REQUEST FOR PROPOSAL
CONSTRUCTION ADMINISTRATION CONSULTANCY SERVICES FOR THE REDEVELOPMENT OF CENTRAL BLOCK AT PORT-OF-SPAIN GENERAL HOSPITAL

The Government of the Republic of Trinidad and Tobago (GORTT) through the Ministry of Health (MoH) continues to improve the delivery of health care services in Trinidad and Tobago. In this regard, the MoH has obtained Cabinet approval for the full replacement of the Central Block at POSGH.

The Urban Development Corporation of Trinidad and Tobago Limited, (UDeCOTT) invites suitably qualified and experienced entities to submit proposals for Construction Administration Consultancy Services (CACS) for the Design-Build-Equip and Finance of the New Central Block at the Port of Spain General Hospital.

The successful Consultant shall be chosen using a competitive selection process as set out in the Request for Proposals (RFP). Proponents will be required to demonstrate adequate experience in the provision of similar services as defined by the RFP. Proponents are advised that submissions must include ALL the documents as set forth in the RFP. Failure to do so may result in disqualification.

INSTRUCTIONS FOR PURCHASE OF RFP PACKAGE

(i) A complete set of documents may be purchased by making a non-refundable deposit of TT$5000.00 VAT Inclusive, to UDeCOTT’s Operating Account #852948 at any branch of First Citizen’s Bank Limited, by Cash or Manager’s Cheque.

(ii) AFTER payment has been deposited into UDeCOTT’s account, the RFP package may then be collected at UDeCOTT’s Head Office (with proof of payment), First Floor, 38-40 Sackville Street, Port of Spain or provided electronically upon request, from January 16th, 2019 to January 22nd, 2019 (excluding weekends and public holidays), between the hours of 9:00 a.m. to 4:00 p.m. (EST), with proof of payment (stamped deposit receipt from the bank). Documents will NOT be available for collection after this deadline.
SUBMISSION DEADLINE

All submissions, clearly marked “ORIGINAL” or “COPY” and labelled as shown below should be placed in sealed plain envelopes and deposited in the appropriately labelled Tender Boxes located on the First Floor of the Urban Development Corporation of Trinidad and Tobago Limited, 38-40 Sackville Street, Port of Spain no later than 2:00 p.m. (EST) on February 22nd, 2019:

“Secretary, Tenders Committee
Urban Development Corporation of Trinidad and Tobago Limited
38-40 Sackville Street
Port of Spain

CACS for the Re-development of Central Block at the Port of Spain General Hospital”

Proposals received after the stipulated tender submission deadline shall not be eligible for consideration and shall be returned unopened.

The size of the opening in the tender box is 360mm x 50mm and submittals MUST be packaged to be able to pass through this opening. Proponents must accurately sign the Tender Submittal Form provided by UDeCOTT’s representatives.

Proponents Company’s Name, return address, email address and mobile number must be clearly stated on the envelope. Failure to so label the envelopes may result in disqualification.

Additional information may be requested through email forwarded to the attention of The Secretary, Tenders Committee at tendersecretary@udecott.com.

UDeCOTT reserves the right to reject any or all proposals for failure to comply with any mandatory requirements stated in the RFP.

SECRETARY, TENDERS COMMITTEE
Contract Administration Consultancy Services

for the

Full Replacement of Central Block at Port of Spain General Hospital

Prepared by the Urban Development Corporation of Trinidad and Tobago Limited

September, 2018
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1.0 **BACKGROUND**

The Port of Spain General Hospital (POSGH) is located in the central urban core of Port of Spain adjacent to the historic districts surrounding the Queens Park Savannah. POSGH campus it is an old facility dating to 1858 and composed of 35 buildings over approximately 46.310 gsm with a current bed capacity of 632 beds and operating with approximately 3700 staff workers. POSGH is also a teaching hospital for the Faculty of Medical Sciences (FMS) of the University of the West Indies (UWI) and it offers a wide range of secondary and tertiary care services.

The Pan American Health Organization (PAHO) assessed the structural integrity of the Central Block in 2009, based on the report the Safe Hospital Index study and several major deficiencies were determined. The Safe Hospital Index provides a rapid assessment of the level of safety of various aspects of a hospital’s structure and functioning. It provides guidance for the development of a safety improvement programme, to ensure that a hospital will remain accessible and functioning at maximum capacity and in the same infrastructure, during and immediately following the impact of a natural hazard. It is based on structural, non-structural and functional factors, including the environment and the health services network to which it belongs.

The Ministry of Health (MoH) has expressed their desire to replace the existing Central Block at the Port of Spain General Hospital (POSGH) utilizing a Build, Own, Lease, Transfer (BOLT) arrangement, whereby the Ministry of Health (MoH) will give the concession to the proponent to build the new Central Block, own the facility, lease the facility to the MoH and at the end of the lease period transfer the ownership of the Central Block to the MoH, hereinafter referred to as the “Project”.

2.0 PROJECT LOCATION

The Port of Spain General Hospital (POSGH) is located in the central urban core of Port of Spain adjacent to the historical districts surrounding the Queens Park Savannah. The site is in the district of Belmont, which borders what is now the volatile neighborhood of East Port of Spain. It is bounded immediately to the west by Charlotte Street and further to the west by the Queen’s Park Savannah. To the south it is bounded by Belmont Circular Road and to the east by the St. Ann’s River/ East Dry River. To the north is Ministry of Health (MoH) property, which currently houses MoH administrative and national blood testing services.

Figure 1: Location of Site at Port of Spain General Hospital
3.0 **PROJECT DESCRIPTION**

3.1 **DESCRIPTION**

The Re-Development of the POSGH – Central Block includes the construction of a 540 bed Hospital to provide Clinical Services such as:

- Intensive Care Unit, High Dependency Unit and Coronary Care Unit
- Surgical Services
- Same Day Surgery Unit & Endoscope services
- Diagnostic Imaging Services
- Adult medical and surgical in-patient services
- Pediatric medical and surgical in-patient services
- Laboratory & donor ship services
- Pharmaceutical services
- Oncology/ Chemotherapy Outpatient services
- Selected Clinical support services: Maintenance and Biomedical Engineering services, housekeeping, IS/IT services, Ecclesiastic, Transport, Operations, Portering and Volunteering services, Medical records, Biohazard waste disposal system, and others.

**Other services part of the scope include:**

- All external works
- Driveways and Parking Facilities
- Supply of Medical Equipment (fixed and unfixed) Fixtures and Furniture
- Nurse Call system
- Room Directional Signage (Internal & External)
- Road Works (Inclusive of road signage)
- Drainage
- Utilities Infrastructure
- ICT (hardware, computers, servers and software) and Telephone System
- Power infrastructure inclusive of Backup Generator and Uninterrupted Power Supply
- Water Supply and Sewage
- Mechanical, Electrical and Plumbing plant and equipment
- Building Management System
- Maintenance plan for medical and plant equipment inclusive of service and applications training for staff.
- Disaster Preparedness

The User Requirements is attached as Appendix #1 for ease of reference.
3.2 TECHNICAL STANDARDS AND REGULATIONS

The Project must be designed and constructed in accordance with the following Engineering and Design Standards as a minimum.

**Architectural Designs**

- Latest version of the AIA/FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities or NHS Hospital Building Notes
- Joint Commission International (JCI)
- Uniform Building Code (UBC) 1997
- National Fire Protection Association (NFPA)
  - Standard 72, National Fire Alarm and Signaling Code
  - Standard 80, Standard for Fire Doors and Other Opening Protectives
  - Standard 99, Health Care Facilities Code
- Uniform Fire Code (UFC) 2000 Uniform DO 58 Structural Fire Code
- Underwriter’s Laboratories Inc. (UL)
- National Electrical Manufacturer Association (NEMA)
- Americans with Disabilities Act Accessibility Guidelines (ADAAG) – Barrier
- Free Plumbing Fixtures
- American National Standards Institute (ANSI)
- 2006 International Building Code (IBC)

  - User Groups: IBC 302.1
  - Height & Area Limitations: IBC Table 503
  - Construction Type: IBC 602.1
  - Fire Resistance Rating: IBC 702/ 704
  - Smoke Control System: IBC 909
  - Maximum Length of Travel: IBC 1015
  - Exit Stairways: IBC 1007
  - Occupant Load: IBC 1004
  - Minimum Exit width: IBC 1005
  - Minimum Number of Exits: IBC 1014
  - Dead Ends: IBC 1016
  - Common Path of Travel: IBC 1013
  - Minimum width for Corridors: IBC 1016
  - Stairway Width: IBC 1009
  - Stairway Headroom: IBC 1009
  - Vertical Rise: IBC 1009
  - Treads & Risers: IBC 1009
Structural Designs

- Vertical Loads
  - ASCE 7-05

- Earthquake Loads
  - IBC 2009
  - ASCE 7-05
  - (Refer to Seismic Research Unit website http://www.uwiseismic.com/Maps.aspx for Hazard Maps of Trinidad and Tobago – 2475-year Return Period)

- Wind Loads
  - ASCE 7-05
  - (Trinidad 117mph, Tobago 130mph – 3 sec. Gust for Trinidad and Tobago)

- Reinforced Concrete Designs
  - ACI 318-05 for IBC 2009

- Structural Masonry
  - ACI 530-05
  - ASCE 5-05
  - TMS 402-02

- Structural Steel
  - AISC 341 – 05 including Supplement No. 1 dated 2006
  - AISC 360 – 05
  - AISC 358 - 05 including Supplement No. 1 dated 2009

Roadway, Road Pavement Designs

- AASHTO Codes (American Association of State Highway and Transportation Officials)

Mechanical and Plumbing Engineering Designs

- Trinidad and Tobago Bureau of Standards
- American Society of Mechanical Engineers
  - ASME B31 Standards of Pressure Piping
  - ASME B16 Standards of Pipes and Fittings
- American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc
  - ASHRAE 2017 Handbook of Fundamentals – HVAC Applications
  - Humidity Control Design Guide for Commercial and Institutional Buildings
  - ASHRAE 55 Thermal Environmental Conditions for Human Occupancy
  - ASHRAE 90.1 Energy Standard for Buildings except Low-Rise Residential Buildings
o ASHRAE 62.1 Ventilation for Acceptable Indoor Air Quality
o Standard 55 - 2010, Thermal Environmental Conditions for Human Occupancy
o Standard 62 - 2010, Ventilation for Acceptable Indoor Air Quality
o Standard 170 -2013, Ventilation of Health Care Facilities

- American Water Works Association
  o M14 Recommended Practice for Backflow Prevention and Cross-Connection Control, 2015

- International Code Council
  o ICC IC 2007 2007 Supplement to the International Codes
  o ICC IFC 2006 2006 International Fire Code
  o ICC IPC 2006 2006 International Plumbing Code
  o ICC IMC 2006 2006 International Mechanical Code
  o ICC IFGC 2006 2006 International Fuel Gas Code
  o ICC IWUIC 2006 2006 International Wildland-Urban Interface Code
  o ICC IEBC 2006 2006 International Existing Building Code
  o ICC IPSDC 2006 2006 International Private Sewerage Disposal Code

- National Fire Protection Association (NFPA)
  o NFPA 10 Standards on Portable Fire Extinguishers
  o NFPA 13 Standard for the Installation of Sprinkler System
  o NFPA 15 Standard water spray fixed systems for fire protection
  o NFPA 14 Standard for the Installation of Standpipes and Hose Systems
  o NFPA 22 Water Storage Tank Systems
  o NFPA 20 Standard 20, Standard for the Installation of Stationary Pumps for Fire Protection
  o NFPA 82 Standard 82, Standard on Incinerators and Waste and Linen Handling Systems and Equipment
• Sheet Metal and Air Conditioning Contractors’ National Association (SMACNA)
  o HVAC Duct Construction Standards- latest edition

• Electrical Engineering Designs
  o IBC International Building Code
  o TTBS Trinidad and Tobago Bureau of Standards
  o TTS-171 Trinidad and Tobago Electrical Wiring Code
  o ANSI C34.2 Substation Transformers and Rectifier Units
  o ANSI C37.13 Low Voltage AC Breakers
  o ANSI C37.14 Low Voltage DC Breakers
  o ANSI C37.16 Low Voltage Breakers and AC Protectors
  o ANSI C57.12.01 Transformer - General Requirements for Dry Type Distribution
  o ANSI C63.12 Electromagnetic Compatibility
  o ANSI C7.14 Stranding of Conductors
  o ANSI C80.3 Electrical Metallic Tubing, Zinc-Coated
  o ICEA Class H Flexible Cables
  o IEEE Institute of Electrical and Electronics Engineers
    ▪ IEEE 730 Software QA Plans
    ▪ IEEE 830 Recommended Practice for Software Requirements Specifications
    ▪ IEEE Standard 1100 Powering and Grounding Electronic Equipment
    ▪ Standard 427 – 2007, Recommended Practice for Grounding of Industrial and Commercial Powers Systems
    ▪ Standard 602 – 2007, Recommended Practice for Electric Systems in Health Care Facilities
  o NEC 2008 National Electrical Code
  o NFPA National Fire Protection Agency
    ▪ NFPA 110 Standard for Emergency and Standby Power Systems
    ▪ NFPA 70 National Electric Code
    ▪ NFPA 72 National Fire Alarm Code
    ▪ NFPA 780 Standard for the Installation of Lightning Protection Systems
  o Lightning Protection (UL 96A)
  o Illumination Engineering Society of North America
    ▪ ANSI / IES RP-29-16, Lighting for Hospitals and Healthcare Facilities
  o International Electro technical Commission
    ▪ BS EN/IEC 62305-1:2011, Standard for Lightning Protection
  o Electrical Inspectorate Division
    ▪ Requirements of the Electrical Inspectorate Division, Ministry of Public Utilities of Trinidad and Tobago
  o Trinidad and Tobago Bureau of Standards
    ▪ TTS 171: PART 1: 2015, Trinidad and Tobago Electrical Wiring Code - Part 1:
Low voltage installations (1st Revision)

  - Trinidad and Tobago Electricity Commission
    - Requirements of the Electrical Inspectorate Division, Ministry of Public Utilities of Trinidad and Tobago

- Environmental & Public Health Engineering Designs
  - Environmental Management Authority
    - Water Pollution Rules 2001 (Amended in 2006)
    - Requirements of the EMA of Trinidad and Tobago
  - Ministry of Health of Government of Trinidad and Tobago
    - Requirements of the Public Health Department in accordance with the Public Health Ordinance Act
  - Water & Sewerage Authority of Trinidad and Tobago
    - National Plumbing Code of Trinidad and Tobago
    - Guidelines for Distribution of Water and Wastewater
    - Requirements of the Water and Sewerage Authority of Trinidad and Tobago

- Occupational Health & Safety
  - Occupational Safety & Health Authority of Trinidad and Tobago
    - Requirements of the OSH Authority in accordance with the OSH Act 2004 with amendments of 2006

Statutory Requirements

All designs shall be prepared in accordance with and in compliance with the guidelines, regulations and statutory and legal requirements of all Governmental Statutory and Regulatory Agencies and other service providers which include:

- Town & Country Planning Division (TCPD)
- Water and Sewerage Authority (WASA)
- Trinidad and Tobago Electricity Commission (T&TEC)
- Local Health Authorities
- Ministry of Works and Transport (Drainage Division, Highways Division, Traffic Management Branch and other applicable Divisions)
- Regional Corporations
- Trinidad and Tobago Fire Services
- Environmental Management Authority (EMA)
3.3 FORM OF CONTRACT

The Project – Full Replacement of Central Block at the Port of Spain General Hospital (POSGH) is being executed utilizing a Build, Own, Lease, Transfer (BOLT) arrangement utilizing FIDIC Conditions of Contract for Design, Build and Operate Projects, 2008 (FIDIC GOLD BOOK).

4.0 SCOPE OF SERVICES

UDeCOTT is desirous of developing the Project which meets the functional standards as well as provides modern architecture. This would include services for all Site Civil, Base Building Works, Interior Fit Out, Equipping and Commissioning Works, and to this end, has decided to issue this RFP for the proposed Project in order to select a Consultant that:

I. Has the expertise necessary to provide the Construction Administration Consultancy Services;
II. Has the resource capacity to provide the Services within the schedule constraints of the Project; and
III. Has the innovative vision to develop the Project in accordance with healthcare best practice.

4.1 REQUIREMENTS FOR THE SERVICES

Construction Administration Consultancy Services are required for thirty six (36) months for the Design and Construction phases and for twelve (12) months subsequent to this, for defects liability from a date to be determined.

The Scope of Services to be provided by the Consultant includes but is not limited to those duties of the Employers Representative as defined by the FIDIC General and Particular Conditions of Contract for Design, Build and Operate Projects, 2008 (FIDIC GOLD BOOK) as these may be attributable to, specified and/or implied by the Contract(s) and in accordance with the laws, technical standards and construction norms and rules, including but not limited to the following activities:

4.1.1 PROJECT ADMINISTRATION AND COMMUNICATION

The Consultant shall act as the conduit of information among all team members. The Consultant’s tools during construction shall include:

- Project Management Software including Microsoft Project and P6
- Weekly Project Team Meetings
- Monthly Budget Updates
- Variation/Change Order Reports
- Weekly Review of the Schedule
- Weekly Coordination of Vendors
Periodic Meetings with the Client
Project Monthly Reports

4.1.2 BUDGET AND SCHEDULE CONTROL

The Consultant shall employ standard Project Management tools to maintain control of the budget and timely completion of the Project.

4.1.3 COST/BUDGET REPORT

The monthly Cost/Budget Report shall be issued to the Client summarizing the current financial status of the Project. It includes the approved estimate and notes all variances from the estimate due to the contractor/trade buyouts and changes initiated by the Client. Changes to the control estimate are divided into three categories:

- Approved – a change estimate has been executed and approved by the Client;
- Pending – a change estimate has been submitted and awaits approval by the Client; and
- Approximate – an approximate estimate has been developed and submitted to the Client as an early warning system for information and review.

Also to be shown is an overall project cost, with projections of savings or cost overruns shown on a trade basis. This is to be combined with the status of billings to complete the financial status of the Project.

4.1.4 DESIGN REVIEW

The Consultant shall perform Technical Review of all project documentation including Drawings and Specifications in accordance with the User Requirements and the Design Codes and standards defined above. This shall include but not be limited to Civil/Structural, Electrical, Plumbing and Mechanical (MEP), Architectural – Aesthetics, Healthcare Architecture – Adjacencies and Infection Control, Medical Equipment Planning/Layout, Signage etc...

A Design Review Report shall be prepared and submitted detailing any deviations from the specified codes and standards and making recommendations for correcting same.

4.1.5 MEDICAL DESIGN REVIEW

A detailed assessment of the entire facility from a medical perspective shall be conducted to determine overall compliance with AIA/FGI Guidelines for Healthcare Facilities. As a minimum, this process shall include a detailed room by room assessment of the following:

i. All MEP installations including appropriateness of locations and positioning of power and other MEP sources necessary to facilitate efficient room flow and functionality

ii. Each room’s capacity given the installations both intended and/or existing to host all intended medical/clinical operations i.e. theatres, MRI rooms, X-Ray rooms and all other areas expected to fulfill some form of a specialized function
iii. Each room’s compliance with required temperatures, air-flows, air changes, air filtration and lighting required by AIA/FGI to facilitate appropriate patient care
iv. All wall, floor and ceiling finishes proposed in the context of infection control
v. The overall Hospital’s management of dirty and clean areas for infection control purposes

4.1.6 MEDICAL EQUIPMENT REVIEWS

A detailed review of the proposed Medical Equipment Listing including Specifications shall be done to determine the adequacy of the complement of equipment on a room by room basis (room loading) to provide the intended functionality. Individual components shall be critiqued on quality, durability and other functional characteristics.

The review report shall confirm that the proposed medical equipment represents current models which are likely to be functional and serviceable well after commissioning of the facility.

4.1.7 GENERAL CONDITIONS REPORT

The General Conditions Report monitors the project expenditures associated with all indirect costs. The Consultant shall regularly monitor the Contractor’s General Condition by securing a summary of expenses to provide an adequate frame of reference in which to view the expenditure data; estimated versus actual costs, as well as costs to complete.

4.1.8 WEEKLY LABOUR MONITOR REPORT

The Consultant shall monitor the Contractor’s labour reports by reviewing detailed expenditure of labour, comparing the estimated costs against the actual costs both for the period and accumulated to date. Projections of costs to complete, savings or overruns are to be continuously monitored.

4.1.9 MASTER SCHEDULE REVIEW AND UPDATES

The Consultant shall be responsible for reviewing the Master Schedule for compliance with the requirements of the Contract. A compliant schedule shall then be accepted as the Baseline Project Schedule (Programme). The actual progress of work completed shall be checked against the Baseline Project Schedule with particular attention to Milestones and Critical Path Activities. The Consultant shall review corrective action plans in case of slippages and develop monitoring procedures as required.

4.1.10 MINI SCHEDULES (PROJECT LOOK AHEAD)

The Consultant shall utilize smaller schedules to monitor site progress by focusing on specific detailed activities and delivery dates over a period of 7 to 14 days as agreed with the Client. These mini schedules shall be consistent with the Baseline Project Schedule, and is aimed at guiding the Contractor’s focus towards specific tasks and material deliveries as scheduled. This short, focused approach immediately highlights slippage, allowing for timely determination and planning of a recovery strategy.
4.1.11 SYSTEM TEST AND START-UP SCHEDULES

Working closely with the Client, the End User, the Design Consultant and the Contractor, the Consultant will develop system checkout and start-up schedules on a system-by-system basis in accordance with the End User’s needs, and coordinate such schedules with the Baseline Project Schedule.

4.1.12 PROJECT DOCUMENT CONTROL

The Consultant shall establish infrastructure, procedures, conduits, and data storage facilities for the proper management and control of project documents. The Consultant will oversee the system’s implementation and maintenance to enhance the overall Project Team’s administration, communication and productivity.

4.1.13 PERMITS AND INSURANCE REVIEWS

The Consultant will monitor the Contractor’s relevant permits and insurance responsibilities to confirm ongoing conformance with the requirements established during the preconstruction stage and assist as far as practicable in securing authority and agency approvals and permits.

4.1.14 SAFETY MANAGEMENT

The Consultant shall review, approve and subsequently monitor the Contractor’s Safety Plan. Whenever it has been discovered that there is a departure from the established safety procedures by any team member, the Consultant shall report the issue and work with the responsible team members to develop and implement the proper corrective actions. This however does not relieve the Contractor from his obligation to manage and oversee all Safety requirements.

4.1.15 QUALITY CONTROL/ QUALITY ASSURANCE

The Consultant shall oversee implementation of the QA/QC Plan, focusing on construction scope and constructability issues as well as timely submittal/approval issues, which always impact material deliveries and project scheduling requirements. The Consultant shall monitor the Contractor’s Quality Control Programme. Early and continuous focus allows for early identification of problem areas enabling the Consultant to work proactively with the Contractor to develop solutions that minimize their effects.

The Consultant shall review the schedules prepared for inspection inclusive of A/E schedules, off-site operations, punch list inspection, testing and commissioning inspections, and warranty reviews. Review of the schedule in respect of all testing requirements as required by the specifications inclusive of soils, compaction, concrete, MEP systems, fabrication certificates, etc. shall also be the responsibility of the Consultant. The Consultant shall also inspect and give approval of specified works prior to the Contractor’s continuation of subsequent activities. Specific attention shall be given to monitoring the construction of the radiation shielded areas.
4.1.16 SHOP FABRICATION

Where appropriate, materials and fabricated items are to be inspected at the shops or plants of the manufacturers and again on the site to assure that all material adheres to standards before installation.

4.1.17 MOCK-UP ROOMS

The Consultant shall review the construction of a mock-up room prior to the commencement of any work. The Consultant shall confirm that the Contractor prepares sample installations to performance standards, which are kept intact for final acceptance of the work. Any work falling below the standards or not in accordance with the approved sample shall be rejected.

4.1.18 ENVIRONMENTAL PROTECTION PLAN

The Consultant shall review, approve and subsequently monitor performance with regard to the Environmental Protection Plan, providing a review of activities in the Monthly Report. Whenever the Consultant discovers a departure from the established procedures, the Consultant shall report the issue and work with the respective team members to develop and implement the proper corrective actions.

4.1.19 USE OF AND ACCESS TO THE CONSTRUCTION SITE

The Consultant shall monitor the Contractor’s warehousing, storage, access, inventory control systems, and clean-up to prevent losses or damage on site. When required, the Consultant shall assist with reviewing loss or damage claims.

4.1.20 PROCUREMENT

The Consultant shall review procurement activities as defined in the Procurement Plan established during the preconstruction phase, in addition to monitoring the Contractor’s progress relative to the Baseline Schedule.
4.1.21 PERMANENT EQUIPMENT INSTALLATION AND MAINTENANCE PLAN

The Consultant in conjunction with the Design Consultant shall review the Contractor’s Equipment Installation and Maintenance Plan to ensure conformity with the requirements established in the above referenced Agreement.

4.1.22 SITE STAFF

The Consultant shall maintain an adequate, competent full-time supervisory staff at the job site to monitor the progress of the Contractor on the Project.

4.1.23 CONTRACT ADMINISTRATION

The Consultant’s on-site representative will establish and maintain at the Project Site a project management system containing contract documents, correspondence, engineering records, shop drawings, construction reports and photographs. The Consultant will monitor and maintain this through the various Project Administration and Communications tools and procedures discussed above. The Contract Administration will be integrated with the defined requirements of the Applications for Payment Procedures and in respect of the Schedule of Values.

4.1.24 FIELD CONSTRUCTION ACTIVITIES

The Consultant’s on-site staff shall establish and monitor the project construction schedule and respective field construction activities.

4.1.25 FIELD INSTALLATION

The first operation of any new trade is to be closely followed so that the expected level of workmanship is established from the outset. The Consultant will monitor the Contractor’s Programme, and if required will call upon the Contractor to have the field representatives of material and product manufacturers to provide first hand operation instructions to the Contractor’s personnel and additional inspection of the installation of their products.

4.1.26 PAYMENT PROCEDURES

The Consultant shall maintain complete records relative to the requirements set out for Applications for Payment procedures. The Consultant will furnish project progress information in a timely fashion in order to facilitate the Design Consultant’s preparation of progress payments.
4.1.27 CHANGE ORDER CONTROL

The Consultant shall manage the process of Change Orders by implementing the procedures developed during the preconstruction phase, or thereafter, as approved by UDeCOTT.

4.1.28 RISK MANAGEMENT PLAN

The Consultant shall conduct periodic team meetings reviewing the Risk Management Plan, the respective response plans and/or corrective action plans, in addition to updating the Plan with new items and concerns. Corrective Action Plans shall be submitted to the Consultant for review and comments. The Consultant shall continue to publish the list, activities, updates and action plans within the Project’s Document Control Software allowing for 24/7 access among all team members. The Consultant shall be responsible for ensuring that the Risk Register and Risk Management Plan are have been updated prior to the start of the construction phase.

4.1.29 PUBLIC RELATIONS COORDINATION

The Consultant shall be cognizant of the sensitivities surrounding public relations on projects. The Consultant’s site managers shall support any of the Client’s marketing and public relations initiatives as requested and at the appropriate times.

4.1.30 PROJECT CLOSEOUT

As the Project nears completion, the Consultant shall work with the Client and the Project Team to ensure orderly project closeout and transition from construction and commissioning to actual use.

4.1.31 EQUIPMENT TESTING AND COMMISSIONING

The Consultant shall work with the Contractor to coordinate and manage equipment testing and turnover in conjunction with the Design Consultant. As requested, the Consultant shall direct the training and orientation of the Client’s personnel in the operation and maintenance of the new facility, and assist in evaluating systems performance in the critical break-in periods.

4.1.32 PROJECT CLOSEOUT FINANCIAL SUMMARY

The Consultant shall review the works completed and respective costs and payments and provide a final reconciliation of project costs.
4.1.33  WARRANTY COORDINATION

The Consultant will review and comment on the Contractor’s programme to collect, consolidate and secure warranties and will maximize its efforts to ensure a timely process.

4.1.34  PROJECT TURNOVER

The Consultant shall collate and hand over to the Client, or if directed, to the tenants, all appropriate data and documentation relative to the development, design, construction and commissioning of the Project.

4.1.35  DEFECT LIABILITY PERIOD

The Consultant shall provide inspections of, and services related to the Project during and after the defects liability period as defined, up to completion of the Project Management services, in accordance with an agreed PMS staff plan and payment schedule. At the end of the defects liability period the Consultant shall prepare and issue the Practical Completion Certificate.

4.1.33  OTHER SERVICES

The Consultant shall perform any other duties required in fulfilling the requirements set out above and/or defined in the Responsibility Matrix (see Section 4.2).
4.2 RESPONSIBILITY MATRIX

The Consultant shall provide the Services as indicated below in the Responsibility Matrix.

**LEGEND**
- **P**=Perform - Direct responsibility for execution of the Work
- **S**=Support - Assist in the execution of the Work
- **R**=Review & Recommend - Reviewing the Work Product
- **A**=Approve - Approving the Work Product
- **K**=Keep Informed - Given for General Information Purposes
- **G**=Be Guided - Guided by
- **NA**=Not Applicable

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<td>1.7 Submit Progress Payment Requests</td>
<td>S</td>
<td>A</td>
<td>P</td>
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<td>1.8 Issue Progress Payment to Contractor</td>
<td>S</td>
<td>P</td>
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<td>1.9 Payments to Consultant</td>
<td>NA</td>
<td>P</td>
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<td>1.10 Payments of Third Party Specialists/Suppliers/Works Contractors</td>
<td>S</td>
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<tr>
<td>1.11 Monthly Project Management Reports</td>
<td>P</td>
<td>R</td>
<td>P, S</td>
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<tr>
<td>1.12 Design and Equipment planning</td>
<td>R, G</td>
<td>R, A</td>
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<tbody>
<tr>
<td><strong>2. DESIGN DEVELOPMENT PHASE</strong></td>
<td></td>
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<tr>
<td>2.1 Perform designs</td>
<td>R,S</td>
<td>A</td>
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<tr>
<td>2.2 Space Schematics/Flow diagrams</td>
<td>R,S</td>
<td>A</td>
<td>P</td>
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<td>2.3 Architectural Design/Documentation</td>
<td>R,S</td>
<td>R,A</td>
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<td>2.4 Structural Design/Documentation</td>
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<tr>
<td>2.4 Mechanical Design/Documentation</td>
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<td>2.6 Electrical Design/Documentation</td>
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<td>2.7 Civil Design/Documentation</td>
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<td>R,A</td>
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<tr>
<td>2.8 Landscape Design/Documentation</td>
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<td>R,A</td>
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<tr>
<td>2.9 Interior Design/Documentation</td>
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<td>2.10 Specialist Design Documentation</td>
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<td>2.11 Possession of Site</td>
<td>R,S</td>
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<td>2.12 Long Lead Procurement Items</td>
<td>R,S</td>
<td>K,A</td>
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<td>2.13 General Condition Items</td>
<td>R</td>
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<td>2.14 Design-Build Contract Administration</td>
<td>P</td>
<td>A,S</td>
<td>G</td>
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<tr>
<td>2.15 Technical Review of Drawings</td>
<td>P,S</td>
<td>A,R</td>
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<tr>
<td>2.16 Medical Equipment Review</td>
<td>P</td>
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<td>2.17 Design Build Cost Estimate</td>
<td>S</td>
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<td>P</td>
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<td>2.18 Update Design Schedule</td>
<td>R</td>
<td>A,S</td>
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<tr>
<td>2.19 Prepare Final Construction Schedule</td>
<td>R</td>
<td>A</td>
<td>P</td>
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<tr>
<td>2.20 Prepare Final Design Report</td>
<td>R</td>
<td>A</td>
<td>P</td>
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<td>2.21 Prepare Monthly DB Progress Report</td>
<td>R</td>
<td>K,A</td>
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<td>2.22 Constructability Review</td>
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<td>2.23 Value Engineering</td>
<td>P</td>
<td>S,A</td>
<td>P</td>
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<tr>
<td>2.24 Negotiate with D-B as needed for agreed fixed price</td>
<td>S</td>
<td>S,R,P</td>
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</tbody>
</table>

### 3. CONSTRUCTION PHASE

| 3.1 Construction Supervision | R, P | S, P | P,S |
| 3.2 Insurance Certificates | R | A | P |
| 3.3 Mobilization | R,A | K | P |
| 3.4 Temporary Facilities & Utility Plan | R,A | R | P |
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<tbody>
<tr>
<td>3.5 Construction Staging Area/ Traffic Plan</td>
<td>R, A</td>
<td>R, A</td>
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<td>3.6 Equipment and Plant Plan</td>
<td>R</td>
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<td>P</td>
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<td>3.7 Construction Schedule</td>
<td>R, A</td>
<td>R, A</td>
<td>P</td>
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<tr>
<td>3.8 Subcontract Listing</td>
<td>R, A</td>
<td>R, K</td>
<td>P</td>
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<tr>
<td>3.9 Shop Drawings / Material Submittals</td>
<td>R, A</td>
<td>R</td>
<td>R,P</td>
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<tr>
<td>3.10 Maintain Shop Drawing &amp; Sample Control</td>
<td>R</td>
<td>R</td>
<td>P</td>
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<td>3.11 Construction / Temporary Facilities</td>
<td>A</td>
<td>R</td>
<td>P</td>
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<td>3.12 Construction</td>
<td>R,A</td>
<td>R</td>
<td>P</td>
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<tr>
<td>3.13 Conduct Job Coordination Meetings</td>
<td>S,P</td>
<td>K</td>
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<td>3.14 Interpret Plans &amp; Specifications</td>
<td>S,A</td>
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<td>R,P</td>
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<td>3.15 Administer QA/QC Procedure</td>
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<td>P,S</td>
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<tr>
<td>3.16 Administer Security Program</td>
<td>R</td>
<td>K</td>
<td>P</td>
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<tr>
<td>3.17 Administer Safety Programme</td>
<td>R</td>
<td>S, K</td>
<td>P</td>
</tr>
<tr>
<td>3.18 Oversee Safety Programme</td>
<td>S,R</td>
<td>A</td>
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<tr>
<td>3.19 Inspect and Monitor Subcontractors</td>
<td>P</td>
<td>S</td>
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<td>3.20 Contractor Progress Payments</td>
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<td>3.21 Scope or Program Change Quotation Requests / Change Orders</td>
<td>R</td>
<td>P, A</td>
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<td>3.22 Administer Change Order Programme (Scope/Program)</td>
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<td>3.23 Site/Unforeseen Condition Site Unforeseen Condition Change Quotation Requests / Change Orders</td>
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<td>3.24 As Build Drawings</td>
<td>R, A</td>
<td>S, K</td>
<td>P, S</td>
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<td>3.26 Conduct Final Inspections</td>
<td>R, A</td>
<td>S</td>
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<td>3.27 Practical Completion Certificate</td>
<td>S</td>
<td>A</td>
<td>P</td>
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<td>3.28 O &amp; M Manuals</td>
<td>R, A</td>
<td>S</td>
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<tr>
<td>3.29 Train Client Personnel</td>
<td>R, A</td>
<td>S</td>
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<tr>
<td>3.30 Testing and Inspection Administration</td>
<td>R, A</td>
<td>S</td>
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### Postconstruction Phase

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<tr>
<td>3.31 FF&amp;E Installation Administration</td>
<td>R, A</td>
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<td>4.1 Completion Certificates</td>
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<td>4.2 Close out Documentation</td>
<td>R, A</td>
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<tr>
<td>4.3 Final Cost Report</td>
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<td>4.4 Testing &amp; Commissioning (Start-up)</td>
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<td>4.5 Warranty Review</td>
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<td>4.6 Post-Construction Evaluation Report</td>
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<td>4.7 Holdback Disbursements</td>
<td>R</td>
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FREQUENTLY ASKED QUESTIONS (FAQs)
CACS for the Redevelopment of Central Block at the Port-Of-Spain General Hospital

1. **What is the purpose of this Request for Proposal?**
The purpose of this Request for Proposal is to identify and contract a suitably qualified and experienced Contractor with the necessary resources to undertake Construction Administration Consultancy Services for the Redevelopment of Central Block at Port-Of-Spain General Hospital.

2. **Are there any eligibility requirements for this Procurement Process?**
In order to be eligible for evaluation and/or consideration to provide the Services, the Proponent must be able to demonstrate the following:

   1. Submission of receipt for the purchase of the RFQ package;
   2. Independently Audited Financial Statements for 2015, 2016 and 2017 prepared in accordance with International Financial Reporting Standards or any other such internationally accepted accounting standards (For Joint Ventures, each member MUST meet this requirement) which clearly identify the individual financial position of the Proponent. Note; the Financial Statements should be prepared by Accountants registered and in good standing with the Institute of Chartered Accountants of Trinidad and Tobago (ICATT) and for the audited Financial, the Accountant or Accounting Firm should be registered as Practicing Member(s);
   3. Certificate of Registration, Incorporation (and Certificate of Continuance, where applicable);
   4. Valid Statutory Documents inclusive of Income Tax and VAT Clearance Certificates and National Insurance Board Compliance Certificate;
   5. Firms must submit all documents and information as required by the RFP.

3. **Are Proponents required to submit a Bid Bond with their Proposals?**
Proponents are not required to submit a bid bond.
4. **Would proposals submitted by Joint Ventures be acceptable?**

Proposals submitted by Joint Venture (JV) entities would be acceptable providing that the following is included in their Proposals:

1. Joint Venture Guarantee
2. Joint Venture Agreement (executed)
3. Audited Financial Statements, Litigation History and Experience of each member
4. Other related documents identified in the RFP.

5. **What is the recommended team composition?**

At a minimum, the proposed team should comprise the following:

1. Project Manager
2. Civil/Structural Engineer
3. Healthcare Architect
4. Medical Equipment Planner
5. Mechanical Engineer
6. Electrical Engineer
7. Quantity Surveyor

6. **What experience is the Proponent’s Key Human Resources required to demonstrate?**

Each key human resource must demonstrate prior experience on projects of a similar nature. For the purposes of this paragraph, projects of a similar nature means the provision of construction administration consultancy services on projects as follows:

- Hospitals, Fire stations, police stations, schools, housing developments, commercial/administrative buildings or more complex building structures such as, hotels, prisons etc.

Proponents are to note that the responses provided as guidance to these Frequently Asked Questions does not relieve the Proponent of its obligation and responsibility to fulfill and comply with all requirements of the Request for Proposals.