

RFP #2025CCNA01 – Design Professional/Consulting Services
Behavioral Health Coordinated Care Center
Addendum #2 Dated 4/8/25

1. Add the following language in red to Section 1.A):

This proposal requires that Proposers include a health care specialty consultant be a part of the design team that has the following qualifications and experience to perform specific services below and summarized in RFP Section 2.A.1)e) of this RFP. All information related to the Health Care Specialty Consultant (qualifications, experience, list of similar projects, roles of assigned personnel, and references shall be in Tab 4A of the Proposal. Note that if the Health Care Specialty Consultant is a professional licensed pursuant to FSS 287.055, then the Health Care Specialty Consultant shall include information required by Attachment B and GSA Form 330.

2. Add the following language in red to the second to last paragraph of RFP Section 1.A to read:

In addition, list all projects in the next 10 years where the subconsultant assigned these tasks has worked as part of the architectural design team building behavioral health facilities. For each project provide the name of the lead architect, contact name, phone and email address. Also, provide the same information for owner of the facility. This reference information for the Health Care Specialty Consultant does not need to be duplicated in Tab 9 of the Proposal Submittal.

3. Replace RFP Sections 2.A1)f and 2.A1)h with the language below (red for emphasis).

f. Construction Administration Services – review of submittals, construction observation review of change requests, construction document and specification interpretation and inspections, and site visits.

g. Perform any other related tasks not on the list, but as assigned by the District.

4. Replace RFP Section 3.C. with the following.

C. Final Selection Committee. The short listed firms will make presentations to and be interviewed by a Final Selection Committee. The Final Selection Committee will evaluate a firm's proposal and presentation based on the criteria set out below. **The persons that will be assigned to this contract as the Project Manager for the design AND that Health Care Specialty Consultant shall be at the Final Selection Committee Meeting.** In addition, the Project Manager and the Health Care Specialty Consultant must deliver a portion of the presentation at the Final Selection Committee, however the amount of time and

content of presentation delivered by these individuals is the decision of the Proposer.

5. Replace RFP Section 4.G. with the following.

G. Professional Liability Insurance Required. The selected consultant must provide professional liability insurance in the amount of \$5,000,000 per occurrence and ~~\$10,000,000~~ ~~\$15,000,000~~ per aggregate.

6. Revise Section 5.D4 accordingly.

A team applicable) assigned to the project organization chart clearly indicating each subconsultant, its role in the project, and key personnel of the consultant (and subconsultant, if applicable) assigned to the project. ~~Provide a resume for each of the key personnel also identifying projects of similar nature in which the staff member has been involved and/or his and her role.~~

FYI - This change was made to eliminate the duplication with Section 5.D.7 GSA Form 330.

7. Add the following paragraph after RFP Section 5.D4.

4A. All information regarding the Health Care Specialty Consultant shall be attached in Section 4A including qualification and experience as described in Section 1 of the RFP and resumes, roles of assigned personnel and references. The Health Care Specialty Consultant will still need to report on Attachment D, E, and F but not GSA Form 330 unless the Health Care Specialty Consultant is a professional licensed pursuant to FSS 287.055.

8. Replace paragraph RFP Section 5.D9 with the following.

One verifiable references for up to five (5) projects of a similar nature completed in the last ten (10) years. The references shall be from projects included on the GSA 330 Form which represent why the Design Team is best suited for this Project. The Health Care Specialty Consultant qualifications, experiences and references shall be included in Tab 4A only.

9. Attachment A - replace all references in the RFP from “Supplement” with “Addendum.”

10. Attachment B – replace with Attachment B below.

RFP ATTACHMENT B
CONFIRMATION OF CERTIFICATION REQUIREMENT

In accordance with the Consultants' Competitive Negotiation Act (CCNA), Florida Statutes Chapter 287.055, prior to being considered responsive to the RFP, CONSULTANTS must be certified (or determined to be qualified by professional area of consulting service and within specific categories of work). The CONSULTANT acknowledges that there are two different ways for each CONSULTANT/SUBCONSULTANT to become certified.

Option 1: Confirm certification by Palm Beach County Engineering and Public Works Department by listing each and every CONSULTANT/SUBCONSULTANT that has elected this option below. Each firm electing to prove certification in this manner should attach a fully executed and dated County Form I to support the election of this Option.

Consultant Name: _____ County Form I attached _____ (Y or N)
Consultant Name: _____ County Form I attached _____ (Y or N)
Consultant Name: _____ County Form I attached _____ (Y or N)
Consultant Name: _____ County Form I attached _____ (Y or N)
Consultant Name: _____ County Form I attached _____ (Y or N)
Consultant Name: _____ County Form I attached _____ (Y or N)

Add lines as necessary

Option 2: Complete Attachment B-1 to this RFP "CCNA Project Specific Certification Application with the Health Care District of Palm Beach County" for each and every firm that elects to undergo certification by the District, a determination of responsiveness of the CONSULTANT'S proposal to the RFP will not be made until the District completes its review of the Application.

Consultant Name: _____ Form B-1 or District Form I _____ (Y or N)
Consultant Name: _____ Form B-1 or District Form I _____ (Y or N)
Consultant Name: _____ Form B-1 or District Form I _____ (Y or N)
Consultant Name: _____ Form B-1 or District Form I _____ (Y or N)
Consultant Name: _____ Form B-1 or District Form I _____ (Y or N)
Consultant Name: _____ Form B-1 or District Form I _____ (Y or N)

In order to be considered responsive, PROPOSER confirms its understanding that the prime consultant and each and every subconsultant included in this proposal must be certified by one of these two options.

This CONFIRMATION is submitted by (Name of Individual:) _____,

as (Title/Position:) _____ of

(Name of Firm:) _____.

Signature

Date

11. Attachment B-1 Add title “Attachment B-1” to the form beginning after the **Attachment B (which is only 2 pages)**. Change noted below. Note that the entire Attachment B-1 is not included below as the footer is correctly marked. Just adding a Page 1 heading.

Intentionally left blank

Attachment B-1

CCNA Project-Specific Certification Application with the Health Care District of Palm Beach County

Checklist for Application

_____	Forms I & 10-1.10 Complete for each professional on the team
_____	Name & contact info complete on Form I page 1
_____	Company Name on Form I page 2
_____	Form I signed and dated
_____	Provide copies of professionals' licenses with the state of Florida. Verify that all are current and in good standing.
_____	Provide a copy of firm's license to operate with professional licensing board(s).
_____	Provide copy of Sunbiz information
_____	Firm Info Items complete on Form 10-1.10.
_____	Firm Info items match Sunbiz information and website. If not, add footnote to explain.
_____	A PE is required to be listed for each example in categories: 2.0, 3.0, 4.0, 8.0, 9.0, 10.0, & 11.0
_____	A PLS is required to be listed for each example for category 5.0
_____	A licensed Architect is required to be listed for each example for category 7.01-7.05
_____	A LA is required to be listed for each example for category 7.6
_____	Experience (past/present): Are at least 5 examples given for each category checked on Form I? (<i>the five examples can be split between past/present</i>)
_____	Project descriptions detailed enough to determine if category is applicable. (i.e., does description reference work done to backup certification category)
_____	List all FL licensed professionals on Employees Listing. Only personnel with valid FL licenses are eligible as backup for certification.

Notes:

- ~ Feel free to add notes to the application to clarify any item
- ~ Please include enough detail in your experience descriptions for us to see that the experience does indeed match the CCNA certification category. Most projects have multiple consultants, please describe the work done by your firm.
- ~ Additional information such as resumes, marketing info, etc is welcome
- ~ Only list professional Florida licensed personnel who are available to work on District projects in your application (*unless category does not require a license*).
- ~ This certification is only for those professional services that fall under the Florida CCNA Statute

12. Attachment C – replace with Attachment C below.

**RFP ATTACHMENT C
CONFLICT OF INTEREST DISCLOSURE FORM
(Must be completed by Proposer and any subconsultants and returned with proposal)**

**HEALTH CARE DISTRICT OF PALM BEACH COUNTY
CONFLICT OF INTEREST DISCLOSURE FORM**

CONSULTANT/SUBCONSULTANT represents that it presently has no interest, either direct or indirect, which would or could conflict in any manner with the performance of services for the District, except as follows:

(Attach additional sheets as needed.)

CONSULTANT/SUBCONSULTANT further represents that no person having any interest shall be employed for said performance. By signing below, CONSULTANT/SUBCONSULTANT certifies that the information contained herein is true and correct and constitutes all current potential conflicts of interest which may influence or appear to influence CONSULTANT/SUBCONSULTANT'S judgment or quality of services being provided to the District.

CONSULTANT/SUBCONSULTANT shall promptly notify the District in writing by certified mail of all potential conflicts of interest that may arise in the future through any prospective business association, interest or other circumstance which may influence or appear to influence CONSULTANT/SUBCONSULTANT'S judgment or quality of services being provided to the District. Such written notification shall identify the prospective business association, interest or circumstance, the nature of work that CONSULTANT/SUBCONSULTANT may undertake and request an opinion of the District as to whether the association, interest or circumstance would, in the opinion of the District, constitute an unacceptable conflict of interest if entered into by the CONSULTANT/SUBCONSULTANT.

If, in the sole opinion of the District, the prospective business association, interest or circumstance of CONSULTANT/SUBCONSULTANT would constitute an unacceptable conflict of interest to the COUNTY, the District shall so state in the notification and the CONSULTANT/SUBCONSULTANT shall not enter into said association, interest or circumstance.

This DISCLOSURE is submitted by (Name of Individual:) _____, as (Title/Position:) _____ of (Name of Firm:) _____ who hereby certifies that any misrepresentation by the CONSULTANT/SUBCONSULTANT on this Disclosure is considered an unethical business practice and is grounds for sanctions against District business with the CONSULTANT/SUBCONSULTANT.

Signature

Date

13.Attachment D – replace with Attachment D below.

RFP ATTACHMENT D

**PRIME CONSULTANT QUALIFICATION QUESTIONNAIRE
(Proposer must complete and submit with Proposal)**

The detailed data requested herein must be submitted in this format only. Proposer as the Prime Consultant must complete this Questionnaire for its firm, including listing the services it will perform as Prime in Section C.4 below. The information listed on the Consultant and Subconsultant Questionnaires controls over information included in other parts of the proposal. Use as many pages as needed to provide the following required information:

A. Prime Consultant

Firm Name: _____

Office Location: _____
Address City State

Contact Person: _____ Title: _____

Contact Person's Email: _____

Telephone Number: _____ Fax Number: _____

Number of Employees: _____

The undersigned intends to perform in connection with the above project as (check one):
____ an individual ____ a corporation ____ a partnership ____ a joint venture

B.

M/BE (certified with State of Florida):

____Asian ____African-American ____Caucasian ____Hispanic ____Other(list: _____)

C. 1. Prime's "Total Project Participation" (2 + 3): _____ %

(Note: Line 1 can total 100% only if no sub-consultants are included.) _____

2. Prime's "Total Project Participation" performed in Palm Beach County office(s): _____ %

3. Prime's "Total Project Participation" performed outside of Palm Beach County office(s): _____ %

(Note: Line 2 plus Line 3 must equal Line 1.) _____

4. Scope of Service: (Prime's services must be described here)

D. Dollar Volume Award

List all District Projects with associated contracts and supplement fees awarded or funded by District in the fiscal years indicated.

FY Period	** Adjusted Fee	Factor	Fee Considered
(1) Current Fiscal Year: (Oct. 1 – Sept. 30)	<hr/>	x 1.00	<hr/>
(2) Previous Fiscal Year: (Oct. 1 – Sept. 30)	<hr/>	x 0.75	<hr/>
(3) Fiscal Year Once Removed: (Oct. 1 – Sept. 30)	<hr/>	x 0.50	<hr/>
(4) Fiscal Year Twice Removed: (Oct. 1 – Sept. 30)	<hr/>	x 0.25	<hr/>
Total:	<hr/>		<hr/>

** District Fees rendered to consultant, minus fees sub-contracted out by consultant to sub-consultants. Fees for which the consultant is a sub-consultant must be included.

<hr/>	<hr/>
Project Name	Consultant Firm
<hr/>	<hr/>
Project Number	Signature
	<hr/>
	Title
	Date

14. Attachment E - replace with Attachment E below.

RFP ATTACHMENT E

SUB-CONSULTANT QUALIFICATION QUESTIONNAIRE

(Form must be completed and signed by all Subconsultants and submitted with Proposal)

The detailed data requested herein must be submitted in this format only. Proposer must submit a Subconsultant Questionnaire on all subconsultants intended to be used for performance of the contract, if awarded. The information listed on the Consultant and Subconsultant Questionnaires controls over information included in other parts of the proposal. Use as many pages as needed to provide the following required information:

A. Sub-Consultant

Firm Name: _____

Office Location: _____
Address City State

Contact Person: _____ Title: _____

Contact Person's Email: _____

Telephone Number: _____ Fax Number: _____

Number of Employees: _____

The undersigned intends to perform in connection with the above project as (check one):

___ an individual ___ a corporation ___ a partnership ___ a joint venture

B.

M/BE (certified with State of Florida):

___ Asian ___ African-American ___ Caucasian ___ Hispanic ___ Other(list: _____)

C. 1. Sub.'s "Total Project Participation" (2 + 3): _____ %

(Note: Line 1 shall reflect the ACTUAL %, and must be less than 100%.)

2. Sub.'s "Total Project Participation" performed in Palm Beach County office(s): _____ %

3. Sub.'s "Total Project Participation" performed outside of Palm Beach County office(s): _____ %

(Note: Line 2 plus Line 3 must equal Line 1.)

4. Scope of Service: (Subconsultant's services must be described here) _____

D. Dollar Volume Award

List all District Projects with associated contracts and supplement fees awarded or funded by District in the fiscal years indicated.

FY Period	** Adjusted Fee	Factor	Fee Considered
1. Current Fiscal Year: (Oct. 1 – Sept. 30)	<hr/>	x 1.00	<hr/>
2. Previous Fiscal Year: (Oct. 1 – Sept. 30)	<hr/>	x 0.75	<hr/>
3. Fiscal Year Once Removed: (Oct. 1 – Sept. 30)	<hr/>	x 0.50	<hr/>
4. Fiscal Year Twice Removed: (Oct. 1 – Sept. 30)	<hr/>	x 0.25	<hr/>
Total:	<hr/>		<hr/>

**District Fees rendered to consultant, minus fees sub-contracted out by consultant to sub-consultant. Fees for which the consultant is a sub-consultant must be included.

<hr/>	<hr/>
Project Name	Subconsultant Firm
<hr/>	<hr/>
Project Number	Signature
	<hr/>
	Title
	Date