BONNER GENERAL HEALTH

Request for Proposals (RFP)

Minor Procedure Room and Recovery Room Renovation

RFP No.: RFP-2026-02

Issue date: November 9, 2026

Issuing organization: BONNER GENERAL HEALTH

Project title: Minor Procedure Room and Recovery Room Renovation

Funding source: Idaho Rural Health Transformation Program (RHTP), passed through Idaho Department of Health and Welfare (DHW); subgrant RH10539.

Federal award details: Subgrant RH10539 | Assistance Listing 93.778 (per subgrant Scope of Work) | FAIN / federal award identifiers: verify in DHW award records.

1. Invitation and purpose

Bonner General Health (BGH) invites qualified teams to submit qualifications and proposals for a renovation organized into two distinct parts, with separately defined scopes, responsibilities, schedules, and pricing. Part 2 shall be delivered as a design-build project.

Part 1 — Anesthesia-capable procedure rooms and support spaces: Convert the existing ICU/CCU space into four anesthesia-capable procedure rooms with a supporting nurse station, doctors dictation space, ADA bathroom, and scope reprocessing area. Part 2 — Recovery area design-build: Provide six recovery bays, an ADA bathroom, and a nurse station. Detailed requirements for each part are provided in Section 4.

The purpose of this solicitation is to select one or more qualified vendors to develop and deliver the two project parts with separately identified guaranteed maximum construction costs, while protecting ongoing hospital operations. Respondents may submit a proposal for Part 1 only, Part 2 only, or both parts comprising the entire scope of work. BGH may award both parts to the same vendor or award each part to a different vendor.

Each selected vendor shall define the delivery approach, responsibilities, detailed scope, and guaranteed maximum construction cost for its proposed part or parts for BGH review and contract negotiation. Part 2 shall use a design-build contracting approach. Identify the proposed delivery and contracting approach for Part 1 separately, if included in the proposal.

2. Issuing contact and communications

All questions and communications must be directed in writing to: Curtis Johnson, Director - Facilities, curtis.johnson@bonnergeneral.org, 208-265-1094. Contact with other employees, evaluators, clinicians, board members, or project stakeholders about this RFP is prohibited during the open solicitation unless expressly authorized in writing. Unauthorized contact may result in disqualification.

3. Procurement schedule

Milestone	Date / time / time zone
RFP issued / public notice	11/09/2026
Optional pre-proposal meeting / site visit	11/18/2026

Deadline for written questions	11/23/2026, 4:00 PM
Answers / addenda issued	11/25/2026 12:00 PM
Proposal submission deadline	11/30/2026, 4:00 PM
Anticipated evaluation / interviews	12/01/2026 – 12/08/2026
Anticipated notice of intent to award	12/11/2026
NTP #1 - Design & Long-Lead Procurement	12/11/2026
NTP #2 – Full Mobilization & Construction	Immediately following permit & owner approval
Project Completion	2/28/2027

Notice to Proceed (NTP) — Two-Stage Authorization

NTP #1 — Design & Long-Lead Procurement: Issued immediately on December 11, 2026. This notice authorizes the contractor to finalize the recovery room engineering, submit plans for permits, and order long-lead items, including VAV boxes and surgical lighting.

NTP #2 — Full Mobilization & Construction: Issued immediately upon permit and owner approval. This notice authorizes full mobilization and construction.

The organization may amend this schedule by written addendum. Respondents are responsible for checking https://bonnergeneral.org/bids-and-rfps/ for addenda.

4. Scope of work / specifications

The scope of work for this RFP is described in this section. Respondents shall address the requirements applicable to each part offered. Identify any scope discrepancies, omissions, or questions through the written questions and addenda process described in Section 10.

4.1 Background:

The renovation is divided into two parts. Part 1 converts the existing ICU/CCU rooms into four anesthesia-capable procedure rooms with a supporting nurse station, doctors' dictation space, ADA bathroom, and scope reprocessing area. Part 2 is a design-build project comprising six recovery bays, an ADA bathroom, and a nurse station. Each part includes its associated infrastructure and ensures compliance with all guidelines.

Each selected vendor shall plan and execute its awarded project without disruption to the hospital's day-to-day operations, incorporating healthcare construction experience, infection control risk assessment (ICRA) requirements, and coordination with BGH and any vendor awarded the other part.

4.2 Objectives and deliverables:

Provide a separately defined proposal scope and guaranteed maximum construction cost for each part offered. Respondents may propose on either part individually or on both parts. Part 2 shall be a comprehensive turnkey design-build project. Define the proposed delivery approach for Part 1 separately, if included in the proposal.

For each part offered, identify the design and engineering scope and responsibilities; space layouts addressing required room sizes and functions; an infrastructure and indoor air quality improvement approach; equipment procurement and construction scopes; a phased schedule protecting hospital operations; and testing, adjusting and balancing (TAB) and commissioning scopes. Identify assumptions, exclusions, team responsibilities, and the basis of each guaranteed maximum construction cost. Distinguish work serving only one part from shared work and explain allocation of shared costs without double counting.

4.3 Part 1 Blueprint Availability

To maintain the security and data integrity of Bonner General Health facilities, the detailed blueprints for Part 1 have been omitted from the publicly available RFP solicitation package.

Qualified respondents requiring access to these documents to prepare their proposals may obtain them by contacting Curtis Johnson at curtis.johnson@bonnergeneral.org.

Bonner General Health will provide access to the applicable documents to interested respondents under consistent terms and conditions to maintain fair and open competition.

4.4 Tasks / technical requirements:

Part 1 — Anesthesia-Capable Procedure Rooms and Support Spaces

- Convert the existing ICU/CCU rooms into four new minor procedure rooms.
- Design each procedure room to meet spatial and functional requirements for the administration of anesthesia, including required room square footage and infrastructure upgrades.
- Provide a supporting nurse station, doctors dictation space, ADA bathroom, and scope reprocessing area.
- Integrate with existing Baxter nurse call system and provide compliant nurse call system.

Detailed Part 1 Scope of Work

The following trade-specific requirements supplement the general Part 1 descriptions above and are included in the Part 1 scope:

General Construction

- Demolition – Demolish the existing walls, doors, flooring, ceilings, windows, casework, cabinetry, nurse's station desk, and plumbing fixtures inside the department.
- Interior Wall Construction – Provide new walls to provide the new floor plan layout with four anesthesia rooms, ADA toilet room, scope room, clean storage room, and patient support room. Provide new 6-inch stud walls where required to support low-wall HVAC returns.
- Doors – Provide new doors with magnetic hold-open devices for the four procedure rooms. Provide new doors for the scope room and clean storage room. Provide access control at the main entrance to the department. The main entrance door to the department is existing to remain.
- Casework – Provide new casework and countertops in the patient support and scope rooms.
- Painting – Paint all existing and new walls throughout the entire department.
- Flooring – Provide new sheet vinyl flooring with a cove extending 6 inches up the wall throughout the entire procedure room department.
- Ceilings – Provide new cleanable, weighted acoustical ceiling tile with gasketed grid.
- Windows – Demolish existing windows and replace with fixed windows in the same locations in Procedure Rooms 1 and 2. Apply opaque spandrel coating to existing windows in Procedure Rooms 3 and 4 and infill recessed window openings with framing, insulation, and drywall. Furnish and install new fixed windows at new locations in Procedure Rooms 3 and 4.
- Scope Storage Cabinet – Relocate the existing scope storage cabinet from the existing surgery department into the new patient support room.

Mechanical

- Demolish existing supply and exhaust ductwork and all diffusers and grilles throughout the department.
- Demolish the existing duct heating coils and humidifiers and associated branch piping and controls.
- Provide new supply, return, and exhaust ductwork. Provide new grilles and diffusers in the new spaces. Provide laminar-flow diffusers and low-wall grilles in the four procedure rooms.
- Provide new terminal units with hot water coils and steam-to-steam humidifiers for the new spaces. Provide new steam, steam condensate, and heating water supply/return piping to connect the new terminal units and humidifiers to the existing piping systems. Provide new steam and drain piping to/from the humidifiers and duct-mounted steam distribution grids.
- Provide new thermostats with humidity sensors and new controls for the terminal units and humidifiers. Connect to the existing building automation system and provide new graphics for the new equipment.
- Provide testing, adjusting, and balancing for the new terminal units and grilles/diffusers. Provide commissioning of the new equipment and controls.

Plumbing

- Demolish all existing plumbing fixtures inside the department. Demolish and cap existing domestic hot water, cold water, waste, and vent piping as required.
- Provide a new water closet and lavatory in the bathroom and a new dual-bay scrub sink in the patient support area.
- Relocate the existing three-compartment sink and scope washer from the surgery department into the new scope room. Provide a new floor sink and wall drain box in the scope room.
- Connect the relocated and new plumbing fixtures to the existing domestic hot water, cold water, waste, and vent piping.

Medical Gas

- Demolish the existing medical gas zone valve in the corridor north of the procedure room department. Demolish medical gas piping as required to provide new zone valve boxes.
- Provide new zone valve boxes for the four procedure rooms and a central area alarm panel. The headboards and medical gas outlets in the procedure rooms are existing to remain. Provide new medical gas piping as required to connect to the existing medical gas outlets in the procedure rooms.
- Provide certification of the medical gas systems.

Fire Protection

- Demolish existing fire sprinkler heads throughout the entire department.
- Provide new branch piping and concealed-type sprinkler heads throughout the entire department.

Electrical

- Demolish all light fixtures throughout the entire department.
- Demolish wall outlets, data outlets, and light switches as required for the general construction indicated above.
- Remove and reinstall existing electrical systems as required for the general construction indicated above.
- Provide new power receptacles, data outlets, LED lighting fixtures, lighting circuits, light switches, nurse call devices, and access control consisting of a badge reader at the department entrance door and a hands-free wave-to-exit sensor on the secure side of the door.
- Furnish and install power for new and relocated equipment.
- Provide conduit, boxes, and rough-in for all electrical and low-voltage systems.

Part 2 — Recovery Area Design-Build

- Design and build the recovery area renovation to provide six recovery bays, an ADA bathroom, and a nurse station.
- Address the 2022 FGI Guidelines identified in the project brief and the required spatial and functional arrangements for recovery care.
- Integrate with existing Baxter nurse call system and provide compliant nurse call system.

Design, Infrastructure, and Project Delivery

- Define design and engineering, equipment procurement, construction, TAB, and commissioning responsibilities separately for each part. Part 2 shall be delivered as design-build.
- Identify work that will be self-performed, subcontracted, or delivered by other team members.
- Describe infrastructure and indoor air quality improvements and required space reconfiguration for each part, including interfaces and any shared systems.
- Develop a guaranteed maximum construction cost for each part with detailed scope descriptions, pricing assumptions, exclusions, and allocation of responsibilities. Identify and allocate shared costs without double counting.

Hospital Operations, Safety, and Infection Control

- Describe construction management, phasing, and coordination to avoid disruption of ongoing hospital operations.
- Describe implementation of ICRA requirements in an occupied healthcare environment.
- Provide the team's safety program and safety experience modification rate, and describe trained staffing, management support, and communication with BGH.

4.5 Location and access:

The project is located at Bonner General Health. Respondents shall describe local project management, on-site staffing, and coordination of design and construction activities at:

520 N. Third Ave.
Sandpoint, ID, 83864

4.6 Schedule and milestones:

Project work shall be completed between 12/18/2026 and 12/31/2028 (exact dates to be determined).

4.7 Standards and compliance:

The selected team shall identify and address applicable design, construction, healthcare, accessibility, and safety requirements for each part. The proposal shall address spatial and functional requirements for the Part 1 anesthesia-ready procedure rooms and scope reprocessing area; the 2022 FGI Guidelines for Part 2 recovery bays as identified in the project brief; ADA bathroom requirements in each part; and ICRA implementation for both parts. Identify proposed design criteria and required reviews and approvals for BGH confirmation before construction.

5. Minimum respondent qualifications (pass/fail)

☐ Legally authorized and appropriately licensed to perform the proposed work in Idaho and at the project location.

☐ Demonstrated acute healthcare renovation experience, supported by a list of ten comparable acute healthcare remodel projects and a list of completed rural hospital projects in Idaho.

☐ Qualified design-build project manager, design and engineering personnel, construction management, and key staff with relevant healthcare renovation experience and availability.

☐ Ability to deliver the proposed part or parts and the required schedule while protecting hospital operations and implementing ICRA requirements, including design-build delivery of Part 2 if offered and the proposed delivery approach for Part 1 if offered.

☐ Financial and technical capacity, including bond rating, bonding limits, evidence of insurability, and at least three references for similar projects completed within the past five years.

☐ Disclosure of actual or potential organizational conflicts of interest and any relationship with the organization or project personnel.

☐ Agreement to required federal award contract terms, record access, audit, and applicable compliance requirements.

☐ Not suspended, debarred, or otherwise excluded from federal awards/transactions; organization may verify status in SAM.gov.

Failure to meet a mandatory requirement may result in a proposal being deemed non-responsive, subject to the RFP and applicable law.

6. Proposal format and required contents

Submit one searchable PDF through email no later than the deadline. Any quote, bid or proposal received after the time and date set for closing at the place designated in the formal solicitation is late, will not be considered. Proposal must be signed by an individual authorized to bind the respondent.

Respondents shall clearly identify whether their proposal covers Part 1 only, Part 2 only, or both parts. Scope-specific qualifications, technical requirements, schedules, and pricing shall address only the part or parts offered; all generally applicable submission and compliance requirements remain in effect. A proposal for either part alone will be considered and is not required to include the other part.

☐ Cover letter identifying respondent, legal name, address, UEI (if applicable), primary contact, and authorized signatory.

☐ Executive summary and understanding of project objectives.

The scope of work for this RFP is described in this section. Respondents shall address the requirements applicable to each part offered. Identify any scope discrepancies, omissions, or questions through the written questions and addenda process described in Section 10.

☐ Detailed project schedule and milestones for each part offered, with interfaces, shared activities, local management approach, staffing plan, and availability. Identify all managing offices, their locations, areas of responsibility, and division of duties.

☐ Firm and proposed team qualifications and relevant experience over the past five years, including guaranteed maximum construction cost projects; ten similar acute healthcare remodel projects; completed rural hospital projects in Idaho; and at least three similar-project references with names, telephone numbers, and descriptions of work completed within the past five years.

☐ Itemized guaranteed maximum construction cost proposal for each part offered using Attachment A; separately identify design and engineering, labor, materials, equipment procurement, subcontracted work, TAB, commissioning, travel, freight, installation, taxes, allowances, contingencies, and options as applicable. For proposals covering both parts, allocate shared costs between the two parts; avoid double counting, and explain the cost basis.

☐ Pricing assumptions, exclusions, escalation provisions, allowances, contingencies, proposed warranty and closeout support, and the process for developing and controlling the guaranteed maximum construction cost for each part offered.

☐ Exceptions, deviations, and requested contract changes (identify each; silence means acceptance of the RFP terms subject to contract negotiation).

☐ Disclosure of conflicts of interest, organizational relationships, gifts/benefits, and any assistance in drafting the specifications or RFP.

☐ Certifications in Attachment B, including suspension/debarment, lobbying where applicable, and compliance with federal/state requirements.

☐ Subcontractor list; identify any substitutions or contingent arrangements.

Provide an organizational chart with named team members, resumes, and project responsibilities; describe management support, communication practices, and the construction management process. Include evidence of on-time and on-budget delivery, financial capacity, bond rating and limits, and insurability.

Describe the firm's safety program and provide its safety experience modification rate. Disclose suits, claims, mediation, disputes, performance or delay claims, and OSHA or labor-relations issues affecting work progress; provide a summary and current status in a separate attachment, subject to the confidentiality provisions of this RFP.

7. Pricing instructions

Provide a guaranteed maximum construction cost for each part offered and clearly explain its development, scope coverage, allowances, contingencies, exclusions, and cost-control approach. Identify the proposed contracting format for Part 1 if offered and the design-build contracting format for Part 2 if offered, including any separately priced design or preconstruction services. The organization may reject proposals that are materially incomplete or contain unpriced mandatory scope within a part offered. Cost-plus-a-percentage-of-cost and percentage-of-construction-cost pricing are prohibited for federal-award contracts.

The organization will evaluate price for completeness, reasonableness, and total cost for the part or parts offered. Proposals covering both parts shall identify each part's cost separately and explain allocation of shared costs without duplication. Separate base scope from options and identify any owner-provided or excluded work. The organization may request supporting cost information or clarification.

This procurement is issued under a strict firm-fixed-price framework. In alignment with procurement integrity standards under 2 CFR 200.320 and the recipient monitoring mandates of 2 CFR 200.318, Bonner General Hospital requires an all-inclusive, non-escalating lump-sum bid.

The Contractor assumes full financial responsibility for all site conditions, technical coordination, and material sourcing necessary to deliver the complete technical scope of work by the deadline. No change orders, cost overruns, price adjustments, or supplemental claims will be accepted or approved by the Hospital under this project award. Bidders are legally bound to perform the entire contract scope for the fixed price submitted.

8. Evaluation and award

Proposals will be evaluated using the criteria and relative weights in Attachment C. BGH may award both parts to the same vendor or award Part 1 and Part 2 to different vendors. Each part will be evaluated using the applicable published criteria and relative weights in Attachment C. For each part, BGH intends to award the responsible respondent whose proposal is most advantageous, considering the published evaluation factors and price. Submission of a proposal covering both parts does not guarantee award of both parts. The organization may establish a competitive range, conduct written clarifications or oral presentations/interviews, request best-and-final offers, verify references, and negotiate with the apparent successful respondent. Any material change to the RFP will be issued by written addendum to all prospective respondents.

The organization reserves the right to reject any or all proposals, waive minor informalities that do not prejudice competition, cancel or reissue this RFP, or make no award, consistent with applicable requirements. No contract exists until a written agreement is fully executed by authorized representatives.

9. Federal and other funding requirements

The selected contractor must comply with all applicable requirements flowing down from the RHTP subaward and federal award, including applicable provisions of 2 CFR Part 200, Appendix II; applicable civil rights and nondiscrimination requirements; applicable domestic preference and recovered-materials requirements; record retention and access; and any additional terms included in the final contract. The respondent must identify any inability to comply in its proposal.

The organization is a subrecipient of federal financial assistance and is not the federal awarding agency. The contractor will have no direct contractual relationship with CMS or the U.S. Department of Health and Human Services by virtue of this procurement.

10. Questions, addenda, and protests

Questions must be submitted by the published deadline to the published contact. Responses that modify the RFP will be issued only by written addendum. Respondents must acknowledge all addenda. Protest procedure: Bonner General Health shall consider all protests in a manner that promotes full and open competition, fairness, and compliance with applicable procurement requirements.

A protest must be submitted in writing to the Chief Executive Officer within five (5) business days of the occurrence, giving rise to the protest. The protest must contain a detailed statement of facts, supporting documentation, and the specific relief requested.

Bonner General Health reserves the right to request additional information, conduct fact-finding, and consult legal counsel as necessary.

A written decision shall be issued to the protestor. Bonner General Health's decision shall constitute the organization's final administrative determination.

Proposals submitted in response to this RFP will be treated as confidential during the evaluation and contract award process to the extent permitted by applicable law.

Respondents shall clearly identify any portion of their proposal that they consider proprietary, trade secret, or confidential commercial information. Bonner General Health does not guarantee that any information designated by a respondent will be exempt from disclosure and reserves the right to disclose proposal materials if required by law, regulation, court order, audit, funding agency request, or other legal obligation.

Pricing, scoring summaries, and the identity of the selected vendor may be disclosed following contract award.

11: Continuity of Key Personnel

The Contractor agrees that the specific Project Manager, Site Superintendent, and Safety/Compliance Officer identified in its proposal are considered 'Key Personnel' essential to the successful execution of this fast-track project. The Contractor shall not remove, reassign, or replace these individuals without the prior written consent of Bonner General Hospital.

In the event of an unavoidable change in management or personnel on the Contractor's side (due to illness, retirement, or termination of employment), the Contractor must immediately notify the Hospital's Director of Facilities in writing. The Contractor is required to supply a replacement of equal or superior qualifications, experience, and healthcare construction background within forty-eight (48) hours. The transition of management shall occur at no additional cost to the Hospital and shall not alter the required substantial completion date of February 26, 2027.

12. Submission instructions

Submit to:

curtis.johnson@bonnergeneral.org

520 N 3rd. Ave., Sandpoint, ID, 83864

Subject / envelope marking: RFP-2026-02 — CONFIDENTIAL PROPOSAL.

Deadline: 11/30/2026, 4:00 PM, PST. The respondent bears responsibility for timely receipt.

Proposals submitted in response to this RFP will be treated as confidential during the evaluation and contract award process to the extent permitted by applicable law.

Respondents shall clearly identify any portion of their proposal that they consider proprietary, trade secret, or confidential commercial information. Bonner General Health does not guarantee that any information designated by a respondent will be exempt from disclosure and reserves the right to disclose proposal materials if required by law, regulation, court order, audit, funding agency request, or other legal obligation.

Pricing, scoring summaries, and the identity of the selected vendor may be disclosed following contract award.

13. Attachments

- Attachment A — Price Schedule / Cost Proposal
- Attachment B — Respondent Certifications and Disclosures
- Attachment C — Evaluation Criteria and Scoring Weights

ATTACHMENT A — PRICE SCHEDULE

Respondent: [NAME] RFP No.: RFP-2026-02

Line	Description / deliverable	Qty	Unit	Unit price	Extended price	Notes / assumptions
1	Design and Engineering					
2	Preconstruction / Construction Management					
3	Part 1 – Procedure Room Construction					
4	Part 2 – Recovery Room Construction					
5	Itemized costs by trade / divisions of construction					
6	Trade/Division 1					
7	Trade/Division 2					
8	Trade/Division 3					
9	Trade/Division 4					
10	Trade/Divisions continued as needed					
	TOTAL PROPOSED PRICE					

State currency and cost basis. Complete the pricing column for each part offered. Mark the column for any part not offered “Not proposed”; do not enter zero for an unoffered part. For proposals covering both parts, complete both columns separately and provide the combined project total. Pricing for each part shall remain valid if that part is awarded separately. Part 1 includes four anesthesia-capable procedure rooms, a supporting nurse station, doctors dictation space, an ADA bathroom, and a scope reprocessing area. Part 2 is design-build and includes six recovery bays, an ADA bathroom, and a nurse station. Itemize subcontracted work, labor, materials, equipment, travel, freight, taxes, and other costs within the applicable categories. Allocate shared costs between parts, explain the allocation basis, and do not double count. Mark nonapplicable entries N/A. Describe allowances and contingency, identify excluded or owner-provided work, and list separately priced options outside the base totals. Explain any separate design or preconstruction fee and whether it is included in the applicable guaranteed maximum construction cost.

ATTACHMENT B — RESPONDENT CERTIFICATIONS AND DISCLOSURES

The undersigned certifies on behalf of [Respondent legal name]:

☐ The information submitted is true, complete, and accurate to the best of the signer's knowledge.

☐ The signer is authorized to submit this proposal and bind the respondent.

☐ The respondent has disclosed all actual, potential, or apparent conflicts of interest and any relationships with the organization, its employees, officers, board members, evaluators, or project personnel.

☐ The respondent did not assist in drafting this solicitation, specifications, or statement of work in a manner that would create an unfair competitive advantage, except as fully disclosed here: [details / none].

☐ The respondent is not suspended, debarred, or otherwise excluded from participation in federal awards or transactions, and authorizes the organization to verify eligibility.

☐ The respondent will promptly notify the organization of any change in the foregoing status before contract award or during performance.

☐ The respondent will comply with applicable federal, state, and local laws and the final contract, including applicable federal award requirements.

☐ The respondent will maintain required records and permit access by the organization, pass-through entity, federal awarding agency, inspectors general, and auditors to records pertinent to the contract as required by law and contract.

☐ The respondent has identified all proposed subcontractors and will not substitute or add material subcontractors without required written approval.

Exceptions / disclosures (attach additional pages): _____

Authorized signature: _____ Printed name/title: _____

Date: _____ Respondent legal name: _____

ATTACHMENT C — EVALUATION CRITERIA AND SCORING

The weights below are an illustrative model. The organization must finalize the factors, definitions, weights, and any pass/fail requirements before issuing the RFP. Do not change weights after proposals are received. Apply the criteria separately to each part offered, using a separate score sheet and consensus evaluation record for each part. Do not penalize a respondent for not proposing on the other part.

Criterion	Weight	What evaluators should assess
Technical approach	25%	Completeness and feasibility of the Part 1 delivery approach and Part 2 turnkey design-build approach; design and engineering, equipment procurement, construction, TAB, commissioning, infrastructure, indoor air quality, coordination between parts, and guaranteed maximum construction cost methodology for each part.
Relevant experience / past performance	30%	Comparable acute healthcare remodel projects, rural Idaho hospital experience, team qualifications, references, and evidence of on-time and on-budget delivery.
Schedule	20%	Feasibility of design and construction milestones for each part, coordination between parts, local management, staffing availability, and phasing to protect hospital operations.
Quality, Safety, and Support	5%	Safety program and experience modification rate, ICRA approach, trained staff, management support, communication, and proposed warranty and closeout support.
Price / total project cost	20%	Total evaluated project price and separately identified Part 1 and Part 2 costs, guaranteed maximum construction cost coverage, shared-cost allocation, assumptions, exclusions, allowances, contingencies, and reasonableness.

Scoring scale (apply consistently): 5 = Excellent / exceeds requirements with strong evidence; 4 = Very good / fully meets with added strengths; 3 = Acceptable / meets requirements; 2 = Weak / partially meets or material concerns; 1 = Poor / significant deficiencies; 0 = Does not address / unacceptable.

Weighted score formula: (evaluator's raw score ÷ 5) × criterion weight. Add weighted scores for total score out of 100. Example: raw score 4 on a 25-point criterion = 20 points.

Criterion	Weight (points)	Raw score 0–5	Weighted score	Evaluator notes / proposal page
Technical approach	25			
Relevant experience / past performance	30			
Schedule	20			
Quality, Safety, and Support	5			
Price / total project cost	20			
TOTAL	100			

Lowest evaluated responsive price receives full price points; other proposals receive (lowest evaluated price ÷ proposal's evaluated price) × available price points.

Tie-breaker: Higher alignment with the Part 1 scope, Part 2 design-build scope, and overall project requirements, then lower evaluated price.

Evaluator certification and individual score sheet

I certify that I have reviewed the organization's conflict-of-interest policy and disclose any actual, potential, or apparent conflict, including financial interests, family/household relationships, employment relationships, gifts, or other interests involving any respondent or proposed subcontractor. I will maintain confidentiality, evaluate only against the published criteria, avoid outside communications, and document scores with proposal-specific evidence.

Evaluator name/title: _____ Signature: _____ Date: _____

Conflict disclosure / mitigation / recusal: _____

Respondent being scored: _____ Proposal received: _____

Individual scores and rationale (attach notes and cite proposal page numbers):

_____

_____

_____

_____

Consensus evaluation record

Evaluation panel members: [names/titles]. Meeting date(s): [dates]. Consensus methodology: [describe]. Record any score changes and rationale; retain original individual score sheets.

Respondent	Mandatory screen	Consensus score / 100	Rank	Disposition / rationale
[Vendor A]				
[Vendor B]				
[Vendor C]				