

April 13, 2018

# Request for Proposal

**2020 Northeast Expansion**  
**Formally Known As HUD III**

<b>RFP Number:</b>	<b>4-FY18-PDC-002</b>
<b>RFP Due Date/Time:</b>	<b>May 24, 2018, 12:00 PM Arizona Time</b>
<b>Response Address:</b>	<b>Gila River Health Care Contracts &amp; Grants Department Attn: Anna Self, MBA 483 West Seed Farm Road, Building #5 Sacaton, AZ 85147 Re: RFP#4-FY18-PDC-002</b>
<b>Contact Information:</b>	<b>ANNASELF@GRHC.ORG 602-528-1200 ext.1549</b>

PLEASE READ ALL PAGES: responses must be submitted by the above date and time.  
Responses received after this date and time will not be considered.

***Statement of Confidentiality***

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## The Gila River Health Care Journey

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Founded in 1976 when Gila River Health Care (GRHC) received Joint Commission accreditation, the vision of GRHC has been to be the premier Native American healthcare delivery system empowered to serve the lifelong needs of our people. Establishing itself as a Federally recognized, 638 non-profit entity in 1995, GRHC has had a continuing mission to provide superior, comprehensive, and community-oriented improvements to the health and wellness of the Gila River Indian Community, Ak-Chin Indian Community, and other Federally recognized tribes of the United States.

Gila River Health Care promotes a healing environment that fosters physical, emotional, mental, and spiritual wellness while focusing on a care model that promotes collaboration between patients, their families, and healthcare providers. It is because of our promise to treat everyone with dignity and respect and our commitment to core values of Accountability, Commitment, Patients & Families, Culture, Quality, Self-Governance, and Trust that GRHC has become a leader to the populations we serve in Native healthcare.

Healthcare service is offered from GRHC's campuses. GRHC employs approximately 1,400 people, with additional service points across the seven tribal community districts including the Komatke Health Center Campus, Ak-Chin Clinic, the Hu Hu Kam Memorial Hospital Campus, and the new Hau'pal Red Tail Hawk Health Center in Chandler, Arizona. Each campus is distinct and responsive to patient healthcare needs.

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## RFP Process

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**A. Proposal Submission**

Proposals shall be addressed to:

Gila River Health Care  
Contracts & Grants Department  
Attn: Anna Self, MBA  
483 West Seed Farm Road, Building #5  
Sacaton, AZ 85147  
**Re: RFP#4-FY18-PDC-002**

**B. Schedule of Events**

The following is a list of the scheduled events in the RFP process:

FP Issue Date	4/13/18
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<b>Mandatory Pre-Bid Conference*</b> <b>Location:</b> Hu Hu Kam Memorial Hospital Building #2 483 W. Seed Farm Rd., Sacaton, AZ 85147	4/26/18 10:30 AM, Arizona Time
<b>Deadline for RFP Inquiries/Communication:</b> Inquiries must be made in writing (via email). No inquiries will be addressed after this date.	5/7/18 5:00 PM, Arizona Time
<b>Addendum Issued (if applicable):</b> Final addendum to RFP will be issued; no inquiries or communications will be allowed regarding questions about RFP.	5/10/18
<b>RFP Response Due Date</b> Contracts and Grants Office – Bldg. #5 483 W. Seed Farm Rd., Sacaton AZ 85147	5/24/18 12:00 PM, Arizona Time
<b>Short-Listed Firm Interview Confirmation (if applicable):</b>	Upon Selection
<b>Recommendations and Approval</b>	Upon approval of the Evaluation Committee's contract award recommendation

\* A **mandatory** pre-bid conference and construction site walkthrough will be held to visit the proposed job site so all firms can ascertain any conditions that might affect the work or the cost thereof. Failure to note conditions that may affect the work will not relieve the respondent(s) from responsibility for successfully performing the work. GRHC will assume no responsibility for any understanding or representations concerning conditions made by any of its officers or agents prior to the execution of the contract, unless included in the Request for Proposal, final contract documents, addenda, or related documents.

**C. Proposal Format**

1. Proposals and other materials submitted by FAX or solely via email will not be accepted.
2. Submit bound proposals neatly organized with the appropriate table of contents and tabs/dividers:
  - ❖ No 3-ring binders allowed.
  - ❖ Maximum sheet size is 8 1/2" x 11" or 11"x17" folded to 8 1/2" x 11".
  - ❖ Minimum text size is 10 point.
  - ❖ Pagination is required.
  - ❖ Table of contents is required.

**D. Proposal Preparation Instructions**

The proposal format and specific content requirements is to aid GRHC in evaluation purposes. Non-conformance with these instructions may be cause for rejection of the proposal.

1. Proposal shall be clearly and concisely prepared in writing.
2. Proposals shall conform to the prescribed format and content as to enable GRHC to conduct a thorough evaluation.
3. Proposal package shall be comprised of a sealed envelope clearly identified with your firm name and address, and the number and title of this RFP. Envelope shall contain the following:
  - One (1) original Vendor Proposal including a cover letter signed by a company officer and clearly marked "2020 Northeast Expansion Formally known as HUD III", and five (5) copies (i.e., 6 identical sets of documents).
  - Additionally, please email a soft copy of your proposal to [ANNASELF@GRHC.ORG](mailto:ANNASELF@GRHC.ORG).

All communications made in the proposal shall become a part of any resulting Contract including clarifications.

Deliver proposal to Anna Self at GRHC Life Center, Bldg. #5 at Hu Hu Kam Memorial Hospital, 483 W. Seed Farm Road, Sacaton, AZ 85147. Proposals received after the due date and time cannot be accepted.

- ❖ **Respondents may not withdraw their proposal for a period of ninety (90) calendar days after the date set for receipt of proposals.**
- ❖ **The selected organization must guarantee their bid for a period of sixty (60) calendar days from the date the proposal is received. Proposals will be privately reviewed by the GRHC management. GRHC reserves the right to reject any or all proposals, to waive informalities and irregularities, and to accept any proposal considered advantageous to GRHC.**

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## RFP Communication

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Prospective vendors may make written inquiries via email and/or hard copy to the GRHC Contracts and Grants Writer, Anna Self, at [ANNASELF@GRHC.ORG](mailto:ANNASELF@GRHC.ORG). Contact also may be made with Deborah Tinsley at [DTINSLEY@GRHC.ORG](mailto:DTINSLEY@GRHC.ORG) if Anna is not available.

All requests must be submitted no later than May 7, 2018, **5:00 PM**, Arizona Time. Verbal inquiries will not be accepted. All written inquiries and GRHC's responses will be provided to the vendors in the final addendum to the RFP.

Please do not direct communications regarding this RFP to other individuals, or other related organizations such as the Board of Directors, executive team members, tribal committees, and affiliates, etc.

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## Project Parameters

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GRHC has identified a need to relocate the Dental Clinic, demolish a portion of the existing single-story hospital, and construct a two-story addition on the Hu Hu Kam Memorial Hospital campus. GRHC activities currently located in other buildings will be relocated to the new building. This 2020 Northeast Expansion (NorEx) project will require both the design and construction of a complete and usable Dental Clinic and clinical services building at the northeast corner of the hospital (Building #1), supporting utility connections, and any temporary facilities needed. See Attachment B for location on the hospital campus.

The 2020 NorEx project should at a minimum meet current Gila River Indian Community codes and standards and The Joint Commission Standards (TJC), which include but are not limited to 2012 International Building Codes, 2011 NEC, Facility Guidelines Institute *Guidelines for Design and Construction of Hospitals and Outpatient Facilities*.

This project must be executed in several phases:

Phase 1 will consist of relocating the dental support activities currently located south of the corridor; this includes but is not limited to offices, break room, storage room, and locker rooms. These will move to the east end of the building, north of the corridor, now vacant.

Phase 2 will include erecting a barrier wall and dust barriers (so patients and staff can safely access the existing dental areas and Building #2) and the design and construction of the new Dental Clinic south of the corridor, which must be occupied by August 2019. Approximately one week should be allowed for relocation of Dental Clinic, including the support activities. New dental vacuum and piped medical gases will be required (oxygen, nitrous oxide, waste anesthesia gas scavenging) that meet 2012 NFPA 99 requirements. See Attachment J for diagrammatic floor plans for first and second floor. Electrical transformers should be located in the utility basement (approximately 5' high) or at the exterior of the building. Note that the next phase demolishes everything north of the corridor so no utilities services serving other portions of the hospital can remain north of the corridor. \$3.7M needs to be invoiced for design, construction and FF&E by August 30, 2019, to maximize the grant funding from HUD which expires at the end of September, 2019. The project schedule must reflect this milestone and premium time budgeted as required to achieve that milestone.

There will be other work in progress by other contractors on the HHKMH campus during Phase 2 & 3, such as re-roofing the Phase 2 area. This contractor is expected to maintain a spirit of cooperation.

Phase 3 includes a two-story addition north of the E-W corridor, including erecting a barrier to allow safe access to the new dental areas during demolition and construction of the addition (see diagrammatic floor plans). Elevation views that will be provided at the pre-bid conference show a multi-story corridor with north-facing clerestory glazing. Note that the diagrammatic plans need further development to add support spaces such as an EVS room and MEP shafts as needed. Phase 3 should also include offices and storage for Customer Service at the west end, adjacent to the main lobby; two offices and a storage room for Security are desirable but were not part of the original program.

A two-story building will be constructed east of Phase 3 at some future point, so there should be nothing extending east from Phase 3 that would conflict with that future replacement of Building #2, which will extend north from the present Building #2.

The new 2-story building is approximately 41,000 sf. The remodeled single-story areas are approximately 13,500 sf. The new building must be equipped with a fully automatic sprinkler system and digital fire alarm system, and these systems will be coordinated and compatible with the existing building systems. The same will be for other building systems such as paging, BMS, intrusion alarms, panic alarms, etc.

The site work will include all related parking, sidewalks, hardscape, lighting, signage and landscaping.

The design/build team's scope of work will include an evaluation of the existing departments FF&E for possible re-use in the project, along with the selection, specifications, procurement coordination, and installation of the new and reused FF&E items for both the new and existing buildings. An assessment of dental equipment is attached as Attachment K. D/B team will be required to obtain quotes and submit purchase requisitions to GRHC for procurement. D/B will be responsible for receipt, assembly, and placement of FF&E after procurement by GRHC.

GRHC will provide a Certified Federal Surveyor (CFedS) topographic and boundary survey of the proposed site and a geotechnical report. GRHC will provide an NEPA environmental assessment and comply with Bureau of Indian Affairs (BIA) requirements, GRIC THPO requirements, archeological review, cultural resource findings, native plant review per GRIC Native Plant Law, biological evaluation, and GRIC Historic Preservation Concurrence. Environmental approval will be needed for Phase 3. The design/build Team shall obtain a Certificate of Compliance (CoC) from the GRIC Department of Land Use Planning & Zoning (LUPZ). Maximum allowable height is 45 feet above grade without a variance.

Design/build team to meet with the GRIC LUPZ, GRIC Fire Department, and GRIC Building Safety Department code administrators and plan reviewer prior to beginning the building and site design process.

GRHC understands the following project costs:

\$16,284,000 for construction of 2020 Northeast Expansion including relocation of Dental Clinic, demolition of portion of the one story hospital and construction of two story addition, along with site improvements.

\$3,662,000 FF&E

\$24,225,000 Total Budget for Design and Construction Cost with FF&E Including A/E and GC fees

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## Required Services

### 1. Pre-Construction Phase Services (Contract Part A)

The following phases and services are to be provided by the design/build team and include all design and pre-construction services required to define and document the project to obtain the building permit and award of construction services phase (Part B of the contract).

#### **A. Project Kickoff**

- Design/build team to attend two-day GRHC Cultural Awareness Training
- General requirements kickoff meeting
- GRHC design guidelines and building standards review
- Design/build team to meet with GRIC Authorities Having Jurisdiction (AHJ) to determine all required permits (and any required variances): Land Use Planning & Zoning (LUPZ), Building Safety Department, Fire Department, TERO, and other GRIC & BIA AHJ as required
- Review and confirm existing environmental survey information. Obtain all required permits.
- Design/build team program validation workshops activities and approach. Schedule program validation workshops with GRHC user groups
- Site data gathering and existing conditions investigation: investigate and document all existing site utilities and existing building M/E/P/FP/LV systems
- IT Workshop – review IT infrastructure and computer equipment requirements. Include cost requirements as a separate line item in the project budget and project schedule.
- Obtain GRHC approval to move into the Schematic Design Phase. Phase 1, 2, and 3 take parallel but similar paths at this point to allow rapid development of Phase 1 (minor remodel to provide temporary space for dental support activities [lockers, storage, break, offices]) and to expedite Phase 2 so Dental Clinic is occupied by August 2019.

#### **B. Schematic Design Phase**

- Design/build team to develop one schematic design for Phase 1 and at least two (2) schematic design (SD) concepts for Phases 2 and 3 (separate or as one integrated design). Phase 2 and 3 must form a coordinated complete and usable facility regardless of the design path used.
- Preliminary cultural integration review with GRHC
- Design/build team present SD options for GRHC core group review
- GRHC core group review and recommendation to Executive Leadership Team (ELT) and Board of Directors (BOD) for review and approval of one SD concept to advance
- Schematic Design — 30% GRHC core group review and user workshop
- Compliance with GRHC finish and materials requirements
- GRHC and design/build team FF&E workshop and evaluation of existing FF&E items



- IT infrastructure and computer equipment requirements review. Include cost requirements as a separate line item in the project budget and project schedule
- Constructability analysis workshop; review of existing site utilities and existing building M/E/P/FP/LV systems
- Schematic Design – 60% GRHC core group review and user workshop
- Schematic Design – 95% GRHC core group review and user workshop
- Schematic Design – 95% project schedule and budget
- Schematic Design – 95% GRHC comments / revisions
- Schematic Design – 100% SD documents GRHC core group review and recommendation to ELT and BOD
- 100% Schematic Design ELT and BOD review and approval
- Obtain GRHC approval to move into the design development phase

#### **C. Design Development Phase**

- Design Development – 30% submit DD plans and specifications to GRHC core group review and user workshop
- Design development phase cultural integration review/presentation to GRHC core group
- Design development move management workshop
- Compliance with GRHC finish and materials requirements
- GRHC and design/build team FF&E workshop and evaluation of existing FF&E items
- IT infrastructure and computer equipment requirements plan. Include cost requirements as a separate line item in the project budget and project schedule
- Design development constructability analysis plan. Review of existing site utilities and existing building M/E/P/FP systems
- Design Development – 60% submit DD plans and specifications to GRHC core group review and user workshop
- Design Development – 60% project schedule and budget
- Design Development – 95% review DD plans and specifications with GRHC core group review and user workshop
- Design Development – 95% project schedule and budget
- Design Development – 95% GRHC comments / revisions
- Design Development - 100% DD documents GRHC core group review and recommendation to ELT and BOD
- Obtain GRHC approval to advance to the construction document phase

#### **D. Construction Document Phase**

- Design/build team to develop construction documents
- Construction Documents – 30% CD plans and specifications to GRHC core group review and user workshop
- Construction Documents – 30% project schedule and budget
- Construction documents phase cultural integration plan to GRHC core group
- Construction documents move management plan
- Compliance with GRHC finish and materials requirements
- Design/build team FF&E plan to reuse existing FF&E items and procure new FF&E
- IT infrastructure and computer equipment requirements plan. Include cost requirements as a separate line item in the project budget and project schedule
- Construction documents constructability analysis plan. Review of existing site utilities and existing building M/E/P/FP systems
- Construction Documents – 60% CD plans and specifications to GRHC core group review and user workshop
- Construction Documents – 60% project schedule and budget
- Construction Documents – 60% submit CD package to LUPZ for COC review
- Construction Documents – 95% CD plans and specifications to GRHC core group review and user workshop
- Construction Documents – 95% project schedule and budget
- Construction Documents – 95% GRHC comments / revisions
- Construction Documents – 100% CD documents GRHC core group review and recommendation to ELT and BOD
- Design/build team issue 100% BOD-approved construction documents for GRIC Permits
- Design/build team final project budget for GMP Contract Part B
- Design/build team final project schedule of values for GMP Contract Part B
- Design/build team final construction schedule for GMP Contract Part B
- Design/build team to submit contract documents for all GRIC permits and provide copies to Procurement Officer
- Design/build team to obtain all GRIC required permits
- Obtain GRHC approval to advance to the Construction Phase (Contract Part B)

## **2. Construction Phase Services (Contract Part B)**

- a) **Award Contract Part B Construction Services after completion of Contract Part A (if selected)**
- b) **Project Approvals**

c) **Start Contract Part B construction services**

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## Statement of Qualifications

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### **Vendor Proposal**

The bound vendor proposal shall address the following items in the exact order and format by each section below:

#### **1. Acknowledgements**

A. Bidders must acknowledge receipt of amendments and/or addendums to this Solicitation.

#### **2. Technical Proposal**

Provide a cover letter. The bound technical proposal shall address the following items in the exact order shown here.

##### **A. Design/Build Team (D/B Team)**

Provide the following information:

1. Design/build team qualifications and design/build team project experience as a team
2. Builder firm name, address, telephone number, and contact email of primary office providing services for this project
3. Design firm name, address, telephone number, and contact email of primary office providing services for this project
4. Provide project information sheets for projects completed by the D/B team only. No more than 10 D/B medical office projects (less than 12-years old) your D/B team feels demonstrates their combined abilities to deliver this project. Provide project data: size, GMP costs, and final costs, initial schedule and final schedule. Include two client references and their contact information (telephone and email address) for the specific projects listed. Identify any of the proposed D/B team staff (include major sub-contractors) who worked on the D/B project examples (actual staff not just company names).
5. If your team is a joint venture (JV), provide legal evidence of your JV.
6. Provide a history of the JV, including years in business and number of individuals employed.
7. Provide a current JV financial statement summary.
8. Provide a listing and amounts of design/build construction performance bonds obtained in the builder's name the past five years for healthcare-related projects.
9. Identify the builder's current bonding capacity and remaining unencumbered bonding value.
10. Demonstrate your D/B team's approach to the construction of new healthcare facilities and renovation of existing healthcare buildings while occupied by the users.
11. Identify in writing any issues you have with the GRHC design/build contract (**Attachment C**).

**B. Individual company experience and ability to perform on similar size and complexity healthcare projects similar to the proposed project**

Provide the following:

1. A brief history of each firm, including years in business and number individuals employed by the firm. Do not include contract employees.
2. Project information sheets for projects completed by the individual firm. If a project is the same as Item (A) 4 above, just note the title of the project. No more than 10 (minimum of 3) D/B medical office projects that the individual firm feels demonstrates their abilities to deliver this project. Provide project data: size, GMP costs, and final costs, initial schedule and final schedule. Include two client references and their contact information (telephone and email address) for the specific projects listed. Identify any of the proposed D/B team staff (include major sub-contractors) who worked on the project examples (actual staff not just company names).
3. Identify each firm's current bonding capacity.
4. A current summary financial statement for each firm.

**C. D/B team organizational chart**

Provide key staff from the builder (project executive, project manager, superintendent, and safety officer), A/E staff; A/S/MEP/C/LA disciplines (project executive, project manager, and project architect/engineer), and major sub-contractors (project manager).

**D. Resumes.**

Provide the following:

1. One-page (maximum) resume for all staff listed in the organizational chart.
2. Identify staff who worked on D/B projects listed in Item (B) 2 above. Note: The D/B team will be required to retain staff indicated in the proposal on the project through the end of the project (Contract Part A and Contract Part B if selected). Change in D/B staff requires GRHC written approval.
3. Provide a detailed resume of each of proposed builder and A/E staff, including all positions held within the past ten years and client references.

**E. Management Plan**

Provide management plan to be used for this project, including, but not limited to the following:

1. Contract administrative procedures
2. The design/build team project responsibility matrix that clearly identifies major task assignments and point of responsibility for all aspects of the work
3. Quality Assurance (QA)/Quality Control(QC) program – schedule of QA/QC reviews at Schematic Design (SD), Design Development (DD) and Construction Document (CD) phases
4. Safety program
5. Conflict Resolution Program

**F. Cost control and critical path scheduling experience and project management**

Provide the Following:

1. A summary of your team's cost control and cost management program
2. Describe methods and techniques of cost control and cost management.
3. A summary of your team's critical path scheduling procedures



4. Describe computer hardware equipment and software programs used for cost control, critical path scheduling, and project management. Discuss your use of electronic document management software (such as ProCore, PlanGrid, Bluebeam, etc.) for the design phase, the construction phase, and the [owner's] facility management phase. In addition to the D/B team, allow four (4) software licenses for GRHC use.

**G. Native American Cultural Experience**

Identify your design/build healthcare project experience with GRHC and other Native American organizations. Include information where Native American cultural and historical elements were integrated into the building design.

**H. Building Information Modeling**

Demonstrate your use of BIM technology and related computer software examples from past healthcare projects. If a project is the same as Item (A) 4 on page 4, just note the title of the project. No more than 10 (minimum of 3) healthcare projects or office building projects (less than 10 years old) the individual firm feels demonstrates their abilities.

**3 Price Proposal**

**Provide the following:**

- a) A completed price proposal form for design/build services. Proposals submitted without a fully completed, signed, and notarized price proposal form (Attachment D) will be deemed non-responsive. The lump sum price should include all A/E design services, CM preconstruction planning fees, and general conditions fees based on the GRHC projected construction costs and FF&E costs listed in *IV, Project Parameters* (Attachment D).
- b) *The Indian-Owned Economic Qualification Statement* (Attachment A) must be completed and submitted with the proposals requesting Indian preference. Failure to submit the statement with the proposal will result in no consideration of Indian preference in the evaluation.
- c) Pricing of materials and FF&E for Part B  
GRHC purchases items through Intalere GPO. Builders are to submit construction pricing through Intalere as well as local suppliers. Please see Attachments F and G.
- d) Comments to the GRHC Contract  
Clearly state any exceptions to the contract terms and conditions or this RFP.

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## Evaluation Guidelines

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<b>Vendor Proposal Evaluation</b>	<b>Points</b>
<b>Technical Proposal Evaluation</b>	
Design/build team experience and ability to perform on healthcare projects of similar size and complexity to this project	10
Individual company experience and ability to perform on	15

projects of similar size and complexity to this project	
Design/build team organizational chart	10
Key staff resumes for design and construction disciplines	10
Management plan	10
Cost control and critical path scheduling experience and electronic document management software	10
Design/build project experience with GRHC and other Native American organizations	10
Demonstrate your approach in the use of BIM technology.	5
<b>Price Proposal Evaluation</b>	
Indian-Owned Economic Qualification Statement (Attachment A)	10
Lump sum price proposal inclusive of all A/E design services, cost estimating services, preconstruction planning, and general conditions fees (Attachment D)	10

**Each proposal will be evaluated on a 100-point system**

**A. Oral Presentation (if required)**

After scoring and ranking of all proposals submitted, GRHC may decide to advance the highest-ranking agency to the next step of the selection process. Alternatively, GRHC may decide to further consider the three (3) highest-rated proposals and invite each firm to make an oral presentation (1-hour maximum) to the evaluation board. As a minimum, the agency's project manager must be in attendance and be prepared to answer questions presented by the evaluation board (25 pts.).

**B. Final Selection**

The applying agency with the highest overall score will be awarded the contract.\*

\* See section X. Reservations

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## Gila River Indian Community Minimum Contracting Standards

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By electing to participate in the bidding process, the successful bidder agrees that it will abide by the following GRHC minimum contracting standards which are incorporated into and will control in the event of a conflict with any future agreements arising out of this RFP unless expressly waived by GRHC.

- a) CONFIDENTIALITY: Contractor shall maintain all non-public information secured in connection with any contract with GRHC in strict confidence, with disclosure only to individuals as needed to perform under the contract, and on a need-to-know basis. Any contractor who has access to

protected health information is responsible for complying with HIPAA and agrees to enter into a HIPAA-compliant business associate agreement (a "BAA") approved by GRHC. In the absence of a separate BAA, the contractor agrees to abide by the model BAA published by the US Health and Human Services, incorporated by this reference. The contractor may not use GRHC's or the Gila River Indian Community's name in advertising, promotional materials, or other forms without advance written permission as to each specific use.

- b) TRIBAL BUSINESS LICENSING: Contractors conducting business on the Gila River Indian Community must obtain a business license. The cost of an annual license is approximately \$150.00.

The contractor shall comply with the Gila River Indian Community's business registration, licensing, and other applicable tribal regulatory laws, and shall pay any applicable licensing fees. A copy of a current business license must be provided to Gila River Health Care and be maintained for the duration of the contract.

- c) INDIAN PREFERENCE: The contractor shall comply with Indian preference requirements in employment and subcontracting as required by Gila River Indian Community law, the GRHC Procurement Policy, and the Indian Self Determination and Education Assistance Act, as amended.
- d) GOVERNING LAW AND JURISDICTION: Unless otherwise approved by the Gila River Health Care Board of Directors, the contract shall be governed by, construed in accordance with the laws of, the Gila River Indian Community, and the Contractor consents to jurisdiction of the Gila River Indian Community Courts for all matters related to or arising out of the contract.
- e) SOVEREIGN IMMUNITY: The parties acknowledge and agree that GRHC is a subordinate economic entity of the Gila River Indian Community performing an essential government function with sovereign immunity. Nothing herein or in an agreement or contract arising out of the RFP shall constitute a waiver of GRHC's government status or its entitlement to exemptions from Federal or state laws, and nothing shall constitute a waiver of sovereign immunity by GRHC, the Gila River Indian Community, or any of its subordinate economic entities. Enforcement of contract rights by GRHC is not an implied waiver of immunity to counterclaims. The parties acknowledge and agree that a waiver of immunity may only be granted by express and unequivocal resolution by the GRHC Board.
- f) CONTRACTOR RESPONSIBILITY: Nothing in the contract shall relieve or limit the contractor's responsibility for damages for its own negligence or breach of the contract. Nothing shall require GRHC to indemnify or hold the contractor harmless for its own negligence, breach, or misconduct. All products from or services by a contractor are warranted or represented as being suitable for the intended purpose of the contract.
- ❖ **The firm that is awarded services under this RFP will be required to execute the GRHC contract. If the RFP respondent will take issue with any portion of the contract, the proposal should clarify with specificity any exclusion, clarifications, assumptions, or concerns pertaining to the contract.**



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## GRHC Terms and Conditions

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- **Proprietary Information:** Any restrictions on the use of the information contained within a proposal must be clearly stated within the proposal. All other material contained in the proposal shall become property of GRHC.
- **Addendum or Supplements to the RFP:** In the event it becomes necessary to revise any part of this RFP, an addendum will be provided to each vendor that attended the mandatory pre-proposal conference. GRHC reserves the right to request, and the vendor agrees to furnish, any additional data required to support the information contained within its proposal.
- **Right to Audit:** The contractor shall establish a reasonable accounting system, which keeps accurate and complete accounting records. Upon no less than ten-day notice and no more than once per fiscal year, GRHC may audit or use a reputable accounting firm to audit the contractor's records relating to its performance under this agreement.  
Costs of any audits conducted under the authority of this right to audit and not addressed elsewhere will be borne by GRHC unless certain exemption criteria are met. If the audit discovers substantive findings related to inappropriate accounting, non-performance, misrepresentation, or fraud, GRHC may recoup the costs of the audit work from the contractor. Any adjustments and/or payments that must be made as a result of any such audit or inspection of the contractor's records shall be made within a reasonable amount of time (not to exceed 60 days) from the presentation of the GRHC findings to the contractor.
- **Contractor Responsibility:** The selected firm, prior to commencing work on the project, shall be responsible for 1) obtaining a tribal business license (approximately \$150 cost); 2) providing proof of insurances; 3) providing a copy of their IRS W-9; 4) completing the Disclosure of Ownership/Control and Criminal Offenses Statements form. The selected firm shall be responsible for compliance with the Community's Tribal Employment Rights Ordinance (TERO) and other Gila River Indian Community (GRIC) laws and ordinances.
- **Insurance Requirements:** The selected firm shall provide and maintain and require all of its subcontractors to maintain liability insurance during the term of the proposed services with minimum limits of \$1,000,000 per occurrence, \$3,000,000 aggregate for auto, general liability, and property damage. The firm shall also provide and maintain workers' compensation coverage as required by the State of Arizona. The selected firm shall provide and maintain professional liability insurance with minimum limits of \$1,000,000 per occurrence, \$3,000,000 aggregate. Such insurance shall be primary to and not contributing with any other insurance or self-insurance programs. Such coverage shall be provided and maintained at the selected firm's own expense. GRHC must be named additional insured on the certificate of insurance and be listed as a certificate holder.
- **Evidence of Insurance:** Certificate(s) or other evidence of coverage satisfactory to GRHC shall be delivered to the procurement officer identified at the beginning of this RFP prior to commencing services under this contract. Such certificates or other evidence shall:
  - Specifically identify this contract;
  - Clearly evidence all coverages required in this contract;
  - Contain the express condition that GRHC is to be given written notice by mail at least thirty (30) days in advance of cancellation for any policies evidenced on the certificate of insurance;
  - Include copies of the additional insured endorsement to the commercial general liability policy, adding Gila River Indian Community, Gila River Health Care, its





Special Districts, its officials, officers, and employees as additional insureds for all activities arising from this contract.

- It will be necessary to provide GRHC with the specified certificates of Insurance, prior to the final execution of the contract for services.
- **Insurer Financial Ratings:** Insurance is to be provided by an insurance company acceptable to GRHC with an A.M. Best rating of not less than A: VII unless otherwise approved by GRHC. The insurance company must be licensed to conduct business in the State of Arizona. Should any policy be written on Claims Made paper, insurance shall be purchased for an extended reporting period (tail coverage) at a minimum of three years following the cancellation of the claims made policy or completion of this contract - whichever occurs later.

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## General Information

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- GRHC is responsible only for what is expressly stated in this RFP and written addenda thereto. GRHC is not responsible for and will not be bound by any person not authorized to act on its behalf.
- As of the issuance date of this RFP and continuing until the date for submission of proposals, communications with GRHC employees pertaining to this RFP is strictly limited. Personnel representing GRHC will not conduct meetings, conferences, or conversations, or exchange written communications regarding this project with firms and/or individuals who are considering responding to this RFP. A firm whose representatives are found to be acting in any way contrary to this directive will be disqualified from entering into any contract that may result from this RFP.
- Screening: Employer must confirm in writing that all personnel that may visit GRHC facilities have had a background check that did not reveal any crimes that are prejudicial to working around patients, staff, and drugs.
- Tobacco and Drug Free Workplace Policy: All GRHC properties are tobacco and drug-free workplaces.
- Non-Discrimination: GRHC does not discriminate on the basis of race, color, national origin, religion, age, ancestry, medical condition, disability, or gender in consideration for an award of contract but reserves the right to give preference to Native Americans.

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## Reservations

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With respect to this RFP, GRHC reserves certain rights at any time, as follows:

- Reject any proposal without indicating any reason for such rejection;
- Waive or correct any minor or inadvertent defect, irregularity, or technical error in a proposal, or in the RFP process, or as part of any subsequent contract negotiation;
- Request that respondents supplement or modify all or certain aspects of their proposals or other documents or materials submitted;
- Request that respondents make an oral and/or written presentation if more information is deemed necessary;
- Terminate this RFP and issue a new RFP;
- Modify the selection process, the specifications, or requirements for materials or services;
- Modify the requirements for the content, or format of the proposals;
- Extend any deadline specified in this RFP, including deadlines for accepting proposals;
- Terminate failed negotiations with a respondent without liability, and negotiate with other respondents;
- Disqualify any respondent on the basis of a real or apparent conflict of interest, or evidence of collusion that is disclosed by the proposal or other information available to GRHC;
- Request that services be provided by certain staff of a respondent, or request that certain staff of a respondent be excluded from providing services as determined by GRHC to be in its best interest;
- Reject a respondent's proposal where the respondent is in breach of or in default under any other agreement with GRHC;
- Award multiple contracts if it is deemed necessary to provide the specified services; and
- Costs of preparation of proposals will be borne by the proposer.

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## Attachments

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- A. Indian Owned Economic Qualifications Statement Form**
- B. Proposed Building Location**
- C. Design Build Contract and General Conditions (to be released shortly)**
- D. Price Proposal Form**
- E. TERO Director Summary Letter**
- F. Plant Engineering Index**
- G. Construction Contract Index**
- H. Gila River Healthcare Tribal Language Addendum**
- I. Design Guidelines**
- J. Diagrammatic floor plans**

**END OF RFP**