# SUBMITTAL FORM A

**Background, Declarations, & Certifications**

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| --- | --- | --- |
| **A/E Services for a New Hospital Facility** |  | **25-002** |
| Project Name |  | RFP Number |

**PROPOSER INFORMATION**

|  |  |
| --- | --- |
| Company Name: |  |
| Company Address |  |
| FEI/FIN: |  |
| DPOR License #: |  |

Contact Information (Individual that can be contacted for clarification on this qualification package)

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Email |  |
| Telephone |  |

**ADDENDA ACKNOWLEDGEMENT**

|  |  |
| --- | --- |
| □ | By checking this box, the Proposer acknowledges receipt of all addenda, and has incorporated the requirements of such addenda into their proposal. |

**FINANCIAL CERTIFICATIONS**

The Proposer shall respond to each question below:

|  |  |  |
| --- | --- | --- |
| **No** | **Criteria** | **Response\*** |
| 1 | The Proposer acknowledges that they can meet the VCUHS’s insurance requirements, and provide proof of insurance prior to the award of this contract. | □ True  □ False |
| 2 | The Proposer confirms that it has the financial strength to perform the services required under this RFP. | □ True  □ False |
| 3 | The Proposer confirms that they can provide financial information (records, documents, etc.) and financial statements (Balance Sheet, Income Statement, and Cash-Flow Statement), to VCUHS upon request. | □ True  □ False |

**CONFLICT OF INTEREST**

The Proposer shall select one of the options below:

* The Proposer declares that there is no potential, perceived, or actual conflicts of interest that may arise as a result of their response to this RFP and/or subsequent award of Contract.
* The Proposer declares that there are potential, perceived, or actual conflicts of interest that may arise as a result of their response to this RFP and/or subsequent award of Contract. The Proposer must attach additional information on the conflicts.

**KEY PERSONNEL**

# Identify the critical team members listed below that will be assigned to this Contract. These individuals shall be assigned to these roles after award is made. The Proposer will not be permitted to remove or replace this individual during the first twelve (12) months of the Contract, unless requested and approved by VCUHS (with the exception of uncontrollable events such as: retirement, resignation, medical emergency, injury, sickness, or death).

**Project Lead:** Individual that will serve as the overall daily point of contact for this Contract. Drives coordination across all disciplines, manages the schedule and deliverables, and interfaces directly with VCUHS and the CMAR. Individual that will be responsible for assuring that the design aligns with construction with regards to scope, cost, schedule, etc.

**Lead Architect:** Individual that ensures the design reflects VCUHS’s identity and balances function with form. Sets the overall design vision and building layout, integrating planning, site constraints, and aesthetics.

**Interior Design Lead:** Individual that is responsible for planning and detailing all interior spaces to create a functional, safe, and healing environment that aligns with clinical needs and regulatory requirements. This includes selecting finishes, materials, and furnishings, and coordinating closely with the architectural and MEP teams to ensure full integration of interior elements throughout the design and construction process.

**Medical/Clinical/Healthcare Lead:** Individual that will be responsible for the development of functional and efficient clinical spaces, ensuring clinical operations are at the heart of design. Ensures the hospital meets operational, regulatory, and user-driven needs from day one.

**MEP Lead:** Individual responsible for the design of Mechanical, Electrical, and Plumbing (MEP) systems (such as HVAC, med gases, power, emergency systems, etc.)

|  |  |
| --- | --- |
| **Project Lead**: |  |
| **Lead Architect**: |  |
| **Interior Design Lead**: |  |
| **Medical/Clinical/Healthcare Lead**: |  |
| **MEP Lead**: |  |

**CONTRACT**

The Contract will be provided pursuant to an amendment and shall become Exhibit 3. The Proposer shall select an option below:

|  |  |
| --- | --- |
| □ | **Option 1:** The Proposer accepts the Contract (provided in Exhibit 3) without any modifications or exceptions. |
| □ | **Option 2:** The Proposer takes exceptions or requests modifications to the Contract (provided in Exhibit 3). Attach a redline draft of the Contract, which identifies all modifications, exceptions, or changes. The redline draft should be attached to this Submittal Form.  The Proposer is cautioned to limit exceptions, conditions, and limitations to these provisions as excessive or objectionable exceptions may affect VCUHS’s acceptance of the Proposal. Proposer’s submission of a Proposal signifies Proposer’s acceptance of the terms and conditions of the Contract, subject to any modifications or exceptions indicated in this Submittal Form. |

**CERTIFICATIONS**

The Proposer shall respond to each question below:

|  |  |  |
| --- | --- | --- |
| **No** | **Criteria** | **Response\*** |
| 1 | The Proposer acknowledges that they have thoroughly examined the RFP, the attachments, and the addenda (if any). The Proposer acknowledges that they have reviewed and inspected all applicable laws, regulations, ordinances, and resolutions dealing with or related to this procurement. | □ True  □ False |
| 2 | The Proposer certifies that it is NOT currently debarred, suspended, or declared ineligible for award by any Agency of the Commonwealth of Virginia. | □ True  □ False |
| 3 | The Proposer certifies that they have NOT had a contract terminated by VCUHS within the past 5 years. | □ True  □ False |
| 4 | The Proposer certifies that they have NOT had a contract terminated by any Virginia Agency within the past 5 years. | □ True  □ False |
| 5 | Within the past five years, the Proposer certifies that they have NOT been convicted or had civil judgment rendered against them for: fraud, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or tax evasion. | □ True  □ False |
| 6 | The Proposer certifies that the Proposer has NOT been a party to a criminal proceeding in the past 10 years. | □ True  □ False |

*\* Failure to answer, or answering “False” may be grounds for disqualification. Please attach additional information on any subject where the Proposer responded “False” to a question above.*

**ATTESTATION AND SIGNATURE**

In compliance with this RFP and with all Conditions imposed therein, the undersigned offers and agrees to furnish the goods/services at the price(s) indicated in the Pricing Schedule. This RFP shall constitute the entire understanding between VCUHS and the Proposer. No modification, revision, or waivers of the terms in this RFP shall be binding on VCUHS. By signing this RFP, the Proposer agrees to all VCUHS Terms and Conditions as provided in this RFP. Any additional or different terms and conditions proposed by the Proposer shall be mutually negotiated.

This Submittal must be dated and signed by an officer or agent (“Representative”) duly authorized to execute contracts for the Proposer. I certify that I have read and understand this RFP and I am authorized to sign this proposal on behalf of the Proposer.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name of Representative |  | Signature |  | Date |

**Contract Attachment**

If you are taking exception, or requesting modifications to the Contract, attach a redline here.