spaces, and office space to accommodate Administrative and Clinical offices from the current Polk Building.

- Cafeteria-Food Court / Retail / Lobby @ +40,000 SF: activating the ground floor with new retail and dining uses and lobby space; potential for clinic entry and lobby
- Clinical/Administrative @ +200,000 SF: consolidated CCHHS clinical and administrative space of approximately 200,000 SF; construction of new, high quality clinic to replace the core, essential outpatient services currently in Fantus and allow for its demolition; this assumes a partial replacement of the US Equities analysis of 132,000 SF which assessed only consolidation and plan efficiencies but not programmatic consolidation, redundancies or obsolescence; allows for the critical components to be replaced now while other clinic relocation, new clinics and specialty services are explored; the Stroger infill site can accommodate this program on 2 levels however the site can accommodate additional levels should the detailed programming effort from the chosen developer dictate such; consolidated CCHHS administrative and clinical space from the current Polk Building; at approximately 80% of the US Equities analysis of 150,000 SF, a new structure allows greater efficiencies currently not afforded in the Polk building while also offering relocation potential for some departments better suited in other County properties; the Office program would be constructed within 5 – 6 floors of the Stroger Infill site, and could accommodate more should the program require, or should Developers seek to supplement the project with additional market rate office;
- Office @ +125,000 SF: consolidated CCHHS administrative and clinical office space of approximately 125,000 SF from the current Polk Building; at approximately 80% of the US Equities program of 150,000 SF, a new structure allows great efficiencies currently not afforded in the Polk building while also offering relocation potential for some departments (ie. Managed Care to downtown) better suited in other County properties; the Office program would be constructed within 5 – 6 floors of the Stroger Infill site, and could accommodate more should the program require, or should Developers seek to supplement the project with additional market rate office;
- Conference @ 30,000 SF: to accommodate those functions currently using the Hektoen auditorium and the CCHHS Board room with improved conference and meeting facilities; on site conference space provides added efficiencies;
- Parking (New Structure at Stroger Infill site Parcel C): option for construction of additional parking by Core Medical Developer either below or above grade,
potentially serve those in a new building (doctors/staff) who currently pay a monthly rate for dedicated, proximate parking; this allows for the potential to separate doctor/staff parking from patient/visitor parking which will greatly improve the parking options and availability throughout the campus;

- **Parking (New Surface):** upon completion of the new building, Fantus will be demolished and the site will become additional short-term, landscaped surface parking in the interim;

- **Parking (Expansion of Existing Garage):** dependent on the new parking determined to be feasible as part of the Core Medical baseline program, and the supply/demand/pricing assessment for Core Medical, the remaining need will be met through expansion and reconfiguration of the existing parking garage through the Market Rate master developer RFP;

- **Ingress/Egress Vehicular Access:** Separation of customer vehicular traffic from emergency vehicle traffic and creation of a new, main vehicular entry from the north utilizing the vacated Wolcott right of way;

- **Possible Stroger Redeployment:** potential for limited space redeployment inside Stroger Hospital to the extent it enhances the project or is required to properly address the above objectives (i.e. cafeteria relocation may allow reuse of space as central lab or some minimal functions of Fantus might be better located within Stroger)

The Proposer should carefully review Attachments D and E and present its understanding and concurrence with the Framework and the Baseline Scenario (Phase One) in their approach section of the RFP and/or provide any suggested modifications which the Proposer believes would significantly improve the Project.

### 5.04 VARIATIONS OR MODIFICATIONS TO THE DEVELOPMENT FRAMEWORK

The Core Medical RFP response must at a minimum address the Phase One Program and the Baseline Scenario as proposed above. The Owners believe it reflects the most cost efficient and time expedient scenario to achieve the immediate Core Medical needs for CCHHS. However, Proposers are welcome to explore and propose alternatives or options to address the Phase One needs as well as additional program which can enhance the CCHHS offerings and efficiency, project viability and cost-effectiveness/feasibility.

Possible modifications might consider items such as: additional consolidation and or redeployment of space within the Stroger Hospital to best meet the new clinic needs; utilization of the Polk Building as an adaptive reuse for the new clinic program combined with a medical residential program (hospice, rehab, palliative care, elder care, short-term stay, etc.); increasing the new administrative/clinical office program to provide rental income to CCHHS by attracting other stakeholders and/or allow for future CCHHS expansion/contraction needs; or all new scenarios that combine the Polk Building/site (as an adaptive reuse or as a vacant parcel) and the infill parcel (see Parcel B and C in Section 5.02) to achieve a more aggressive yet still realistic expansion of the baseline scenario.

*CCHHS encourages a creative response that at a minimum meets the baseline needs and offers additional viable enhancements.*

### 5.05 EXISTING CONDITIONS

- **Zoning and Regulatory Ordinances**
  
  The Campus is currently zoned under Planned Development 30, SubArea 2A. A copy of PD 30 is attached in Attachment J. The as-of-right zoning summary in Attachment K illustrates that, for the near term Phase One Core Medical development, there is ample land coverage and floor area potential to enable the first phase, and likely the second
phase. This available development potential is assumed to meet the maximum Core Medical near term program starting point for clinic and office needs, some future enhancements, and provide approximately 1.3M square feet of mixed use development for the Market Rate master developer (under a separate RFP solicitation) – all without requiring a formal amendment of PD #30. An administrative change to the PD will be required to build within the setbacks (currently 30’ along Polk and Damen) as is contemplated for the Stroger Infill site.

- **Public Infrastructure/Utilities**
  Major infrastructure/utility services are available at the site and located primarily under the existing street rights-of-way (R.O.W.) including sewer, water, electric, natural gas, telephone/data and cable. As part of previous redevelopments to the Cook County Hospital (Stroger) Campus, some portions of streets have been vacated including Wolcott Ave., Winchester, and Damen Place streets. The Owner’s believe that there may be inactive/abandoned lines remaining within the previous easements (Attachment O).

- **Campus Power Plant**
The Cook County Hospital Campus is served by an onsite power plant, designed and built with the new County Hospital to provide the power needs for the medical program. With the existing campus buildings, the plant is nearing capacity however, decommissioning and/or demolition of buildings will enable more capacity. Additionally the power plant was designed for modular expansion should new Core Medical development demands require more power.

- **Environmental and Soil Conditions**
  A Phase 1 report has not yet been commissioned by the Owners though at present, there are no known environmental hazards on the site, although there is expected to be significant debris from previous demolition in the southwest corner of the campus. The Owners have not performed a geotechnical analysis of the site, and they make no representations, warrantees, or covenants as to the suitability of the land for any purpose whatsoever.

6  **CORE MEDICAL PROJECT REQUIREMENTS**

6.01  **OWNERS’ AND DEVELOPMENT TEAM’S RESPONSIBILITIES**
Though various contractual arrangements (see Section 6.03) may be possible depending on the outcome of the RFP process, the anticipated responsibilities are as follows:

**Responsibilities of the Owners:**

- **Funding:** The County anticipates the most cost-effective financing scenario will be funding the space the County occupies by issuing bonds to pay for the Core Medical Project. The County will entertain any advantages a Developer might provide for alternate means of financing which would minimize the County’s public bonding requirement, not adversely impact the financial feasibility of the project, and/or allow for greater flexibility for future phase capital improvements. The use of private sector funding or any mechanisms which enhance the ability for CCHHS to realize its objectives are welcome as long as they have a clear benefit to the Owners.

- **“Client Input/Direction”:** CCHHS and County leadership or such other representative(s) as may be designated by Owner, will provide the Development Team throughout the term of the Agreement(s) with Client/User-directed input, assessment, backup and other resources (including access to all levels of decision-makers) on an efficient basis in order to facilitate and accelerate final project decisions
• **Baseline Guarantees:** the Owners will provide baseline guarantees of CCHHS occupancy and usage as required for the Developer to fix and guarantee projected capital costs and facility operating/maintenance costs

• **Operations (medical):** CCHHS will maintain all medical and health care operational aspects (but not building maintenance and facilities management)

Responsibilities of the **Developer:**

• **Final Strategic Development Program:** The Development Team will provide professional resources to assess and finalize the strategic development program for Phase One development including all specialties necessary to project capital budgets, implementation timing, sequencing, ongoing facility operating/maintenance, parking supply/demand/pricing and related aspects. See phasing program in Attachment D.

• **Design:** the Development Team will be responsible for the planning and design of project plans, specifications and related documents to accommodate the needs identified by the programming effort and respond to the urban design goals and opportunities of this RFP

• **Implementation / Accountability:** the Development Team will be responsible for implementing Phase One of the Core Medical needs with strict adherence and accountability to agreed upon and approved capital budgets, programs, phasing/timing, plans, quality and material specifications, equipment specifications and performance, and facility operating/maintenance/energy costs. The use of private sector funding or any mechanisms which enhance the ability for the CCHHS to realize its objectives are welcome so as long as they have a clear benefit to the Owners.

• **Leasing:** the Development Team will be responsible for the leasing and management of any revenue-producing spaces such as retail, dining, conference, supplemental office, parking, medical residential, etc. within the project

• **Facility Management:** the Development Team will be responsible for the building maintenance and facility management of all physical assets newly constructed and/or adaptively reused (excluding Stroger Hospital to the extent the Development Team is engaged in redeployment of space/program in that facility as part of the Phase One scope)

A draft outline of the Owners'/Development Team’s contractual agreement will be provided to the shortlisted respondents at the outset of the Part Two RFP process.

**6.02 STRUCTURE OF OWNER/DEVELOPER RELATIONSHIP**

The Owners will entertain proposed development team structure on a case-by-case basis but anticipate the following:

• The County will retain long-term ownership of all underlying land

• The County anticipates it will remain owner of all existing and new facilities, equipment and improvements, although it will consider Submittals which transfer interim ownership to the Development Team to facilitate a more advantageous implementation, economic and/or maintenance/management process for the County and CCHHS; submittals which propose a ‘P3’ scenario with the Developer financing and taking interim ownership of the new facilities will be entertained to the extent they offer the Owners clear and demonstrable advantages.

• In a scenario where the Development Team provides the financing and retains interim ownership of the improvements, the Owners recognize that the Development Team may build additional program area to meet market demand of other stakeholders and potential tenants as long as it accrues a demonstrated benefit to the Owners

• To allow for the most cost-effective arrangement, the Development Team agreement will be a long-term arrangement with performance standards and requirements (the Owners are open to considering the definition of “long-term” to maximize the benefit to the County)
6.03 PROJECT/TRANSACTI ON STRUCTURE
The County will consider any transaction structure or owner/development team relationship which maintains the County’s long-term land ownership and hospital services operation while enhancing the quality and cost-effectiveness of Project implementation and facility operations and management. Possible structures include the following as long as they achieve the Owners’ stated intent and objectives:
- Public/Private Partnership
- Design/Build
- Fee Development
- Joint Venture

6.04 DEVELOPMENT TIMING
The near-term Core Medical program (clinic replacement, offices, access improvements and redeployment of space in Stroger Hospital) are immediate needs of CCHHS (“Phase One”). The Owners desire to finalize the Phase One program within three months of engagement, and to move forward expeditiously with design and implementation thereafter. All land areas are in the control of the Owners and entitled to accommodate the anticipated development uses and program. Throughout this RPP process and resulting the Core Medical Project, from selection, negotiation and execution of the development partner agreement, detailed programming and design, and project implementation, time is of the essence. Ideally, the new Phase One facilities would be operational before or by the first quarter of calendar year 2017, subject to the final development scope determined by the Owners in consultation with the Development Team.

Attachments D and E describe the preliminary program and phasing anticipated by the County.

6.05 SUSTAINABILITY
County Green Building Ordinance. Without limiting the generality of the term “Government and Other Standards,” such term will be deemed to include the Cook County Green Buildings Ordinance (Cook County Code, Chapter 2, and Section 2-6). The Developer will be familiar with such ordinance and with the U.S. Green Building Council’s “LEED” Green Building Rating Systems. Developer will comply with the Ordinance and will incorporate LEED principles into the design of the Project to the extent required by such ordinance. The Ordinance provides that the Cook County shall refer to the most current version of the LEED when beginning a new building construction permit project or renovation. While the Ordinance states LEED 2.0 certification, all new construction or major renovation is required to achieve the most current LEED for New Construction certification. However, if feasible the Owner will prefer the development team to achieve LEED Silver status. While the Ordinance provides for the use of LEED Existing Building ratings systems for retrofit projects, all existing building maintenance and operational projects will use the most current LEED for Existing Buildings: Operation and Maintenance certification for buildings that meet LEED EBOM prerequisites. Developer is required to conduct a gap analysis and feasibility assessment for maintenance and operational projects to determine LEED EBOM achievability. Contractors shall use the most current U.S. Green Building Council’s definitions.

7 CONTENTS AND ORGANIZATION OF PROPOSALS
Any page of a Proposal that Proposer asserts to contain confidential proprietary information such as trade secrets shall be clearly marked “CONFIDENTIAL PROPRIETARY INFORMATION” at the top of the page in at least one-half inch (“1/2”) size letters. The specific portions of the page are asserted to contain a trade secret shall be noted as such. Proposals shall not contain claims or statements to which the Proposer is not prepared to commit contractually. To the extent Proposer wishes to take any exceptions to the requirements of this RFP, Proposer shall identify
these exceptions with specificity in their response. The nature and extent of the exceptions requested by a Proposer will be part of the selection criteria utilized to evaluate the Proposals.

7.01 Part One RFP Submittal:
The information contained in the Part One Submittal shall be organized as follows:

**Section 1: Transmittal Letter.** Proposer shall include a letter of transmittal signed by an individual who is authorized to bind the Proposer contractually. The letter should highlight the key components of the Developer’s submission with regards to the project; including but not limited to the developer’s team, the approach to the proposed development project services, the developer’s experience in similar development efforts and the unique value(s) the Developer will bring to the effort. The transmittal letter shall include the name, title, address, telephone number, facsimile number, and e-mail address of one or more individuals who can respond to requests for additional information.

**Section 2: Development Team Qualifications/Experience.** This section must provide information regarding the developer’s team and organizational structure including:

- A description of the development entity including identification of the principal representatives and individuals authorized to negotiate on their behalf
- An organizational chart that clearly illustrates the development team and the various roles of each team member
- A description of whether the development team is a long-standing collaborative assemblage with proven successful experience as such, or is a specially selected and assembled grouping of expertise specifically organized to address the characteristics of this project (either is acceptable)

To substantiate the ability of the development entity and key team members to successfully complete the proposed project, the following information should be provided:

- Qualifications and experience of each entity and key staff people involved in the project;
- Examples of development capability as evidenced through projects of similar scope, use or complexity completed within the last 10 years; submitted examples should include project identification, a brief description, duration, total development cost, durations and current status; include the names and roles of the team and key personnel involved in the programming, design, implementation and management of the project as well as related experience in which team members have worked together;
- Examples of the financial capacity of the entity as evidenced through projects of similar scope, use or complexity completed within the last 10 years; submitted examples should include project identification, a brief description, current status, type of financial structure, sources of debt financing, public financial support if any, and the size of the equity investment;
- Provide development and financial references (name, title, entity, telephone number and contractual relationship to developer) that can be contacted with respect to current and past project experience

**Section 3: Proposed Solution and Conceptual Approach.** Provide a narrative of the strategic development approach including:

- The Proposer’s understanding and concurrence with the *Strategic Campus Development Framework* and the *CCHHS Core Medical Master Development Program*, and any significant improvements or modifications which the Proposer would deem essential for
success; include an explanation of why any recommended modifications would improve the Owners’ end product (speed of delivery, cost, competitiveness, strategic deployment of assets, etc.); if the Developer generally concurs at this stage with the Owners Baseline project as outlined that should be stated

- An outline of the development strategy and process addressing Final Programming, Design and Development, and Construction – include a preliminary draft timetable of the Phase One programming, design and development process with major milestones and a target completion dates
- Insights on Phase Two program developments as articulated in Attachment D
- Facility Management and Maintenance: provide a general perspective on how the development team would perform these services on behalf of the Owners and highlight areas where the team can offer efficiencies and savings for the Owners; include all newly constructed or adaptively redeveloped Phase One facilities and related grounds/infrastructure
- Specialty Enhancements: to the extent the development team can offer unique specialty services as the Owners’ partner beyond the items above please articulate those as options for consideration; they may include preferred pricing on equipment purchasing
- Programmatic Flexibility: to the extent the Development Team can offer the Owners the flexibility to modulate (upsize and downsize) program areas within a range over time would be considered a unique advantage of the partnership relationship
- A commitment to undertake the final programming/budgeting effort at-risk (once selected and contracted) with a fixed reimbursement commitment should the Owners decide not to proceed

Section 4: Compliance and Regulatory. Proposer shall provide the following information related to key compliance and regulatory aspects:

Legal Action History
Provide a listing and brief description of all legal actions for the past three years in which the firm has been:
- A debtor in bankruptcy
- A defendant in a lawsuit for deficient performance under a contract or failure to comply with City or State laws or regulations
- A defendant in an administrative action for deficient performance on a project or failure to comply with City and State laws or regulations
- A defendant in any criminal action

Confidentiality Agreements
The proposer must provide confidentiality agreements signed by each principal, project manager, and key team member identified in the Submittal. The signed confidentiality agreements must be received at the start of the Part Two RFP process from the shortlisted proposers. (See Attachment F)

Affirmative Action (MBE/WBE/DBE/VBE) and Community Engagement
All submissions will be required to meet the affirmative action guidelines and requirements of the County (Attachment G). Beyond that, proposers are encouraged to articulate special and unique opportunities for community participation. These opportunities may be in the form of entrepreneurial scenarios, small business development and other components, which engage the local community in the redevelopment process. A simple example is encouraging a local community business or entrepreneur to participate in one of the Core Medical retail opportunities.
Section 5: Addenda. Use this section to present additional information such as letters of recommendation, letters of financial resources, additional information concerning the development team, and other information that supports the Part One-RFP submission.

NOTE: Any incomplete response from the Proposer may at the discretion of CCHHS staff disqualify the response.

7.02 PART TWO RFP PROPOSAL
The information contained in the Part Two Proposal submission will be provided to the shortlisted Proposers selected from Part One, but will generally include 1) a strategic development program; 2) a specific, detailed and well-articulated approach to address programming, design (including preliminary conceptual designs), construction and facility management, and 3) a baseline program development costing and scheduling, along with the same for recommended enhancements to the baseline.

7.03 EVALUATION PROCESS
Submittals submitted in response to this RFP will undergo an initial evaluation by CCHHS. Proposers may individually be invited to discuss or explain their Submittals orally, demonstrate their proposed solutions and/or negotiate the specific terms pursuant to which a Proposer would be willing to enter into a Contract. At any time during the RFP process, CCHHS may modify the terms of the RFP, including narrowing or modifying the Requirements which are the subject of this RFP. CCHHS may issue an Addendum to this RFP which describes such modifications and may, in its discretion, permit Proposers to submit supplemental or new Submittals in response to these modified Requirements. CCHHS shall evaluate any requested supplemental or new Submittals.

Submittals will be reviewed and evaluated by an RFP Review and Evaluation Committee. Upon evaluation of the Part One and Part Two submittals, the Committee may determine at each step that one or more Submittals will not result in a Contract and may eliminate such Submittals. CCHHS shall be under no obligation to solicit additional information or pricing from Proposers before eliminating their Submittals. The Committee may invite a Proposer that was not originally selected to enter into contract negotiations if it is unsuccessful in negotiating a contract with the Proposer(s) that is(are) initially identified for negotiation of a possible contract. The RFP Review and Evaluation Committee may request that one or more Proposers present or demonstrate their proposed Solutions and respond to questions from the Committee. It should be noted that the Proposer must identify those individuals who will manage the scope of work if a contract is awarded to Proposer, and that those persons must be present to answer questions should CCHHS decide that presentations or demonstrations will be required. The cost of attending any presentation or demonstration is solely the Proposer’s responsibility. The evaluation of Submittals is intended to enable CCHHS to identify and develop a possible Contract which represents the best composite value for CCHHS, considering the criteria set forth in the RFP Section 7.04, “Evaluation Criteria”. Upon completion of their analysis, the RFP Review and Evaluation Committee shall communicate its evaluation to the Owners for review and approval. The recommended Proposer may be requested to enter into negotiation of a possible Contract with designated CCHHS representatives. It is expressly understood that all negotiations are subject to the consideration and approval of the Owners (including CCHHS executive leadership and the CCHHS Board) which may accept or reject any proposed Contract in their sole discretion.

7.04 EVALUATION CRITERIA
Proposers should submit information sufficient for CCHHS to easily evaluate Submittals with respect to the selection criteria. The absence of required information may cause the Submittal to
be deemed non-responsive and may be cause for rejection. CCHHS seeks to identify the solution that best serves the overall interests of CCHHS. Cost will not be the sole or primary factor in selection. The RFP process anticipates oral presentations and interactive interviews with each Proposer team during both the Part One and the Part Two process. During Part Two, multiple interview session may be required to fully assess the specific and unique attributes of each shortlisted Proposer.

The successful Proposer will provide the Owners with the best level of confidence that they will bring significant value in the areas of, but not limited to: delivering the desired program and quality of construction at the lowest capital cost; enhancing flexibility to accommodate future needs; contributing creative and strategic industry knowledge and experience; providing efficiency in building maintenance, management and operations – all while not compromising on desired program, quality, competitive advantages or design.

**RFP EVALUATION CRITERIA**

**Professional Experience and Capacity**
- Qualifications of Development team that would be assembled to implement the proposed process and solution
- Team that has demonstrated success in similar urban medical and health care facilities and campus development projects
- Experience planning, designing, developing, and constructing projects of at least 120,000 square feet with complexity. (e.g. urban medical and health care communities)
- Financial qualifications including ability to obtain financing (if proposed by Development Team as an option)
- Experience in sustaining projects
- Lead planner with experience in hospitals, clinics and healthcare industry
- Architectural team with experience, as lead architect in designing each of the following: Administration or Medical Office Building – Hospitals and Clinics
- Key personnel assigned to this project and related roles and responsibilities
- Accountability and commitment of Lead Developer to project

**Financial Capacity**
- Demonstrated financial success history on similar developments
- Feasibility and efficient use of public sector funds
- Proven ability and capacity to secure necessary funding for projects of similar size and scope

**Strategic Programming**
- A response that demonstrates unique, creative and strategic skills to finalize the Phase One project and meet the Owners parameters
- Includes the ability to assess the adaptive reuse of the Polk Building including but not limited to clinical or medical residential use

**Project Approach and Design**
- A response that offers the Owners the best possible collaborative, experienced and accountable development team and a clear process to achieve implementation in the most expeditious and cost efficient manner.
• Quality of site and unit design in conformance with development framework
• Quality of plan to maintain desired campus needs
• Ability to work with County and CCHHS

Economic Disclosure Statement and Execution Documents and Local Hiring and Job Creation
• All Proposers must complete in its entirety, the Economic Disclosure Statement and Execution Documents which is inclusive of MBE/WBE/DBE/VBE participation and per the Cook County Procurement Ordinance.
• Quality and completeness of plan to create jobs
• Extent to which respondent maximizes employment, business and training opportunities for community

Oral Presentations
• Demonstrates the likelihood that the respondents’ team dynamics will ensure successful delivery of the Project as an integrated team, including meeting the project schedule and maintaining quality assurance
• Demonstrates an overall approach to the Project that integrates technical (including planning, programming, design, construction, operation and maintenance) and financial approaches in a manner that will optimize Project objectives and outcomes

[END OF SECTION]
ATTACHMENT A: PROPOSER REGISTRATION FORM- RFP # H14-0067

NOTE TO PROSPECTIVE PROPOSERS: BY COMPLETING AND RETURNING THIS FORM YOU WILL RECEIVE ANY ADDENDA ISSUED BY CCHHS WHICH EITHER REVISES THE DATES FOR SUBMITTAL OR SUBMITTALS, OR WHICH SUPPLEMENT OR CHANGE THE REQUIREMENTS SET FORTH IN THE REQUEST FOR SUBMITTALS.

SUBMISSION OF THIS REGISTRATION FORM DOES NOT OBLIGATE YOU TO SUBMIT A SUBMITTAL.

PROPOSER'S NAME: ________________________________________________

PROPOSER'S ADDRESS: ________________________________________________

________________________________________________________________________

NAME OF DESIGNATED REPRESENTATIVE FOR PURPOSES OF THIS RFP:

________________________________________________________________________

REPRESENTATIVE'S PHONE NO.: ____________________________________________

REPRESENTATIVE'S FAX NO.: ____________________________________________

REPRESENTATIVE'S E-MAIL: ____________________________________________

[END OF SECTION]
The Cook County Health & Hospitals System (CCHHS) is committed to the participation of Minority Business Enterprises, Women’s Business Enterprises, Disabled Business Enterprises, and Veteran Business Enterprises (MBE/WBE/DBE/VBE) in its procurement and contracting processes. All proposers on CCHHS contracts are expected to utilize “best efforts” to attain the Contract Goals. The goal amounts are mandated by the Cook County Procurement Ordinance and if not met may preclude participation and/or award of a contract.
ATTACHMENT C: GENERAL CONDITIONS

INTENTIONALLY OMMITTED UNTIL PART TWO OF RFP

[END OF SECTION]
ATTACHMENT F: CONFIDENTIALITY AGREEMENT

INTENTIONALLY OMMITTED UNTIL PART TWO OF RFP

[END OF SECTION]
ATTACHMENT G: MINORITY AND WOMEN BUSINESS ENTERPRISES - COOK COUNTY ORDINANCE CHAPTER 10-43.7 PROFESSIONAL AND CONSULTING SERVICE AND SOLE SOURCE

1. POLICY AND GOALS
A. It is the policy of the County of Cook to prevent discrimination in the award of or participation in the County contracts and to eliminate arbitrary barriers for participation, as both prime and subcontractors, in such contracts by local businesses certified as Minority Business Enterprises (MBE) and Women-Owned Business Enterprises (WBE). In furtherance of this policy, the Cook County Board of Commissioners has adopted a Minority-and-Women-Owned Business Enterprise Ordinance (the “Ordinance”) which establishes a “best efforts” goal of awarding not less than twenty-four percent (24%) of the annual total dollar amount of professional, service and supply contracts and agreements to certified MBEs and not less than ten percent (10%) to certified WBEs.

B. A Contractor may achieve the MBE/WBE participation goals by its status as a MBE or WBE; by entering into a joint venture with one or more MBEs and/or WBEs; by subcontracting a portion of the work to one or more MBEs or WBEs; by entering into a Mentor-Protégé Agreement with a MBE or WBE; by the indirect participation of MBEs or WBEs in other aspects of the Contractor’s business; or by a combination of the foregoing.

C. A Waiver Request must be submitted, if applicable, documenting the inability of the Contractor to meet the goals, and providing written evidence of “Good Faith Efforts,” to obtain goals.

D. A Contractor’s failure to carry out its MBE/WBE commitments in the course of performance on a contract shall constitute a material breach of the contract, and if such breach is not appropriately cured, may result in the termination of the contract or such other remedies authorized by the Ordinance as the County deems appropriate.

2. REQUIRED SUBMITTALS
To be considered responsive to the requirements of the Ordinance, a Contractor shall submit Items A, B and C listed below. All documentation submitted shall be reviewed by the Contract Compliance Administrator. Failure to submit one of the items required shall be cause to consider a contract non-responsive to the Ordinance goals and may be rejected.

A. MBE/WBE Participation Documentation: Each Contractor shall submit supporting documentation which evidences efforts taken to achieve the County’s MBE/WBE participation goals. Such documentation shall include:

   i. **A Utilization Plan** identifying all firms intended to be utilized to fulfill the goals; the MBE/WBE status of each firm; the name, address, e-mail address and telephone number of the contact person for each MBE/WBE firm; the dollar value of the goods and services to be provided by the MBE/WBE firm; and the dollar value expressed as a percentage (%) of the total value of the purposed contract. (See Section I)

   ii. **A Letter of Intent** for each MBE/WBE containing specific information regarding goods to be provided or services to be performed by the MBE/WBE; the dollar value of the goods or services; and the original signatures of the appropriate officer for both the Contractor and the MBE/WBE. (See Exhibit II)

   iii. **Current Letter of Certification** for each MBE/WBE firm. Acceptable certifying agencies are: Cook County, Illinois Unified Certification Program (IUCP) and U. S. Small Business
iv. 4. Waiver/Goal Reduction Petition, if applicable, together with all documentation in support of the Petition.

The Contract Compliance Administrator retains the right to reject the certification of any MBE or WBE on the ground that it does not meet the County’s definition of a MBE or WBE.

B. Use of MBE/WBE Professionals. Each Contractor shall submit a statement which discloses how it intends to maximize the use of minority and women professionals in the course of performing the contract.

C. Affirmative Action Plan. Each Contractor shall submit a copy of its current EEO-1 Report and a copy of its current Letter of Compliance from the United States Department of Labor, Office of Federal Contract Compliance Programs. Absent a Letter from OFCCP, the Contractor shall submit a written report of the inclusion of minority and women professional in the workforce of their company.

3. NON-COMPLIANCE
Where the County of Cook determines that the Contractor has failed to comply with its contractual commitments or any portion of the Ordinance, it will notify the Contractor of such non-compliance and may take any and all appropriate actions as set forth within the Ordinance.

4. REPORTING/RECORD KEEPING REQUIREMENTS
The Contractor is required to comply with the reporting and record-keeping requirements as set forth in the Ordinance and as established by the Contract Compliance Administrator. Upon award of a contract, The Contractor is responsible for acquiring all necessary Office of Contract Compliance reporting and record keeping forms as made available in the Office of Contract Compliance.

The Office of Contract Compliance will notify each Contractor and Sub-Contractor upon award of a contract of their reporting obligations (Vendor Notification Letter). The Office of Contract Compliance will notify each MBE/WBE Sub-Contractor of the award of a contract to a Prime Contractor, the MBE/WBE dollar amount of participation and the percentage (%) amount of participation. The Sub-Contractors will be required to submit on a timely basis, Sub-Contractors Payment Affidavits (see forms section) with proof of payment or money paid to them by the Prime Contractor.

The Office of Contract Compliance requests payment affidavits and proof of payment to MBE/WBE Sub-Contractors as follows:

- **Annual Contracts**: monthly reporting from both Prime and Sub-Contractors.
- **Multi-Year Contracts**: quarterly reporting from both Prime and Sub-Contractors including proof of payments.
- **One time** purchases require verification of proof of payment immediately.

Failure to comply with this section will be reviewed as non-compliance as stated under **Section III. Non-Compliance**.
5. EQUAL EMPLOYMENT OPPORTUNITY
Compliance with MBE and WBE requirements will not diminish or supplant Equal Employment Opportunity and Civil Rights provisions as otherwise required by law as they relate to contractor and subcontractor obligations.

Any questions regarding this document should be directed to:

Administrator, Cook County Office of Contract Compliance
118 N. Clark Street – Room 1020
Chicago, Illinois 60602
(312) 603-5502

[END OF SECTION]
ATTACHMENT I: REASRP REPORT EXCERPTS

[END OF SECTION]
ATTACHMENT J: PLANNED DEVELOPMENT 30

[END OF SECTION]
ATTACHMENT K: PD 30 SUBAREA 2A SUMMARY ALLOCATION

[END OF SECTION]
ATTACHMENT L: CAMPUS TRAFFIC STUDY

[END OF SECTION]
ATTACHMENT O: SITE UTILITIES LOCATION PLAN

[END OF SECTION]