ADDENDUM 2 NARRATIVE

June 19, 2026
Regional One Health
Memphis, TN
Medical Equipment Planning RFP
From Bill Burross
To All Bidders:

Addendum # 2

This is Addendum No. 2:

Questions and Responses:

Question No. 1: What is the current phase the project is in?

Response to Question No. 1: Project is currently in Schematic Design.

Question No. 2: Is there a project schedule available, other than the anticipated substantial completion date of 2028?

Response to Question No. 2: These are the tentative schedule dates. They may change since the project is in the early stages.
Phase:
Schematic Design: Start 6/26; Complete -10/26
Design Development: Start 11/26; Complete – 8/27
Construction: Start 4/26; Complete – 2/30
Substantial Completion – 4th Qtr. 30
Project Closeout: Start 11/30; Complete – 1/31

Question No. 3: Is there any anticipated or established budget for medical equipment yet?

Response to Question No. 3: The preliminary medical equipment budget is $168M.

Question No. 4: As for existing inventory assessment, are there minimums, thresholds or criteria will apply to what will be expected to be captured and tracked?

Response to Question No. 4: No minimum thresholds. Successful firm to advise us what equipment is to be captured and tracked.

Question No. 5: Can you provide any information on the existing spaces, size, program, buildings, to be included as part of the existing inventory survey?

Response to Question No. 5: ROH currently exists on one campus in the medical center area.

Question No. 6: Will existing inventory need to be tagged at time of survey for tracking purposes? If yes, will the Equipment Planner be responsible for providing the tags?

Response to Question No. 6: Yes, and Yes.

Question No. 7: Section F. Item A, bullet 3 – can you clarify what defines "preferred" vs. "non-preferred Responders" as part of organizational standards?

Response to Question No. 7: Preferred and Non-Preferred Responders will be identified in discussions with ROH staff.

Question No. 8: Section I. Item D – are there minimum and or frequency expectations for onsite presence?

Response to Question No. 8: Minimum will be monthly on-site team meetings.

Question No. 9: Section J. Is it expected the Medical Equipment Planning firm to directly select and hold the contract with a warehousing subcontractor? If yes, when is it expected to be provided? With response to this RFP, or at a later date in collaboration with ROH? If with the RFP, is an Allowance acceptable?

Response to Question No. 9: Yes, you will hold the contract with the warehousing subcontractor. When is it expected to be provided? As required, by the successful firm. Allowance is acceptable with number of months allowed.

Question No. 10: Section M. Is it expected of the Medical Equipment Planning firm to directly select and hold the contract with all labor/manpower in support of relocation and installation activities? If yes, when is it expected to be provided? With response to this RFP, or at a later date in collaboration with ROH? Does Section M, manpower *only* apply to existing relocation and installation of existing equipment? If with the RFP, is an Allowance acceptable?

Response to Question No. 10: Yes, you are responsible for all labor/manpower activities. Allowance is acceptable based on firm's historical knowledge and experience of similar facilities.

Question No. 11: Section N. In regard to responsibility for labeling, packing, protection and preparation of existing equipment for relocation, should material cost be included in response to this RFP? If with the RFP, is an Allowance acceptable?

Response to Question No. 11: Yes, an allowance is acceptable.

Question No. 12: Section N. Item E – Exclusions – can you confirm this section is applicable to medical equipment *only?* Or will there be any other FF&E included as part of this scope? If yes, please clarify.

Response to Question No. 12: Medical equipment only.

Question No. 13: Section P. In regard to responsibility of existing and new facility protection, should material cost be included in response to this RFP? If with the RFP, is an Allowance acceptable?

Response to Question No. 13: Yes, if necessary. Firm is responsible for costs of all damages.

Question No. 14: Section Q. Damaged Work – Please clarify what is being asked to be priced as part of this section within the Fee table? Or is this just an acknowledgement and acceptance of responsibility?

Response to Question No. 14: Acknowledgement and acceptance of responsibility will be fine with your proposal.

Question No. 15: Section S. In regard to Asset Tags – will ROH provide asset tags? Will the Medical Equipment Planning firm be expected to install/affix all asset tags?

Response to Question No. 15: Medical Equipment Planning firm be responsible for installing/affix all asset tags.

Question No. 16: Section U. Item B – Digital Access – please clarify or define what "long term access" means with a centralized digital repository or platform?

Response to Question No. 16: To be determined.

Question No. 17: Section V. Item A – please clarify what is meant by "accurately" represent significant medical equipment within the documents? Is this related to the BIM model, and if so, what LOD level is required? Is or will there be a BIM Execution Plan?

Response to Question No. 17: Accurately is providing the design and construction teams with current, accurate information so the building is constructed and accepted properly.

Question No. 18: Section V. Item A – please clarify any minimum expectation or frequency to updating medical equipment layouts during the "construction" phase?

Response to Question No. 18: As required.

Question No. 19: Section V. Item C – who is ultimately accountable for vendor shop drawings coordination? Medical Equipment Planner or the A/E team? Please clarify what the A/E responsibility is regarding coordination of medical equipment vendor shop drawings?

Response to Question No. 19: Medical Equipment Planner is responsible for providing shop drawings and submitting to the design team for coordination into the construction documents.

Question No. 20: Section W. Item B – Please clarify Construction teams and A/E team responsibility when it comes to coordination meetings? Please clarify who is the coordination lead in regard to OFCI scope??

Response to Question No. 20: This project has a CPD agreement among all parties. The successful firm will be incorporated into the CPD agreement.

Question No. 21: Section X. Item E – Please clarify or further define expectations in scope in regard to "develop and implement" as comprehensive transition and activation plan? Please clarify Transition Planners' scope and responsibility.

Response to Question No. 21: The medical equipment planner will insure all equipment is tested and operational in accordance with the transition and activation plan.

Question No. 22: Section X. Item F – Can you please provide a project milestone schedule? From what date shall the three (3) month extension period without additional fees be based upon? Substantial completion, final turnover, Go-Live?

Response to Question No. 22: See response to Question No.2.

Question No. 23: Reference: Page 2, Section 1
Question: The RFP states "The project is in the beginning stages of schematic design." Does this mean that schematic design meetings are already underway with the architect? If so, what stage would the project be in when the awarded medical equipment planner joins the design process?

Response to Question No. 23: Schematic Design Phase.

Question No. 24: Reference: Page 9, Section 5. A
Question: Can ROH provide the detailed project milestone schedule with durations (SD, DD, CD, procurement, activation, occupancy, and go-live milestones) beyond the statement that substantial completion is anticipated in 2028?

Response to Question No. 24: See response to Question No.2.

Question No. 25: Reference: Page 28, Section 5.X. f
Question: Can ROH provide the current baseline schedule that respondents should use to develop staffing plans and fee proposals?

Response to Question No. 25: See response to Question No.2.

Question No. 26: Reference: Page 28, Section 5.X. f
Question: What specific milestones are associated with supporting facilities that are expected to be completed ahead of the patient tower?

Response to Question No. 26: Supporting facilities, other than the CUP, are scheduled to be completed at the same time as the patient tower.

Question No. 27: Reference: Page 10, Section 5.C. a
Question: How many rounds of user group meetings will be held in each phase during planning (SD, DD, CD and CA)?

- Will these meetings all be conducted in person?
- Will user group meetings be conducted with concurrent tracks and multiple user group meetings occurring on the same day/time? If so, how many concurrent tracks are anticipated?

Response to Question No. 27: User group meetings have not been scheduled beyond the SD phase.

Question No. 28: Reference: Page 10, Section 5.C. b
Question: What is the required level of detail for BIM/Revit for medical equipment?

Response to Question No. 28: To be determined.

Question No. 29: Reference: Page 11-12, Section 5. D
Question: What is the current approved medical equipment budget for the project?

Response to Question No. 29: See response to Question No.3.

Question No. 30: Reference: Page 12, Section 5. E
Question: Is the expectation that the existing inventory assessment is to occur prior to start of medical equipment planning meetings or when is it expected that will need to be completed?

Response to Question No. 30: To be determined by the Medical Equipment Planning Firm.

Question No. 31: Reference: Page 12-13, Section 5. E
Question: Approximately how many existing medical equipment assets are expected to be inventoried and assessed?

Response to Question No. 31: To be determined.

Question No. 32: Reference: Page 13, Section 5.E. a
Question: Will ROH provide existing asset management database exports prior to field verification?

Response to Question No. 32: To be determined.

Question No. 33: Reference: Page 10, Section 5. B
Question: Which portions of the logistics, warehousing, receiving, staging, and relocation services are required base scope versus optional services?

Response to Question No. 33: All portions required in the Scope Summary of the RFP.

Question No. 34: Reference: Pages 17-22, Sections 5.J through 5. N
Question: Should respondents include warehousing, receiving, staging, delivery, packing, and relocation pricing in the base proposal or as alternates?

Response to Question No. 34: See response to Question No. 33 above.

Question No. 35: Reference: Pages 14-15, Sections 5.G and 5.H
Question: Are Pre-Procurement Validation and Medical Equipment Procurement phases required to be presented as base proposal or as alternates?

Response to Question No. 35: Base proposal.

Question No. 36: Is the consultant expected to provide assistance with Day-in-the-Life and/or Dress Rehearsal activities prior to staff occupancy? If so, please describe the level of effort needed/required.

Response to Question No. 36: Yes, as required for equipment start up and training.

Question No. 37: Does ROH require assistance with workflow and operational planning? If so, please describe the level of effort needed/required.

Response to Question No. 37: Not at this time.

Question No. 38: Reference: Page 14, Section 5.G and Page 15, Section 5.H
Question: Will ROH procure equipment directly, or is the selected consultant expected to manage portions of the procurement process?

Response to Question No. 38: To be determined.

Question No. 39: Reference: Page 15, Section 5.H
Question: Who will hold equipment contracts and issue purchase orders?

Response to Question No. 39: To be determined.

Question No. 40: Reference: Page 14, Section 5.G.c
Question: Are there existing GPO, system-standard, or preferred-vendor agreements that respondents should assume will be utilized?

Response to Question No. 40: To be determined.

Question No. 41: Reference: Page 17-18, Section 5. J
Question: What estimated volume, value, and duration of equipment storage should respondents assume when pricing warehousing services?

Response to Question No. 41: To be determined by the Medical Equipment Planning Firm.

Question No. 42: Reference: Page 18, Section 5.J. d
Question: Are there equipment categories that require specialized environmental controls beyond standard temperature and humidity monitoring?

Response to Question No. 42: To be determined by the Medical Equipment Planning Firm.

Question No. 43: Reference: Page 19-20, Section 5. K
Question: Approximately how many equipment deliveries are anticipated during the project?

Response to Question No. 43: To be determined by the Medical Equipment Planning Firm.

Question No. 44: Reference: Page 19-20, Section 5. K
Question: Should respondents assume a consolidated receiving model or direct-to-site deliveries for certain equipment categories?

Response to Question No. 44: To be determined by the Medical Equipment Planning Firm.

Question No. 45: Reference: Page 28, Section A. a
Question: It is requested to submit fee proposals and add alternates in Excel format. Can Appendix B be provided in Excel format?

Response to Question No. 45: Yes.

Question No. 46: Reference: Page 28, Section 5.X. d
Question: Please clarify installation responsibility by equipment category for OFCI, OFVI, OFOI, vendor-installed, and contractor-installed equipment.

Response to Question No. 46: Medical Equipment Planning Firm will have responsibility for medical equipment, identification, procurement, and installation.

Question No. 47: Reference: Page 23, Section 5. O
Question: Who is responsible for commissioning, startup, calibration, and final acceptance testing of medical equipment?

Response to Question No. 47: Medical Equipment Planning Firm is responsible for coordination of these items.

Question No. 48: Reference: Page 20, Section 5.L and Page 28, Section 5.X. e
Question: Is activation planning included in the required scope, or will a separate activation planner be retained?

Response to Question No. 48: Medical Equipment Planning Firm is responsible for activation planning.

Question No. 49: Reference: Page 28, Section 5.X. e
Question: What level of operational readiness and go-live support is expected from the selected firm?

Response to Question No. 49: As required.

Question No. 50: Reference: Page 9, Section 4.B and Page 20-22, Sections 5.L through 5. N
Question: What quantity of reusable equipment is anticipated to be relocated from the existing facility to the new campus?

Response to Question No. 50: To be determined.

Question No. 51: Reference: Page 9

"Following construction, the project will transition into a structured activation and occupancy phase, during which departments will relocate from the existing facility to the new campus in a phased and coordinated manner"

Question: What does this "Phased Manner" look like? Time Period and estimated number of phases? Also, is there Decommissioning associated with this relocation?

Response to Question No. 51: To be determined.

Question No. 52: Reference: Page 21-22, Sections 5.M and 5. N
Question: Are laboratory, pharmacy, SPD, research, and academic assets included in relocation planning and execution?

Response to Question No. 52: To be determined.

Question No. 53: Reference: Page 20, Section 5. L
Question: What minimum onsite staffing expectations does ROH have during planning, construction, activation, and occupancy phases?

Response to Question No. 53: As required.

Question No. 54: Reference: Page 20, Section 5.L. d
Question: Are there any mandatory key personnel positions that must be proposed?

Response to Question No. 54: No.

Question No. 55: Reference: Page 30, Section 6.H
Question: Does ROH require use of a specific project management, reporting, or asset tracking platform?

Response to Question No. 55: To be determined.

Question No. 56: Reference: Page 30, Section 6.H
Question: Are dashboard formats or reporting templates already established?

Response to Question No. 56: No.

Question No. 57: Question: Is there a specific platform ROH wishes for the vendor to utilize for virtual meetings, shared documentation platforms? If so, what is preferred?

Response to Question No. 57: The PM team and ROH use a project-based SharePoint site as well as Microsoft Teams for most communication.

Question No. 58: Reference: Page 28, Section 5.X. f
Question: The RFP states services may need to be extended up to three months without additional fees. Does this apply to all project phases, including warehousing and logistics services?

Response to Question No. 58: Yes – three (3) months.

Question No. 59: Reference: Page 31, Section 6. I
Question: Does the reimbursable expense cap of 15% apply to professional fees only or total contract value?

Response to Question No. 59: 15% apply to professional fees only.

Question No. 60: Reference: Page 31, Section 6. I
Question: Should travel expenses be included within reimbursables or included within lump-sum fees?

Response to Question No. 60: Travel expenses shall be included within reimbursables.

Question No. 61: Reference: Page 29 and 31, Sections 6.B and 6. K
Question: Can ROH provide the required insurance limits and coverage requirements for professional liability, general liability, cyber liability, and warehouse/property coverage?

Response to Question No. 61: To be determined.

Question No. 62: Reference Page 28 – "Collaborate with the Transition Planner"

Question: Who is the Transition Planner Consultant or is this a ROH Member? Please identify the consultant if this is outside of a ROH Member.

Response to Question No. 62: To be determined.

Question No. 63: Reference Page 29 – "40 Pages (plus an additional 10 pages for Optional Scope). Cover Page, section tabs, and back covers are not included in the page count limitation"

Question: Is the Firm Information, Firm Experience, Project Resumes, Staff Resumes, and Certificate of Insurance, Comments in regard to Contract Appendix and Appendix B included in the 40 Page count limitation or are these sections considered separate?

Response to Question No. 63: Yes.

Question No. 64: Schedule:

a. Since the AE is already engaged, can AE provide a design schedule that identifies the anticipated user meeting cadence so we can align our work accordingly?
b. Can you please provide a preliminary schedule for construction and activation?

Response to Question No. 64: See response to Question No.2.

Question No. 65: Schedule: Can you please confirm whether the activation schedule is anticipated to be completed in a single phase or multiple phases? If multiple phases are anticipated, please provide an estimated number of phases.

Response to Question No. 65: To be determined.

Question No. 66: Inventory:

a. On page 12, Section E, can you please provide additional directions regarding the location(s), departments, approximate square footage, and equipment value threshold for the existing equipment inventory (i.e. inventory equipment with a single unit cost over $5,000)?

b. Will an asset ledger be provided for the items to be inventoried?

c. Page 13 notes a requirement to provide "remaining life expectancy." Will the owner provide purchase dates of the assets to support this assessment?

Response to Question No. 66: To be determined.

Question No. 67: Is it anticipated that the equipment planner will need to host vendor fairs for OR equipment, integration, sterile processing equipment, or any other areas?

Response to Question No. 67: To be determined.

Question No. 68: Page 17, Section C states: "Review and approve equipment-related submittals."

a. Can you please clarify the intent of this requirement? As the equipment planner, we can facilitate and coordinate equipment-related site-specific drawings and specifications; however, because we are neither the A/E nor the owner, we are unable to approve design changes or final equipment selections.

Response to Question No. 68: The Medical Equipment Planning Firm will coordinate the submission of related submittals for accuracy and completion prior to submitting to the A/E and Owner.

Question No. 69: Page 20, Section A states: "The selected firm shall provide dedicated leadership and on-site supervision throughout all phases of planning and execution."

a. For clarification, is this requirement intended to support in-person design meetings as needed, site visits to review rough-in progress during construction, pre-delivery readiness reviews, and delivery oversight while the selected firm is on-site? Or does this requirement indicate that the selected firm must have a full-time on-site representative for the duration of all planning and execution phases?

Response to Question No. 69: "The selected firm shall provide dedicated leadership and on-site supervision throughout all phases of planning and execution."

Question No. 70: Warehousing:

a. On page 17, Section J, can you please clarify whether we should provide a budgetary ROM cost for warehousing new medical equipment?

Response to Question No. 70: Cost to be included in your fee proposal.

Question No. 71: Appendix B:

a. Many of these functions overlap and/or are part of the overall planning process, making them difficult to break out as individual fees. Is it acceptable to identify those items as "Included"?
    i. Examples are:
        1. Planning Scope of Work – would include the "Medical Equipment Budget Phase."
        2. Medical Equipment Procurement Phase – would include the "Pre-Procurement Validation Phase."
        3. Implementation – would include RFP Items I through X.

Response to Question No. 71: Request appropriate details to provide the evaluation of all proposals.

Question No. 72: Confirm: There will be a Transition Planner (TP) as well as MEQ, MEQ will partner with TP and coordinate EQ related activities

Response to Question No. 72: Yes.

Question No. 73: Confirm: MEQ to facilitate selection of warehousing and movers according to construction schedule; Company selected to be contracted by client; MEQ to manage warehousing / move activities

Response to Question No. 73: Company selected to be contracted by Medical Equipment Planning Firm.

Question No. 74: Design and Construction Schedule? Substantial Completion noted as 2028 seems tight. Is there an anticipated number of occupancy phases?

Reference: Section 5.A, Project Description, page 9. Also, Section 4.A, Introduction, page 8, which states the project will be delivered through a phased approach, and Section 5.X.f, Anticipated Project Milestones, page 28, which notes milestone dates may change, and services may need to extend up to three months without added fees.

Response to Question No. 74: See response to Question No.2.

Question No. 75: Will planning meetings be expected in person, virtual, or combination?

Reference: Section 5.W, Meetings and Collaboration, page 27. This section requires the firm to participate in and facilitate design, coordination, and MEQPS coordination meetings, but does not define meeting format. Also reference Section 3, Project Oversight and Governance, page 7, which mentions core team, steering team, and coordination meetings.

Response to Question No. 75: Combination.

Question No. 76: Existing Inventory Assessment: will a biomed list be provided as a guide, and what is the approximate facility size we will be surveying? Also, what departments would be surveying?

Reference: Section 5.E, Existing Inventory Assessment, pages 12 to 13. This section requires validation and documentation of existing inventory, field verification of fixed and movable assets, and capture of asset tag and current location. For facility size, also reference Section 5.A, Project Description, page 9, which describes the new program as exceeding approximately 1 million square feet, and Project Description, Building Summary, page 3, which lists the hospital building gross area as 621,820 square feet.

Response to Question No. 76: To be determined.

Question No. 77: Is the assumption that all procurement packages will be bid out, meaning three vendor minimum RFPs for all equipment?

Reference: Section 5.H, Medical Equipment Procurement Phase, page 15. This section says the MEQPS firm will assist in development of RFQ/RFP packages and support evaluation of MEQPS proposals. Also, Section 5.G, Pre-Procurement Validation, page 14, which requires a responsibility matrix and coordination with Strategic Sourcing for demonstrations and final selections.

Response to Question No. 77: Yes.

Question No. 78: Will Regional One enter requisitions for purchase order, or will MEQ firm be expected to complete entry into the PO system directly?

Reference: Section 5.H, Medical Equipment Procurement Phase, page 15. This covers procurement coordination, procurement expenditure tracking, and budget updates, but it does not clarify requisition or PO system entry responsibility.

Response to Question No. 78: To be determined.

Question No. 79: To clarify coordination of asset tagging, will Clinical Engineering perform this task, or should we anticipate labor to perform the tagging?

Reference: Section 5.I.e, Asset Management, page 17. This directly states the firm must coordinate asset tagging requirements in collaboration with Clinical Engineering and Owner representatives, but it does not assign who physically performs tagging. Also reference Section 5.S, Final Room-by-Room Equipment List, page 25, which requires asset tag number in the final equipment inventory, if MEQ is not performing will a list be provided by CE.

Response to Question No. 79: Medical Equipment Planner will perform tagging.

Question No. 80: Is there an anticipated duration for the dedicated on-site supervision of activation and relocation?

Reference: Section 5.L, Project Management, Supervision, and Execution Support, page 20. This requires dedicated leadership and on-site supervision throughout planning and execution, and a dedicated PM or site supervisor during all active relocation, delivery, and installation activities. Also reference Section 5.M, Manpower, page 21, which requires staffing levels to meet schedule and phasing requirements, and Section 5.X.f, Anticipated Project Milestones, page 28, which addresses alignment with milestone schedule and potential three-month service extension.

Response to Question No. 80: Medical Equipment Planning Firm to determine.

Question No. 81: Will Regional One be providing their current clinical standards, system wide standards, and status of contracts with GPOs?

Section 5.F.a, New Equipment Validation, page 13, which calls for review and confirmation of preferred and non-preferred vendors in alignment with organizational standards, and **Section 5.D.c, Stakeholder Coordination, page 12**, which requires coordination with Finance, Supply Chain, Purchasing, and Clinical Engineering to validate assumptions and maintain alignment with organizational standards.

Response to Question No. 81: To be determined.

Question No. 82: What will be the project delivery method? Design Bid Build, Design Build, or other?

Project Team, page 4. This section identifies the Construction Management/General Contractor as Memphis Healthcare Builders, a joint venture of Turner Construction Company, Flintco Construction, Nickson General Contractors, and Fifer & Associates. Also reference **Appendix C, AIA A133 Draft Agreement, pages 36 to 61**, which is a draft agreement between Owner and Construction Manager as Constructor where the basis of payment is Cost of the Work Plus a Fee with a Guaranteed Maximum Price. This suggests a Construction Manager as Constructor delivery structure, but can the RFP clarify the formal delivery method for MEQPS coordination purposes.

Response to Question No. 82: Delivery method is CPD. (Collaborative Project Delivery)

Question No. 83: Is there a software platform that is preferred to be used for the MEQ planning database?

Reference: **Section 5.C.c, Documentation and Deliverables, page 11.** This section requires comprehensive equipment databases and tracking tools, but it does not name a preferred platform. Also reference **Section 6.H, Electronic Management, page 31**, which asks proposers to describe technology tools and systems for real time tracking, reporting, system integration, and stakeholder accessibility.

Response to Question No. 83: To be determined.

Question No. 84: What are the anticipated phases of the move? Will it be by services, facility, or other?

Reference: **Section 5.A, Project Description, page 9.** This section states that following construction, the project will transition into a structured activation and occupancy phase, during which departments will relocate from the existing facility to the new campus in a phased and coordinated manner. Also reference **Section 5.X.e, Transition Planning Coordination, page 28**, which requires collaboration with the Transition Planner to develop and implement the transition and activation plan.

Response to Question No. 84: To be determined.

Question No. 85: Will the equipment move be supporting an active patient move?

Reference: **Section 5.X.e, Transition Planning Coordination, page 28.** This section requires alignment between equipment readiness and operational startup, but it does not state whether the equipment move will support an active patient move. Also reference **Section 5.L, Project Management, Supervision, and Execution Support, page 20**, which requires support for equipment activation, relocation, delivery, and final installation.

Response to Question No. 85: Yes.

Question No. 86: Is there a targeted amount of reuse anticipated?

Reference: **Section 5.E, Existing Inventory Assessment, pages 12 to 13.** This section requires the MEQPS firm to assess existing medical equipment to determine suitability for reuse, replacement, or disposition. It also requires recommendations for reuse, replacement, or disposition for each asset, but it does not state a target reuse percentage or quantity.

Response to Question No. 86: To be determined.

Question No. 87: What is the distance between the existing site and the new location in miles and time?

Reference: **Section 1, Project Overview, page 2.** This section states that the new hospital will be located at the former Commercial Appeal site on Union Avenue. Also reference **Section 5.A, Project Description, page 9**, states that departments will relocate from the existing facility to the new campus. The RFP identifies the new site, but it does not provide the exact distance or travel time from the existing facility.

Response to Question No. 87: Less than one mile. Time depends on traffic.

Question No. 88: Will the building be activated in phases?

Reference: **Section 5.A, Project Description, page 9.** This section states that after construction, the project will transition into a structured activation and occupancy phase, with departments relocating in a phased and coordinated manner. Also reference **Section 4.A, Introduction, page 8**, which states the replacement hospital and supporting facilities will be delivered through a phased approach.

Response to Question No. 88: To be determined.

Question No. 89: What is the current phase of the project?

Reference: **Section 1, Project Overview, page 2.** This section states that the project is in the beginning stages of schematic design. Also reference **Appendix D, Program Summary, page 106**, which identifies the Program Summary as SD Stage, dated May 21, 2026.

Response to Question No. 89: Schematic Design.

Question No. 90: How long is the anticipated move phasing between the first and last phase?

Reference: **Section 5.A, Project Description, page 9.** This section confirms that departments will relocate in a phased and coordinated manner after construction, but it does not define the duration between the first and last move phase. Also reference **Section 5.X.f, Anticipated Project Milestones, page 28**, which states that services must align with the milestone schedule and may need to adjust or extend to accommodate schedule changes.

Response to Question No. 90: To be determined.

Question No. 91: Question: Please confirm whether Regional One Health has an existing asset database, CMMS, or equipment inventory that will be provided to the selected firm.

Please clarify whether the Medical Equipment Planner is expected to physically inspect all existing equipment or only equipment identified as potential reuse candidates.

Reference: Page 13 – Topic – Existing Inventory; RFP Language – E. Existing Inventory Assessment – a. Key Responsibilities – Collaborate with ROH Stakeholders to validate and document all medical equipment inventory.

Response to Question No. 91: To be determined.

Question No. 92: Question: Does ROH have a documented standards list?

Does ROH have a POC that can clarify/validate standards and questions related to standards for medical equipment throughout the planning process?
Reference: Page 13 – Topic Standards; RFP Language – F. New Equipment Validation. – a. Key Responsibilities – (3rd item) Review and confirm preferred and not preferred Responders in alignment with organizational standards.

Response to Question No. 92: To be determined.

Question No. 93: Question: Please provide targeted start and stop dates for the following:
SDs
DDs
CDs
Construction
Activation
First Patient
Reference: N/A – Topic – Design Schedule; RFP Language – N/A

Response to Question No. 93: See response to Question No.2.

Question No. 94: Question: Please provide more detail related to other facilities (Additional building, programs, and completion dates) as this will impact the phasing of procurement, warehousing, and delivery/installation level of effort and staff required for the project. Also please confirm if all planning will take place for all facilities at the same time.
Reference: Page 9 – Topic – Supporting Facilities – RFP Language – 5A Project Description. (3rd Paragraph) – Substantial completion of the lower tower is currently anticipated in 2028, with supporting facilities expected to be completed in advance of this milestone.

Response to Question No. 94: Supporting facilities, other than the CUP, are scheduled to be completed at the same time as the patient tower.

Question No. 95: Is there a preferred software you would like the MEQPS team to use to support planning, scheduling, or file coordination?

Reference: **Section 6.H, Electronic Management, page 31.** This section asks proposers to describe the technology tools and systems to be used, including real time tracking of procurement, delivery, and installation, reporting capabilities, system integration, and accessibility for Regional One Health stakeholders. Also reference **Section 5.U.b, Digital Access, page 26**, which requires a centralized digital repository or platform for long-term access by Regional One Health.

Response to Question No. 95: To be determined.

End of Addendum No. 2
Medical Equipment Planning RFP