

JOHNSON COUNTY, KANSAS
CBOC
SFO VA-101-15-N-0098
Clarifications Round #1

1. What spaces, if any, are anticipated to have acids used for processes that may make it into the sanitary waste stream? Please confirm if pH treatment is required for any space in this building. (RE: VA Plumbing Design Manual – Nov 2014, section 5.1.7)

RESPONSE: It is the Offerors responsibility to design the systems in compliance with the SFO. There are spaces in the building that may require treatment including but not limited to the dental lab. The Offeror is responsible for determining and designing a compliant system.

2. It is understood that a bid bond in the amount of \$100,000 is due with the initial offer. Is it correct that the Performance Bond is not due until after award and is not needed with initial SFO submission?

RESPONSE: See SFO 1.9.2.

3. Here is part of the language for our question to the VA.

SFO indicates a Type 1 Essential Electrical System is to be provided. Type 1 applies for hospitals, surgical centers, where patients are anesthetized and failure of systems could result in death or serious injury. Type 2 applies for outpatient facilities where patients are consciously sedated or anesthetized and failure of systems could result in minor injury. Type 3 applies for clinics and medical buildings where patients could be consciously sedated and failure of systems would not likely cause injury but could cause minor discomfort. We have reviewed all applicable NEC 517, 700, 701, 702 and NFPA 99, and have determined that the needs of the SFO aligns to a Type 3 Essential Electrical System, which would contain a single transfer switch for an Optional Standby System.

Please confirm whether or not Type 3 Essential Electrical System is acceptable to the VA.

RESPONSE: The SFO calls for a Type 1 Essential system with two branches separated with individual transfer switches – NEC article 700 branch for life safety related loads and NEC article 702 for standby loads. The SFO describes required loads to be fed from each branch.

4. Is the VA able to clarify what the operating lease dollar amount is for this action and what the threshold is for a Capital lease?

RESPONSE: No.

5. Sheet A0101: The floor plan notes 22,910 NUSF. But the hatch area on the CAD drawings is 25,283 SF. Please verify that.

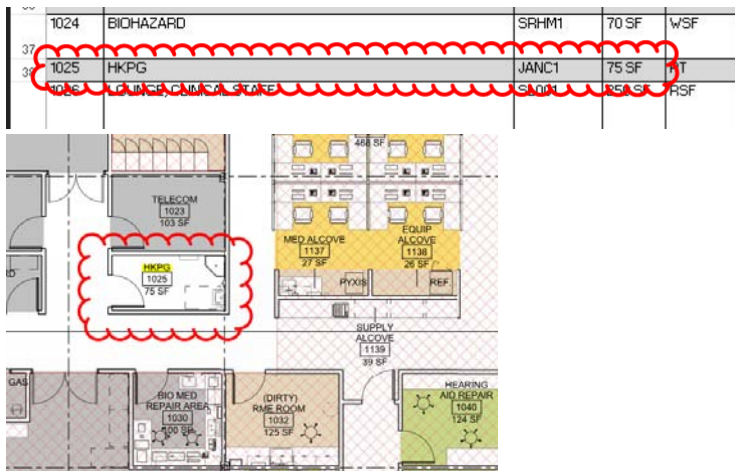
RESPONSE: See SFO Amendment No. 1 Part IX Concept Plans Revised A0101.

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6. What is the occupancy type? Is it Business or Ambulatory Healthcare? Will there ever be more than 3 people incapacitated at the same time?

RESPONSE: In accordance with SFO 4.3.3, Ambulatory.

7. VA will pay rental for HAC's required by Schedule E per page 76, Section 4.2.3. On drawing A0101 Level 01 Floor Plan, Room 1025 HKG Closet is not part of the NUSF. Should this room be considered NUSF since it is required by Schedule E?



RESPONSE: See SFO Amendment No. 1 Concept Plans Revised A0101 and Schedule E Revised.

8. On page 102, Section 5.2.9. 10% of the total 158 parking spaces are ADA, which is 16 spaces. But there is only 9 ADA parking shown on Canon Conceptual site plan. Which one should we follow?

RESPONSE: Comply with SFO 5.9.2.

9. Does staff parking need to be separated from the public/visitor parking by a gate?

RESPONSE: See SFO 4.2.4 (A) 3.

10. Are perimeter fences and gate required?

RESPONSE: See SFO 5.7.

11. How many bicycle parking spaces are required?

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RESPONSE: The determination of the number of bicycle parking places is based on the LEED requirements and shall be evaluated in the design.

12. On page 93, Section 4.8.1 LEED Silver for Healthcare Certification, there is a reference to using “the latest version of LEED available”, however the mandatory credits are based on LEED 3 (2009). Projects will not be able to be registered after October 31, 2016 under LEED 2009 Healthcare Rating System. Please clarify which Rating System is to be used when creating the checklist. If LEED v4 is to be used, please modify mandatory credits to reflect new credit nomenclature, as many have new titles.

RESPONSE: See SFO Amendment No. 1 which amends the LEED requirement to v4.

13. On page 93, Section 4.8.1 Mandatory Credits Table, Water Efficiency Credit 3 is listed as Water Efficient Landscaping. Credit 3 in LEED 2009 Healthcare Rating System is Water Use Reduction. Please clarify what credit is being referenced.

RESPONSE: The Water Use Reduction is a prerequisite credit and Water Efficient Landscaping reduction of at least 30% is mandatory.

14. On page 93, Section 4.8.1 Mandatory Credits Table, Energy & Atmosphere Credit 2 is listed as Enhanced Commissioning. Credit 2 in LEED 2009 Healthcare Rating System is On-Site Renewable Energy. Please clarify what credit is being referenced.

RESPONSE: Enhanced Commissioning is required.

15. Ambulance entry is required per SFO section 5.27. However, (neither) the site plan nor floor plan indicates this location. Is an ambulance pick-up door and canopy required?

RESPONSE: No. Ambulance will utilize Main Building Entry.

16. Will drop-off area be serving a city bus?

RESPONSE: If the public city bus is willing to come on-site they can utilize the bus drop. Access to by city bus to site will differ based on site. Necessary reinforcement for such use will be required and shall be the responsibility of the Offeror to confirm.

17. Are fences required around the Outdoor Activity Areas or Staff Patio? This is not shown in the Conceptual Site Plan.

RESPONSE: No

18. Please clarify the size and number of the service truck(s) that will be used.

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RESPONSE: A standard box truck will be typically used for deliveries from the Hospital. There will be vendor vehicles at times that could be any size from a passenger car to semi.

19. Please confirm if a depressed loading dock is required for the building

RESPONSE: Yes. Refer to SFO 6.2.3.

20. Please advise if it is acceptable to leave the existing bank building in place. Please clarify on Hilltop site, can the bank structure remain or must be removed.

RESPONSE: It is acceptable to offer the Hilltop site without the existing bank building; however, it remains the responsibility of the Offeror to demonstrate that it can meet all of VA's requirements within that reduced site.

21. Flush wood sliding doors are indicated in plan at exam rooms and on Sched. E, however there is only a reference to steel HM door frames in the solicitation requirements. Is there a basis of design for aluminum frames?

RESPONSE: Please refer to the 'General Schedule E Notes.

THE BASIS OF DESIGN FOR THE SLIDING DOORS IS A PREFINISHED ALUMINUM-FRAMED TOP-HUNG SLIDING SOLID CORE WOOD DOOR SYSTEM. COMPONENTS INCLUDE A SINGLE TOP TRACK, FLUSH-MOUNTED FLOOR GUIDE, EXTRUDED ALUMINUM VALANCE WITH INTEGRAL END CAPS, TANDEM TOP ROLLERS, SOFT AND SELF-CLOSING MECHANISM, ACCESSIBLE LATCHSET, AND ACOUSTICAL SEAL GASKETS FOR IMPROVED ACOUSTICAL PERFORMANCE.

22. Sched. C requests sf cost for one single type of acoustical ceiling tile (2x4), however, there are multiple systems described in Sched. E. Is sf cost needed for each product / system, i.e. 2x2 teglar edge .95, .85, &.65 NRC, and large format ceiling tile systems in addition to the standard 2x4?

RESPONSE: See SFO Amendment No. 1 Schedule C Revised.

23. Sched. E Rm Name & Rm No. does not agree with the floor plans from 1107 through the end. Clarification required.

RESPONSE: See SFO Amendment No. 1 Schedule E Revised for that correction.

24. 1005 Reception does not have floor & base scheduled in Room Finishes. Clarification required.

RESPONSE: See SFO Amendment No. 1 Schedule E Revised.

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25. 1008 Male Toilet is scheduled for wainscot to 9'-0"; however the ceiling ht is 8'-0". Clarification required.

RESPONSE: See SFO Amendment No. 1 Schedule E Revised.

26. Please confirm whether or not completion of the Certificate of Seismic Compliance is required within our proposal response. The attachment was included within the SFO package, however, it was not referenced within the proposal requirements for Volumes I or II.

RESPONSE: Yes. See SFO Amendment No. 1.

27. Page 7 of 197 states the only materials to be submitted in hard copy are the architectural plans and drawings. However, Section 10.8 Design Concept: Submission with Offer states the design concept material information is to be submitted in hard copy on 8 ½" x 11" paper. Please clarify what information needs submitted in hard copy format.

RESPONSE: See SFO Amendment No. 1 which corrects the inconsistency.

28. Attachment #1 to GSA Form 1364A appears to be missing from the solicitation. Are we to establish this list of all line item costs specified within the SFO to be paid lump sum by the VA, or will the VA send a list?

RESPONSE: Offerors are to construct their own attachment to the 1364A.

29. Is a construction schedule required within our proposal response?

RESPONSE: No.

30. Please clarify who is to receive the full-size hard copy of the architectural plans and drawings.

RESPONSE: Savills Studley.

31. Is a spreadsheet of rooms/spaces and square footage required by VA for comparison to the offered rooms/spaces and square footage required for the initial submittal?

RESPONSE: See SFO 10.7.2.

32. Item 3.28 - two (02) sets of mylars - confirm these are wanted in lieu of CAD?

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RESPONSE: No. SFO 3.28 requires both mylar and CAD.

33. 4.8.1 - Will this be registered prior to Oct 2016 with USGBC? Determines if V3 or V4 project. (p. 93)

RESPONSE: Please refer to the response above to Question 12.

34. Below are the Schedule B items need to be clarify:

RESPONSE: See SFO Amendment No. 1, Schedule B Revised.

35. Section 4.2.1 requires us to follow the VA HVAC Design Manual. There are many conflicts and/or additional requirements in the Design Manual that are not part of the SFO. For example, the Design Manual requires the use of VA Standard Details (1.8.9) for installation of equipment. The Design Manual also requires HVAC air systems to be sized for 25% additional capacity (3.10.1.3). Please clarify how/when to use the VA Design Manual and how to resolve conflicts with the rest of the SFO.

RESPONSE: The SFO takes priority over the VA HVAC Design Manual. It is not the intent that this type of clinic meets all of the requirements of the VA HVAC Design Manual.

36. Section 6.6.4.B requires water treatment systems 'As facility needs dictate'. Please advise if Reverse Osmosis, Dealkalizing, Deionization, and Reagent Grade treatment is required.

RESPONSE: We are not aware of specific facility needs that would dictate.

37. Section 6.4.6.B requires dedicated air-handling unit for Ancillaries as defined by ASHRAE. This might be interpreted to require dedicated units for Radiology, Pharmacy and Lab. Are dedicated units required for these areas?

RESPONSE: Dedicated air-handling units are not required for the small areas contained in this building.

38. The edition of NFPA 101 listed in the SFO is 2014 (typo assumed). Are we to comply with 2012 or 2015 edition of NFPA 101?

RESPONSE: See SFO Amendment No. 1 which corrects this reference to the 2015 edition.

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39. Two procedure rooms were identified along with several dental treatment rooms. Is it anticipated that patients will be rendered incapable of self-preservation during the procedures? If so, how many?

RESPONSE: No.

40. Will general anesthesia be used anywhere in the facility as this will require an essential electrical system per NFPA 101?

RESPONSE: No.

41. Schedules B and C do not indicate lights or HVAC diffusers. Where is the cost to be included on the Bid Summary Form Schedule D?

RESPONSE: See SFO Amendment No. 1 Schedule C Revised.

42. Schedule B, room codes PEHS4 and SECO1 on page 8 of 14: these indicate JSN Names of "Booth, Audiometric", and "Booth Control, Audiometric. Please provide the JSN numbers for these items.

RESPONSE: The Audio Booth is JSN M0050. See SFO Amendment No. 1 Schedule B Revised.

43. SFO Part 1, 1.3.3, Special Requirements states "Comply with code requirements for Ambulatory Health Care occupancy." However, based on the proposed functions in the CBOC, the building would be more appropriately designated "Business" occupancy, based on both NFPA 101 and IBC definitions (i.e., Ambulatory Healthcare occupancy is based on "4 or more persons incapable of self-preservation", which will not be the case in the CBOC). Note that the Ambulatory Healthcare designation adds construction requirements that will increase project cost and rental rate. The most appropriate and cost effective occupancy designation for the CBOC is "Business". Please confirm whether we should use Business or Ambulatory Healthcare occupancy classification for this project.

RESPONSE: See response to Question 6 above.

44. As we discussed today, the floor plan provided in SFO Part IX, Conceptual Plans, exceeds the 22,910 NUSF allowed by the SFO, Part I, 1.1. We have the SFO floor plan in Revit, and we've calculated NUSF based on SFO Part I, sections 3.14, Rentable & Net Usable Square Feet, and 4.2.3, Exclusions from Net Usable Space; public circulation space in the lobby / waiting area was calculated based on 4.3.4, Means of Egress, which requires 8'-0" for "major corridors" outside departmental areas. Here's a summary of our calculations ...

Interior Gross Area = 31,801 SF

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less Housekeeping Closets (4.2.3.A) = 179 SF

less Public Restrooms (4.2.3.B) = 756 SF

less Building Equipment & Service Areas (4.2.3.C) = 953 SF

less Public Corridors & Entrance Lobbies (4.2.3.D) = 3,341 SF

Net Usable Square Feet (NUSF) = 26,572 SF

This is a significant NUSF discrepancy ... the SFO drawings exceed the SFO allowable NUSF by 3,662 SF, or about 16%.

Please confirm with the VA whether they will adjust the required NUSF to match the SFO floor plan, or if we should adjust the building to meet the SFO 22,910 NUSF requirement. If it's the latter, we need some guidance from the VA on acceptable approaches to reducing the NUSF in the SFO floor plan. E.g., we can ...

- Make an across the board reduction to all functional spaces; in this case, we need guidance from the VA re: minimum NSF for critical spaces, like Exam rooms & Dental Treatment rooms;
- Reduce patient and staff corridors from 6'-0" clear to 5'-0" clear; reduce circulation in open office team work areas to 4'-0" clear (code minimum is 3'-6"); this doesn't comply with SFO Part 1, 4.3.4, Means of Egress, but it does comply with NFPA 101, Life Safety Code, and standard industry practice for medical office buildings.

RESPONSE: See SFO Amendment No. 1 Conceptual Plan A0101 Revised.