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ADDENDUM NO. 3

August 11, 2023

REQUEST FOR QUALIFICATIONS (RFQ) NUMBER H23-0023

TITLE: CONSTRUCTION MANAGER AT RISK (CMAR) SITE PREP FOR MOBILE MRI TRAILERS AT JOHN H. STROGER HOSPITAL

1. General

This addendum revises RFQ documents. This addendum is issued to respondents of record prior to execution of contract and forms a part of contract documents and modifies previously issued documents. Insofar as previously issued contract documents are inconsistent with modifications indicated by this addendum, modifications indicated by this addendum shall govern. Where any part of the contract documents are modified by this addendum, all unaltered provisions shall remain in effect.

2. Addendum Acknowledgement Form

Acknowledge receipt of this addendum in the space provided on the Addendum Acknowledgement Form. Proposers must include the signed form with their response. Failure to do so will subject Proposers to disqualification.

3. Changes and Clarifications

A. Site visit / Field Inspection: MANDATORY SITE INSPECTION

The facilities in scope will be available for **Site Inspections on August 18, 2023, from 11:30 am - 12:30 pm CT at Stroger Hospital (1969 W Ogden Avenue, Room 5305 Chicago, IL 60612)**. Respondents must still schedule the site inspection with Cook County Health by emailing purchasing@cookcountyhhs.org.

B. Modify Section 4 of the RFQ as follows:

Delete and replace Section 4 of the RFQ with the Attachment A of this Addendum.

4. Attachments

A. Attachment A: Scope of Services for Site Prep For Mobile MRI Trailers

- Revised Scope of Services
- Attachment T – MRI Site Planning Guide
- Proposed Layout

**ATTACHMENT A, SCOPE OF SERVICES / DESCRIPTION OF WORK FOR
SITE PREP FOR MOBILE MRI TRAILERS AT JOHN H. STROGER JR. HOSPITAL**

4. CMaR Scope of Services / Description of Work

Provide architectural, engineering, and structural services necessary to complete permit(s) application and all required MEP design and construction work:

1. Provide superintendent and project manager until completion of project
2. Provide weekly construction updates throughout all phases of this project
3. All permit fees required by CoC, except for IDPH
4. Submittals for approval of materials, including lighting and other finishes
5. Completion of all CoC and any other required inspections
6. Provide closeout documentation, including DDs, As-builts, and warranty information
7. Provide submittals for approval for finishes, equipment, lighting as required
8. Responsible for storage/transportation, and removal of materials/supplies
9. Responsible for securing construction site
10. Owner responsible for storing any items to be salvaged
11. Maintain a clean work environment, provide dumpsters, and maintain disposal throughout
12. Comply with CCH's badging requirements, proof of Covid vaccination and flu shot
13. Removal of existing fence, lighting poles, curbs, etc., as needed for equipment installation
14. Provide labor and materials to meet support pad requirements
15. Provide labor and materials to meet power requirements
16. Provide labor and materials to meet mobile grounding requirements
17. Provide labor and materials to meet telephone and data service requirements
18. Provide labor and material to install electronic security, controls, and safety
19. Provide labor and materials to install an anteroom to the MRI unit(s)
20. Provide labor and materials to meet heating and cooling requirements inside anteroom
21. Provide labor and materials to install a connecting aluminum frame awning with windows and doors as needed for patient safety and visibility
22. Provide containment around registration desk for patient privacy
23. Any other labor and materials for a complete project
24. Add a 15% contingency

See Attachment T – Site Planning Guide MRI and SMS Preliminary Site Power Audit and Proposed Layout

The "Attachments" included with this RFQ detail information that must be included within the scope of services.

ADDENDUM ACKNOWLEDGEMENT FORM

As required by the RFQ, Proposers must submit this acknowledgement form with their response. One acknowledgement form per response, listing all addenda, is appropriate.

Addendum No.: _____

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Addendum No.: _____

Addendum No.: _____

Addendum No.: _____

Addendum No.: _____

Company Name: _____

Representative's Name: _____

Signature: _____

Date: _____

END OF ADDENDUM