

APPENDIX 10 SUBMISSION REQUIREMENTS

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APPENDIX 10 SUBMISSION REQUIREMENTS

INTRODUCTION

This Appendix 10 - Submission Requirements is comprised of the following separate schedules, all of which are hereby incorporated by reference into this Appendix 10 and each of which may be referred to either by a general reference to this Appendix 10 or by a specific reference to the schedule within this Appendix 10 in which it is located:

Schedule¹	Description	Appendix 2 Cross-Ref.²
10-1	Clinical Operations, Efficiency and Design	1.1
10-2	Facility Management Service and Human Resources	1.2
10-3	Construction	1.3
10-4	Financial	1.4
10-5	Partnering and Relationships	1.5
10-6	Risk Transfer and Commercial Considerations	1.6
10-7	Team Integration and Delivery	1.7
10-8	Pricing Schedules	
10-9	Drawings	
10-10	Schedule of Departures	

Note:

¹References to an Appendix 10-1 to Appendix 10-10 of the RFP shall be deemed to be references to the applicable Schedule 10-1 to Schedule 10-10 as set out in this table.

²The column entitled Appendix 2 Cross-Ref. indicates the cross-reference to the applicable Evaluation Category in Appendix 2 of the RFP.

GENERAL ORGANIZATION OF APPENDICES 10-1 TO 10-9

Each of Schedule 10-1 to Schedule 10-7 corresponds to an Evaluation Category in Appendix 2 of the RFP, as indicated by the applicable cross-reference to Appendix 2.

Schedule 10-8 contains the schedules to be used for submission of information and breakdowns of pricing and costs. Although referred to in Schedule 10-4 and primarily used by the Proposal Evaluation Committee for the “Financial” Evaluation Category, some parts of Schedule 10-8 may also be relevant to other Evaluation Categories and so, for convenience, the price and cost schedules are included in Schedule 10-8 rather than Schedule 10-4.

Schedule 10-9 is for any drawings which are common to more than one of Schedule 10-1 to Schedule 10-8.

For convenience of reference and to assist Proponents to prepare their Proposals, the sections in each Schedule are numbered in a manner which corresponds to the number of the Schedule.

APPENDICES ARE SUBMISSION GUIDELINES ONLY

Although the intent of Appendix 10 is to identify all submissions which Health Co would like to receive from Proponents, Proponents should carefully review the whole of the RFP, Project Agreement and Output Specifications for any submissions which may be identified in those documents but which may not be identified in this Appendix 10 to ensure they do not inadvertently omit to submit some information that is requested elsewhere. Such information should be submitted under the appropriate section(s) of the applicable Schedule 10-1 to 10-9.

To minimize repetition, each of Schedule 10-1 to Schedule 10-10 is written in summary form and without constantly repeating terms such as “Proposals should include” and “Proponents should submit.” These terms are to be implied such that Health Co requests that all information identified in each of Schedule 10-1 to Schedule 10-10 be submitted as part of each Proposal to the extent practicable for each Proponent.

For convenience of Proponents, forms and tables prescribed in Appendix 10 will be available in electronic form in the Data Room.

GENERAL INSTRUCTIONS FOR COMPLETING AND SUBMITTING APPENDICES

To facilitate review of Proposals by the Proposal Evaluation Committee and the AHCC Advisors, the Proposal Evaluation Committee may extract pages or parts of schedules from Proposals. Accordingly, every page, sheet, drawing and document, including all brochures and catalogues, which are part of the Proposal should contain the Proponent’s name and, for each of Schedule 10-1 to 10-10 be:

- Numbered consecutively, with the total number of pages for each schedule identified.
- Identified by the applicable schedule number, from Schedule 10-1 to Schedule 10-10.
- Single sided (except published brochures and catalogues).

- Included in 3 ring or other type of binder(s). Although more than one schedule can be contained in a single binder, some appendices may require more than one binder.
- Binders should be labelled to identify the appendices contained in each binder.

Although not always identified in each schedule, Proponents should as part of each schedule include and describe any unique and innovative features of their Proposal that:

- Proponents consider may make their Proposal, or any particular aspect of their Proposal, significantly superior to that of other Proposals which Health Co may receive.
- Proponents consider may not be readily quantifiable from a cost to Health Co perspective, but which may nevertheless result in long term savings to the Health Authorities in the delivery of health care from the AHCC.

Proponents are encouraged, where possible, to use drawings, illustrations and diagrams to emphasize or explain the features of a proposed item. Published descriptive literature (brochures) may be included if specifically relevant (non relevant portions of brochures should not be included).

ADDITIONAL INSTRUCTIONS

Refer to the following Sections of the RFP for additional information and instructions on preparation and submission of Proposals: Section 11 (Mandatory Proposal Requirements), Section 14 (Proposal Deliverables – Initial Proposal Stage), Section 16 (Proposal Format) and Section 20 (Amendments to Proposals Prior to Closing Time).

DRAWINGS COMMON TO MORE THAN ONE SCHEDULE

Where drawings submitted by Proponents relate to only one schedule of this Appendix 10, they may be included either in the applicable schedule or in Schedule 10-9.

Where drawings submitted correspond to more than one schedule of this Appendix 10, they may be included either in each schedule or in Schedule 10-9.

Proponents should ensure that, in each schedule, they identify the drawings in Schedule 10-9 which they consider relevant to that schedule to ensure they are not over-looked by the Proposal Evaluation Committee while reviewing, evaluating and scoring the Evaluation Category corresponding to that schedule.

Submission of plans, drawings, schedules and similar documentation should be provided in hard copy form, as well as electronic form (where identified in this RFP) to comply with the requirements of this RFP. All Plans and Documents should be bundled with regard to their particular discipline and provided in both A3 and AO [1] formats.

OPTIONS AND ALTERNATE PROPOSALS

Options and Alternate Proposals are governed by Section 12 (Options) and Section 13 (Alternate Proposals) of the RFP. Refer to those sections of the RFP prior to completing and submitting any Options or Alternate Proposals.

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SCHEDULE 10-1

CLINICAL OPERATIONS, EFFICIENCY AND DESIGN

1. CLINICAL OPERATIONS, EFFICIENCY AND DESIGN

1.1 Introduction

- (a) The first part of this Schedule 10-1 provides guidelines for the submissions requested relating to aspects of the design. The latter part provides guidelines for describing how the proposed design outcomes will meet the clinical and operational requirements and efficiencies that are directly attributable to the design.

1.2 Approvals Process

- (a) For Health Co and the Health Authorities to occupy the Facility and for the Health Authorities to provide their Clinical Services and Non-Clinical Services for the AHCC, numerous approvals with regard to the Project are required, including among others:

- City - Planning and Permitting.
- Medical gases.
- Radiation safety.
- Pharmacy.
- Diagnostic Services.
- Infection control.
- Helipad construction and air traffic routes.
- Building occupancy permit.
- Building commissioning.

Provide and describe the following for the above and for all other approvals (list and describe same) required for the Project:

- Names of specialist advisors/consultants who will be involved in obtaining all necessary approvals.
- Methodology for obtaining the above and any other approvals that are required or deemed necessary.

1.3 Design Criteria

1.3.1 Site Development

- (a) Provide a site development plan.
- (b) Demonstrate compliance of the Proposal with the following sections of the Output Specifications: Section 1 - Key Site and Building Criteria; and Section 5 - Design and Technical.
- (c) Provide the following information:
 - Site context, including site development, adjacent roads and property uses (1:1000 context plan).
 - Location of all buildings, roadways, pathways, fire fighting access, post-disaster provisions, green space, car parking and services elements (1:500 site plan). Identify the site movement strategy including cars, pedestrians, deliveries, waste removal, ambulances and fire fighting access. Include landscape concepts.
 - Streetscape drawings demonstrating proposed massing, materials and image of the AHCC, including in the context of adjoining development or any proposed commercial development on the Site.
 - Cross-sectional diagrams showing relationship between the AHCC and proposed commercial opportunities and adjacent residential uses (if appropriate).
 - Traffic management plan, including vehicular passenger and delivery and pedestrian access to the Facility and all emergency access.
 - Information required by the City of Abbotsford Design Control Covenant.

1.3.2 Design Proposal

- (a) Provide a design proposal, sufficiently detailed to demonstrate compliance of the Proposal with the relevant sections of the Output Specifications.
- (b) In addition to the detailed design proposal, provide written and graphical summaries of the design.
- (c) The design proposal and the written and graphical summaries of the design should be provided in sufficient detail to demonstrate the following features:
 - How the operational requirements of the proposed design relate to the Clinical and Non-Clinical Output Specifications.
 - The nature of the building, functional aspects (including space standards, internal circulation and way finding), environmental aspects (including healing environment, daylight, acoustics, colour and the use of art),

operational aspects (including, infection control, ergonomics and designing for the disabled), and capacities.

- Merits of the design and design philosophy.
 - Flexibility in design and construction to meet future expansion requirements, including ease of adding capacity in future at minimal marginal cost and with minimum disruption to the operational requirements of Health Co and the Health Authorities.
- (d) Where commercial opportunities are proposed as part of a Proposal, provide a clear delineation between the public (AHCC) and shared components of the AHCC, and the commercial opportunities. If Proposals include provisions for integrated commercial developments:
- Provide full and clear details of the manner in which the services offered by the commercial opportunities will be delivered.
 - Describe how they will not adversely affect the FM Services, Clinical Services and Non-Clinical Services.

1.3.3 Architecture

- (a) Provide the Proponent's design protocol and the Proponent's approach to key review and approval periods, including:
- The methodology proposed to manage the design and construction process, and the approval process between the Proponent, the Constructor, the City and Health Co.
 - The design review process as described in the Project Agreement.
 - Outline specifications for the buildings and plant. These specifications must include the intended or expected usage and indicate, where available, similar applications for reference purposes.
 - The means by which the requisite fire and emergency safety standards will be met (Proponents must assess the fire safety risks of their intended design in accordance with Applicable Law and the requirements of the Authorities Having Jurisdiction, including the requirements of the Building Code).
- (b) Provide appropriate design documentation, including:
- Floor plans (1:200) with room numbers cross-referenced to those indicated in Sections 2 and 3 of the Output Specifications, and to the accommodation schedule. Include all walls and doors, structural elements, circulation elements (e.g. stairs, elevators) and major service shafts.
 - Building elevations and sections, and site sections, sufficient to illustrate design aesthetics, materials and major features.
 - Minimum of two 3-D renderings, illustrating the overall design quality and aesthetics for the Project.

- A monochromatic massing model (1:500) of the Site and the Project.
- Functional relationship drawings (1:500 architectural plans) indicating the location and functional relationships of all program elements, horizontal and vertical circulation, future expansion space, internal traffic flow-patient, staff, visitor, FM Services). Use colour to illustrate the program elements and to differentiate the following types of internal circulation systems: public, service, controlled access for staff and patient movement and “sterile”.
- Description of architectural systems and assemblies (outline specification).
- Schedules of indicative finishes, fixtures, fittings and equipment.
- Landscape design, including philosophy, courtyard treatments, general areas, parking areas, etc. Types and maturity of plants should be identified, as should maintenance and requirements for irrigation.
- Room data sheets and drawings (1:50), in the format shown in the sample data forms referenced in Section 1.6 of this Schedule 10-1, for the following typical rooms and typical areas
 - Single and double inpatient room.
 - LDRP.
 - Emergency treatment high risk bay.
 - Pair of PACU recovery bays.
 - Operating Room.
 - Cancer treatment vault, including the maze and control room.
 - Diagnostic imaging camera room
 - ICU
 - Pair of chemotherapy treatment bays.
 - Ambulatory clinic room.
- Provide drawings indicating typical location of medical gas, general power and other outlets for each of the typical rooms and typical areas above.

1.3.4 Structural

- (a) Provide structural drawings (1:200), showing the following:
- Extent of structure and dimensions of structural grid.
 - Approximate size and depth of all structural members (reinforcing need not be shown and structural steel sections may have depth without weight).
 - Approximate size and type of foundations
 - Slab thickness(es).

- Layout of the lateral system, including placement of walls or other lateral resisting elements. Locations of walls or other force resisting elements to be established, but wall thicknesses may be conceptual at this time.
- (b) Provide a description of and information on:
- Proposed foundation system.
 - Materials to be used.
 - Proposed lateral system.
- (c) Describe and demonstrate how the Proposal meets the disaster and seismic requirements of the Output Specifications.

1.3.5 Civil Works - Off-Site

- (a) Provide a design report and key plan (1:500) addressing the design of the following off-site work:
- Sanitary and storm sewers.
 - Water mains.
 - Electrical and communications services.
 - Gas.
 - Road works, including pavement widening, pavement structure, curb and gutter, medians, sidewalks/pathways, streetlights, signals (if any), signage, landscaping, and pavement structure.
- (b) Provide additional design documentation for the off-site work as necessary to demonstrate compliance with the requirements of the Output Specifications.

1.3.6 Road Works and Storm Sewers – On-Site

- (a) Provide design documentation for on-site road work, showing:
- Layout (1:500) of the development of the Site.
 - Proposed road entry and exit treatments for all access points to the Site.
 - Separation of different types of vehicle traffic and pedestrian traffic.
 - Type and profile of pavements proposed, and of curbs and gutters.
 - Number of parking spaces, differentiating between staff and visitors.
 - Comprehensive traffic studying conformance with the City of Abbotsford Development Agreement.

- (b) Provide design documentation and calculations for on-site storm systems, showing:
 - Stormwater drainage system, including collection of down pipes, location of pits and size of pipes.
 - Retention system.
 - Method for dealing with any existing sub soil drains.
 - Stormwater outfall drain and connection point.
- (c) In addition to the above design drawings and documentation, describe the on-site civil works to be provided and how these will satisfy the needs of the AHCC, existing soil conditions, and the requirements of the Authorities Having Jurisdiction (particularly regarding stormwater collection and retention and regarding the roadworks on the Site).

1.3.7 Sanitary Sewer

- (a) Provide drawings and documentation showing:
 - Sewer Connection point.
 - Sewer drain reticulation layout, manholes and size of pipes.
 - Any sewage treatment plant, waste treatment apparatus and associated pumping system.
 - Arrangement of sanitary plumbing throughout the Facility.
- (b) In addition to the above drawings, describe the sanitary services provided and how they will satisfy the needs of all equipment, and the needs of staff and patient services.

1.3.8 Gas Systems

- (a) Provide drawings (1:500) of the gas systems, including a site plan showing:
 - Point of origin of supply.
 - Size(s) and position(s) of any storage tanks.
 - Distribution method and pipe sizes.
 - Safety controls and interfaces provided, if any.
- (b) In addition to the drawings, describe the gas system services to be provided and how these services satisfy the following needs:
 - Plant and equipment.
 - Cylinder storage.

- Safety and comfort of the AHCC.
- An appropriate installation for health services.

1.3.9 Medical Gases

- (a) Provide drawings (1:500) of the medical gas services and systems.
- (b) Describe how the medical gas services and systems will satisfy the needs of plant, equipment, staff and patient facilities.
- (c) Describe the medical gas plant, size and storage, including the number and capacity of central compressors, vacuum pumps, cylinder storage, bulk storage, etc.
- (d) Provide details of the following:
 - Compliance with provincial and national standards/codes and practices.
 - Source of each gas.
 - Systems proposed for gas supply and vacuum.
 - Gas type provided.
 - Location of each plant or storage facility.
 - Method of storage and distribution.
 - Ventilation requirements.
 - Management requirements.
- (e) Each item of plant and the extent of each medical gas system must be detailed separately.

1.3.10 Fire Protection

- (a) Provide a site plan showing the fire protection system, including locations, sizes, capacities and ratings for:
 - Hydrants and hose reels.
 - Underground distribution network (if applicable).
 - Tanks, if any, provided for fire protection.
 - Pumps, if any.
 - Fire pump test ports, if any.
 - Siamese connections.
- (b) In addition to the site plan, describe the fire protection systems to be provided and how they will satisfy the needs of:

- Provincial and national standards.
 - Building Code of British Columbia.
 - All relevant fire codes and other requirements of Authorities Having Jurisdiction.
 - ULC, if applicable, and the requirements of insurers.
- (c) Describe how the fire protection systems integrate with the fire detection systems incorporated within the electrical, hydraulic and/or mechanical installations.

1.3.11 Electrical Supply

- (a) Provide a site plan (1:500) showing location and configuration of services (power, telephone, cable TV and any other electrical communication between buildings). Provide design drawings (1:200) and design documentation for electrical services, showing and describing:
- Origin of supply(s).
 - Preliminary arrangements with BC Hydro.
 - Arrangements for service redundancy.
 - Main substation location and main communication room.
 - Sub-electrical room locations, and communication room locations.
 - Emergency preparedness.
 - Seismic provisions.
 - Main switchboard location.
 - Cable routes, and methodology of routing cabling.
 - Position, size and capacity of emergency generator(s).
 - Position, size and capacity of underground fuel sources.
 - Position and types of site lighting.
 - Location of main and sub-main alarm panels.
 - Lighting and controls, including proposed day lighting measures and energy management measures.
 - Major medical equipment connection requirements.
 - Energy management.
 - Mechanical equipment connections.
 - Proposed power monitoring systems.
 - Location of panel boards.
 - Specialty systems.

- Main single line diagram showing sizes of all transformers, generators and distribution breakers, the proposed methodology of distribution and the general arrangement methodology of supply to the buildings.
 - Typical room layouts (1:50) for each type of room for which room data sheets and drawings are required in Section 1.3.4(b) of this Schedule 10-1, showing location and type of all lighting, receptacles and low tension and communication devices. Indicate design illumination levels for each area.
- (b) In addition to the above drawings, describe the electrical services to be provided and include details of:
- Power distribution and maximum demand calculations.
 - Type(s) of lighting to be used, incorporating standards of design and including emergency and exit lighting.
 - Method of lighting the exterior and perimeter of the buildings.
 - Standby and uninterrupted power supply requirements and distribution.
 - Wiring systems for patient treatment, identifying.
 - Critical Care Areas.
 - Step-down units.
 - General and medical surgical areas.
 - Power monitoring systems.
 - Lighting control systems.
 - Proposed wiring methodologies, routing, conduit types, cable tray.
 - Lightning protection system.
 - Proposed equipment cut sheets for power distribution, lighting and emergency generator.
 - Thermal fire alarm system, including details of fire panels, detectors and air conditioning shut down systems.
 - Emergency evacuation and intercommunication system, including details of master emergency control panel, zones, speakers, etc.

1.3.12 Technology and Communication Systems

- (a) Provide single line drawings (1:200) showing:
- Nurse call systems (typical ward) and main equipment locations.
 - Wireless staff communications.
 - Public address system.
 - Structured cabling.

- Code blue.
 - Patient entertainment.
 - Patient monitoring.
 - Intercommunication.
 - Security systems.
- (b) Provide cut sheets of proposed equipment for all of the above systems.
- (c) In addition to drawings, describe each of the above systems and how they will each integrate with the following: the hospital network; one another; and mechanical systems.
- (d) Describe how each individual security system will interact and operate as a total, integrated and seamless system.
- (e) Provide a threat and risk assessment report.
- (f) Provide a security master plan and an overview of what technologies will be used to assist in implementing the master plan.

1.3.13 Mechanical Systems

- (a) Provide drawings (1:200) and a brief description of:
- Main energy sources.
 - Cooling plant.
 - Heating Plant.
 - Steam Plant.
 - Heat dissipation systems, cooling towers, etc.
 - Air handling systems.
 - Domestic hot and cold water system at various temperatures.
 - Redundancy provisions.
 - Seismic provisions (e.g. isolation valves for post disaster).
 - Tempered water systems.
 - Major service shaft locations.
 - Typical ward services.
 - Typical operating theatre services.
 - Other specialty systems.
 - All major mechanical space locations.

- Sanitary waste and vent systems.
 - Storm water systems.
 - Mechanical strategies for infection control.
 - Building Management system.
- (b) Describe and provide comfort conditions for occupants, including:
- Treated areas (e.g. glazing, walls, roof).
 - Building elements and U values selected.
 - Manner of heating, cooling, ventilation and humidity control.
 - Air distribution system, including exhaust and smoke controls.
 - Indoor air quality.
 - Typical zones and zone control.
 - Load calculations.
 - Acoustic consideration of mechanical services.
 - Plant management system.
 - Waste handling/disposal and facilities management.
 - Laboratories and other specialist room environments.
 - Specialty mechanical services required to support the proper functioning of equipment in the Facility.
- (c) Provide and address the following:
- Load calculations:
 - Building envelope efficiency.
 - Description of glazing system, floor, roof and internal partition system, and U values.
 - Load calculation for each zone.
 - Air handling system:
 - Air handling system type and function.
 - Cooling heating sources.
 - Zone by zone cooling and heating loads, in w/m^2 .
 - Floor area served by each unit, in m^2 total.
 - Smoke control and operation under fire service requirements.

- Cooling and heating plants:
 - Description of plants, including type and configuration.
 - Plant locations.
 - Average loads, in w/m^2 , based on total heated/conditioned area.
 - Total loads in KW and total installed capacities.
 - Energy recovery measures.
 - Standby plant or duplication provisions.
 - Typical Mechanical Design for Specialty Systems:
 - Isolation room(s).
 - Operating room(s).
 - Pharmacy and laboratory laminar flow cabinet(s).
 - Cancer treatment area vaults.
 - Mental health seclusion areas.
 - Domestic hot water systems:
 - Description of system and primary fuel.
 - Storage, expressed in litres per bed and for total storage.
 - Recovery rate, in litres per hour for $55^\circ\text{C}/100^\circ\text{F}$ temperature rise.
 - Number and size of storage vessels, construction and material, and location of plant.
 - Energy saving devices/systems.
 - Thermal efficiency of system as a percentage input of primary energy source.
 - Tempered water systems:
 - Description of systems.
 - Primary fuel system.
 - Areas requiring warm water system and number of outlets.
 - Anti scald system safety measures.
 - Legionella prevention requirements, disinfection systems, etc.
 - Acoustics.
- (d) Typical room layouts (1:50) for each type of room for which room data sheets and drawings are required in Section 1.3.3(b) of this Schedule 10-1, showing location and type of all mechanical devices.

1.3.14 Elevators / Vertical Transportation

- (a) Provide descriptions, including types, for:
 - Trauma/OR/Patient elevator(s).
 - Passenger elevator(s).
 - Service elevator(s), etc.
- (b) For each elevator type, provide and describe:
 - Number of elevators in each group.
 - Elevator round trip time.
 - Number of passengers.
 - Traffic handling capacity.
 - Load capacity.
 - Speed.
 - Car dimensions.
 - Door opening and door type.
 - Elevator drive type.
 - Emergency communication system type.
 - Fire alarm interface.

1.3.15 Telephone and Network Systems

- (a) Provide documentation of the proposed telephone and network systems showing:
 - Origin of supply and interconnection with external services.
 - Proposed PABX communications system, including phone switch, handset types, backup power, voice mail system, and proposed software.
 - Proposed PABX switch layout drawing, indicating CPU's, all equipment cards, spare ports, spare card locations and proposed software.
 - Proposed voice mail, including quantity of mailboxes and storage time.
 - Proposed integration with wireless telephone system.
 - Proposed integration with other systems in Division 17 systems.
 - Proposed call centre systems and layouts.
 - Proposed network diagram.
 - Proposed communication room layouts.
 - Proposed network equipment layouts detailing interconnection details.

- Proposed network interface with other systems.
 - Proposed connection to the WAN service.
 - Proposed connections to local servers/server room.
- (b) Provide cut sheets of all equipment proposed.
- (c) In addition to the above telephone and network systems drawings, describe the telephone and network services system and how they will satisfy the needs of users in general. Provide specific detail for those users who have individual/group needs.
- (d) Describe in detail the communication traffic management plan for the FM Services call centre system.
- (e) Provide description of data communication systems showing:
- Location of all data gathering equipment, including file servers, computers, etc.
 - Data cabling system writing standards.
 - Relationship between data communications and all other items of equipment.
 - Interconnection and links between the AHCC and any other connected institutions, including main single line schematic showing proposed methodology of distribution.
- (f) In addition to the above data communication system drawings, describe the data communications services and how they will satisfy the needs of related services.
- (g) Provide details of all standards proposed for supply, installation, testing and commissioning. These standards shall not be less than those standards referenced in Sections 1, 5, 6 and 7 of the Output Specifications.

1.3.16 Hydraulic Services Installation and Fire Protection

- (a) Provide drawings (1:500) showing:
- Origin of water supply.
 - Any standby/supplementary supplies, indicating:
 - Location.
 - Size of storage.
 - Pumping system.
 - Layout of fire and domestic services, indicating size of pipes.
 - Details of mains pressure and flow and details of fire connection to mains.
 - Method of isolation and control:

- Location of fire hose cabinets, siamese connections.
 - Layout of fire sprinklers and controls.
- (b) In addition to the above drawings, describe the hydraulic services to be provided and how they will satisfy the daily maximum demand for the operation of the AHCC, including in accordance with the requirements of relevant Authorities Having Jurisdiction and all relevant or applicable codes, standards and practices.

1.3.17 Energy Efficiency

- (a) Describe how the design meets the principles of environmental sustainability, including the LEEDs Silver requirements.
- (b) Provide an indicative energy management plan, including accountability mechanisms.
- (c) Provide aggregate energy use for the first 24 months of AHCC operation.
- (d) Provide details of energy performance, in particular the energy target of 1.3Gj/m² and how it will be achieved, having regard to the proposed energy management plan and:
- Shading.
 - Thermal transmittance.
 - Natural lighting.
 - Weather exclusion.
- (e) Provide indicative annual load profiles for both gas and electricity, showing energy consumption for each month. Show peak and off peak consumptions separately where appropriate.
- (f) Provide a proposed annual Utility Target, by completing the appropriate schedule in Schedule 10-8 of Appendix 10.

1.3.18 Furniture Fittings and Equipment

- (a) By reference to the attributes in the Furniture and Equipment Schedule, describe the proposed furniture, fittings and equipment for AHCC, taking into account the requirements of the Output Specifications and the following attributes required by Health Co and the Health Authorities:
- Durability.
 - Comfort.
 - Fit for Purpose.
 - Maintenance free.
 - Complementary to intended use and spatial surroundings.

- Of hospital grade or standard as presently used and endorsed by hospitals in British Columbia.

Where practicable, reference the furniture, fittings and equipment to those contained in newly developed public hospitals in British Columbia which can be used as benchmark facilities. Proponents, however, are solely responsible for selecting furniture, fittings and equipment that fully meet all aspects of the design.

1.3.19 Provision for Future Expansion

- (a) Describe and demonstrate how the design will accommodate future expansion, as required by Sections 1, 2, 3 and 5 of the Output Specifications, including by providing:
 - Plans indicating how future expansion will be addressed.
 - Details as to where the proposed expansion will occur on the Site.
 - Strategies to minimize disruption of the operating Facility and the use of the Facility by Health Co and the Health Authorities during any expansion.
 - Details of how the demand and load needs of the expansion will be met, including the need for expanding, supplementing or constructing additional services and infrastructure.
 - Strategies for the provision of architectural and structural, mechanical, electrical and civil engineering services for the expansion.
 - A description of any other facilities on the Site or within the Facility that need to be expanded, supplemented or constructed to meet the additional requirements imposed by the expansion (e.g. car parking, etc.).

1.3.20 Life Cycle Periods and Costs

- (a) Complete and provide the schedule of life cycle periods in Section **Error! Reference source not found.** of Schedule 10-8 of this Appendix 10.
- (b) Describe the Proponent's approach to life cycle replacement and how this will impact the Facility maintenance and refurbishment/replacement strategy over the duration of the Project Agreement.
- (c) Identify and describe the expected life of generic plant, furniture, fittings and equipment by category, and the expected maintenance and replacement regime that has been factored into the prices submitted with the Proposal.

1.3.21 Provisions for Disaster

- (a) Describe and demonstrate how the design of the Facility including its infrastructure addresses and meets the requirements of the Output Specifications and the applicable regulatory requirements for provision for disasters.

1.4 Accommodation Schedule

- (a) Provide an accommodation schedule of all Functional Areas, by zone and category and identified by net and gross floor area. A pro forma sheet for this purpose is available in an Excel Spreadsheet file named “Functional Areas.xls”. This spreadsheet details the Functional Areas prescribed in Sections 2 and 3 of the Output Specifications. Complete this spreadsheet in respect of the area analysis, and identify any differences in areas from those prescribed in Sections 2 and 3 of the Output Specifications.

1.5 Enhancing Health Authorities’ Provision of their Services

- (a) Identify and describe any features of the design and construction of the Facility that enhance the Health Authorities’ provision of the Clinical Services and Non-Clinical Services, especially those which may increase the efficiency and effectiveness while reducing the cost of the provision of those services, or which may otherwise provide downstream benefits to the Health Authorities in their day-to-day activities. Where this information is already provided in response to Sections 1.4, this should be indicated by appropriate cross-references.

1.5.2 Key Building Design Criteria

- (a) Describe and demonstrate how the Proposal meets the following:
 - The Project Vision and Guiding Principles.
 - Requirement for flexibility and expandability.
 - Image.

1.5.3 Functionality and Adjacencies

- (a) Describe clearly and in detail how the Proposal meets the requirements of the Clinical Output Specifications with regard to the required functional relationships and adjacencies for:
 - The AHCC as a whole.
 - Ambulatory Care Group.
 - Cancer Care Group.
 - Emergency Group.
 - Mental Health Group.
 - Public Facilities Group.
 - Surgical Group.
 - Women and Children’s Services Group.
 - Inpatient Services.

1.5.4 Design Efficiency

- (a) Describe clearly and in detail how the Proposal meets the performance statements in Section 1 Key Site and Building Criteria of the Output Specifications, particularly subsections 1.2.4. Function and 1.2.5 Indoor Environmental Quality.

1.5.5 Key Patient Areas

- (a) By reference to the room data sheets and drawings provided with the Proposal (requested in Section 1.3.3(b) of this Schedule 10-1), describe and provide details as to how the Proposal provides operational efficiencies with regard to:
 - Patient flows.
 - Staff flow.
 - Intradepartmental relationships.

1.5.6 Facility Management Interface

- (a) Describe and provide details as to how the provision of the FM Services will impact on the delivery of the Clinical Services. Describe and provide details of any efficiencies that are inherent in both the Proponent's design as well as the service delivery model for the FM Services.
- (b) Describe and provide details of where interface issues have been streamlined so that efficiencies are provided and a seamless service will exist between the provision of the FM Services by Project Co and the provision of the Clinical Services and Non-Clinical Services by the Health Authorities.

1.6 Room Data Sheets

- (a) Copies of proforma room data sheets to be completed and submitted by Proponents are attached to the end of Schedule 10-1.
- (b) Copies of the room data sheets will be provided separately to Proponents in electronic form, entitled "room data sheets.xls", "room data sheets_floorplans.doc" and "room data sheets_rcp.doc".

1.7 Project Delivery Approach

1.7.1 Outline Management Plan

- (a) Describe and provide Proponent's management plan for the integration of the design and construction phases of the Project, showing and identifying:

- The design methodology and general approach to the Project to be adopted. Indicate the Proponent's understanding of the Project, processes and roles of both Health Co and Project Co.
- Information and an organization chart specifying the structure and roles of participants who will be assigned to the Project for all phases related to the design.
- Key design personnel (attach their curriculum vitae) including their experience on healthcare projects of a similar size and nature. Provide information regarding previous similar projects completed by the assigned staff including their actual role, participation and duration of involvement in the project.
- A summary of current project workload of the Proponent's design team including a detailed list of current staff and manpower available for this Project. List the specified personnel who will be assigned and their anticipated commitment levels.
- A description of the Proponent's understanding of value management concepts including a description of techniques and approaches to managing schedules, costs and changes
- The quality control procedures that will be employed during the design and documentation of the facility to provide quality assurances to Health Co.
- Proposed program, identifying milestone dates, approval and sign off activities.

1.7.2 Design Process

- (a) Provide an outline for the following:
- Design protocol and approach.
 - Scope of design management & design strategy
 - Design development.
 - Design consultation & reviews
 - Value optimization
 - Design documentation
 - Quality Assurance and Quality Control.
 - Project endorsement.
 - Design constraints.
 - Design risks.
 - Risk management strategy and control.
 - Objectives and targets.

1.8 Design Process and Outline Management Plan

- (a) Describe and provide Proponent's outline management plan for the integration of the design and construction phases of the Project, showing and identifying:
- Structure and roles of participants.
 - Methodology to be adopted.
 - Key personnel (attach their curriculum vitae).
 - Anticipated commitment levels of key personnel.
 - Proposed program, identifying milestone dates, approval and sign off activities.

1.9 Design Process

- (a) Provide an outline for the following:
- Design protocol and approach.
 - Scope of design management and design strategy:
 - Design development.
 - Design consultation and reviews.
 - Value optimization.
 - Design documentation.
 - Design certification.
 - Quality Assurance and Quality Control.
 - Project endorsement.
 - Design constraints.
 - Design risks:
 - Risk management strategy and control.
 - Objectives and targets.

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ROOM DATA SHEETS – REFLECTED CEILING PLANS

Insert 1:50 drawing here

Drawing to indicate:

- All walls
- Key dimensions
- Ceiling finishes and layout of T-bar ceiling grids
- Location of all ceiling mounted mechanical and electrical devices
- Locations of IV and curtain tracks
- Locations of any ceiling mounted equipment

SERVICE GROUP
COMPONENT

ROOM NAME
REFERENCE NO.

Abbotsford Hospital & Cancer Centre

Revised July 28, 2003

ROOM DATA SHEETS – FLOOR PLANS

Insert 1:50 drawing here

Drawing to indicate:

- All walls to scale and delineate any different wall construction types
- Dimensions
- Doors, including size and door swing
- All plumbing fixtures and accessories
- All equipment and furniture
- All medical gas outlets
- All electrical and communication and division 17 devices
- Locations of all wall protection and special wall or floor finishes
- All floor slopes
- Interior and exterior glazing or windows, and window coverings
- Dash in location of privacy curtain, IV tracks, and ceiling-mounted patient lifts 'above'
- all millwork

SERVICE GROUP
COMPONENT

ROOM NAME
REFERENCE NO.

Abbotsford Hospital and Cancer Centre

Revised Aug 6, 2003

ROOM DATA SHEETS

SERVICE GROUP	DEPARTMENT / COMPONENT NAME
ROOM NAME	REFERENCE NO. DATE COMPLETED

ARCHITECTURAL REQUIREMENTS

ACOUSTICS

Noise Level in Room ☐ Low ☐ Medium ☐ High
 Sound Requirements ☐ No privacy ☐ Semi-private ☐ Confidential
 STC Rating of Walls

Additional Remarks

WALLS

DESCRIPTION OF WALL ASSEMBLY

WALL FINISH	HEIGHT OF WALL
-------------	----------------

WALL PROTECTION
(indicate locations
on 1:50 plans)

	WOOD	PVC	ST. STEEL	OTHER	HEIGHT
<input type="checkbox"/> Chair Rail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Crash Rail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Crash/Hand Rail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Hand Rail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Corner Guard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

FLOORS

Special Floor Loading or Construction Requirements

Finish Material	Base Material	Integral Coved Base <input type="checkbox"/>
-----------------	---------------	--

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ROOM DATA SHEETS

CEILINGS

Ceiling Height	Ceiling Material	Ceiling Finish
----------------	------------------	----------------

WINDOW TREATMENT

☐ Blackout Req'd
 ☐ Vertical Blinds
 ☐ Horizontal Blinds
 ☐ Other

☐ Roller Shades
 ☐ Curtains
 ☐ One-way viewing

DOORS

Size	Type of Construction			Fire Rating
Radiation Protection	Finish	Size of Glazing	Frame Construction	Frame Finish
Door Protection Provided			Height of Door Protection	
Type and Height of Frame Protection				
Hardware Requirements				

MILLWORK (indicate locations on 1:50 plans)

Upper Cabinets

☐ Open Shelving
 ☐ Cupboards with Drawers

☐ Glass Doors
 ☐ Microwave Shelf
 ☐ Lockable

Special Requirements

Base Cabinets

☐ Open Shelving
 ☐ Cupboards with Drawers
 ☐ 4 Drawers
 ☐ File Drawer
 ☐ One Drawer / Cupboard

☐ Desk with knee space
 ☐ Open Below
 ☐ Mobile Pedestal
 ☐ Lockable

Special Requirements

Full Height Cabinets

☐ Open Shelving
 ☐ Adjacent Utility Shelving
 ☐ Coat Closet with Door
 ☐ Doors Required
 ☐ Open Coat Closet
 ☐ Lockable

Special Requirements

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ROOM DATA SHEETS**Millwork Finishes**

	BACKSPLASH	PLASTIC LAMINATING	MELAMINE	STAINLESS STEEL	WOOD	CORIAN / SOLID SURFACES	METAL	OTHER
Counter Tops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposed Vertical Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposed Horizontal Surfaces (not incl. Counters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hardware Description

Other Comments

ACCESSORIES (indicate locations on 1:50 plans)**Sink Accessories** (indicate quantity)
☐ Soap Dispenser ☐ Paper Towel Dispenser ☐ Waste Receptacle ☐ Sharps Disposal

☐ Glove Dispenser ☐ Other
Toilet Accessories
☐ Grab Bar ☐ Toilet Paper Dispenser ☐ Sanitary Napkin Dispenser ☐ Sanitary Napkin Disposal ☐ Mirror

☐ Shelf(s) ☐ Baby Change Table ☐ Sharps Disposal ☐ Glove Dispenser ☐ Other
Room Accessories
☐ Sharps Disposal ☐ Glove Dispenser ☒ Tackboard ☐ IV Track ☐ Curtain Track ☐ TV Bracket
☐ White Board

Size

☐ Coat Hooks

Quantity

☐ Mirror

Size

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ROOM DATA SHEETS

EQUIPMENT

(indicate locations on 1:50 plans)

Fixed Equipment

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Mobile Equipment

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
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<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Furniture

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
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<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

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ROOM DATA SHEETS

MECHANICAL REQUIREMENTS

HVAC

Temperature Range (°C)	<input type="text"/>	<input type="checkbox"/> Individual Room Temperature Control;	Controlled from:	<input type="text"/>
Humidity Range (%)	<input type="text"/>	<input type="checkbox"/> Individual Room Temperature Control;	Controlled from:	<input type="text"/>
Total Air Circulation	<input type="text"/>	Air Changes per Hour		
Exhaust Requirements	<input type="text"/>	Air Changes per Hour		
Outdoor Air Provision	<input type="text"/>	Air Changes per Hour		

Air Pressure

☐ Positive ☐ Negative ☐ Neutral ☐ Switchable ☐ Air Conditioning ☐ Opening Windows ☐Air Filtration Efficiency % Room Design NC Level

Special Requirements:

Water:

<input type="checkbox"/> Hot Water 60 C	<input type="checkbox"/> Cold Water	<input type="checkbox"/> Tempered Water	<input type="checkbox"/> Steam/Condensate
<input type="checkbox"/> Rev. Osmosis	<input type="checkbox"/> Deionized Water	<input type="checkbox"/> Distilled Water	<input type="checkbox"/> Other <input type="text"/>

Gasses:

<input type="checkbox"/> Oxygen	<input type="checkbox"/> Medical Air	<input type="checkbox"/> Nitrous Oxide	<input type="checkbox"/> Other	<input type="checkbox"/> House/Comp. Air	<input type="checkbox"/> Laboratory Air
<input type="checkbox"/> Med. Vacuum	<input type="checkbox"/> Nitrogen	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Carbon Dioxide	<input type="checkbox"/> Gas Scavenging	<input type="checkbox"/> Laboratory Vacuum

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ROOM DATA SHEETS

ELECTRICAL REQUIREMENTS

PATIENT CARE CLASSIFICATION

☐ Basic ☐ Intermediate ☐ Critical

GENERAL POWER

Essential Power (EP) to:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Non-Essential Power (Non-EP) to:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

POWER RECEPTACLES

Mounting Location

- ☐ Wall (Typical)
- ☐ Wall Special Height
- ☐ Above Counter
- ☐ In Upper Millwork
- ☐ Ceiling Mounted
- ☐ Floor Mounted
- ☐ Headwall Unit
- ☐ Medical Service Column
- ☐ Wire Way

Outlet Type

EP.	NON-EP		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Requirements:

LIGHTING

General Illumination Level

 lx

- ☐ Fluorescent ☐ Exam Light Equipment ☐ Task Lighting ☐ Direct Lighting ☐ Dimmer
- ☐ Incandescent ☐ Overbed Light ☐ Emergency Lighting ☐ Indirect Lighting ☐ Other

Switching Requirements:

Other Requirements:

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ROOM DATA SHEETS

COMMUNICATION SYSTEMS

Outlet Type / Device

	Quantity	Location		Quantity	Location
Telephone	<input type="text"/>	<input type="text"/>	Dedicated Alarm System	<input type="text"/>	<input type="text"/>
Data	<input type="text"/>	<input type="text"/>	Intercom	<input type="text"/>	<input type="text"/>
Nurse Call:	<input type="text"/>	<input type="text"/>	PACS -Qty	<input type="text"/>	<input type="text"/>
Background Music	<input type="text"/>	<input type="text"/>	Patient Wandering	<input type="text"/>	<input type="text"/>
Patient Monitor	<input type="text"/>	<input type="text"/>	Public Address	<input type="text"/>	<input type="text"/>
Central Dictation	<input type="text"/>	<input type="text"/>	Sound Reinforcement	<input type="text"/>	<input type="text"/>
Clock - Central	<input type="text"/>	<input type="text"/>	Telemetry	<input type="text"/>	<input type="text"/>
Clock - Elapsed	<input type="text"/>	<input type="text"/>	TV Outlet	<input type="text"/>	<input type="text"/>
Code Blue	<input type="text"/>	<input type="text"/>	Video Conferencing/ Telehealth	<input type="text"/>	<input type="text"/>
Code White	<input type="text"/>	<input type="text"/>	Wireless Network Access	<input type="text"/>	<input type="text"/>

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PLUMBING		ROOM DATA SHEETS																				
		Mounting				Faucet			Tap			Material				Misc		Fittings	Corrosion Resistant	Fittings	Size	
Quantity	Counter	Integral w/ Counter	Wall Hung	Floor	Goose Neck	Standard	Laboratory	Sprayer	Lever/Blades	Standard	Foot Pedal	Electronic Controls	Porcelain	Stainless Steel	Corian / Solid Surface	Fibre Glass	Acid Resistant					Barrier Free
Handwash Sink																						
Utility Sink																						
Double Sink																						
Janitorial Sink																						
Deep Equipment Sink																						
Scrub Sink																						
Double Scrub Sink																						
Urinal																						
Toilet (WC)																						
Hopper/Clinical Sink																						
Bedpan Washer																						
Bath Tub																						
Shower																						
Special Tub																						
Eye Wash																						
Emergency Shower																						
Water Fountain																						
Other																						
Additional Remarks:																						

SCHEDULE 10-2

FACILITY MANAGEMENT AND HUMAN RESOURCES

2. FACILITY MANAGEMENT AND HUMAN RESOURCES

2.1 Introduction

This Schedule 10-2 provides guidelines for the submissions requested relating to the provision of FM Services. In addition to providing the information requested in this Schedule 10-2, Proponents are to complete and submit the estimated annual cost of providing each of the FM Services in the format identified in Section 8.3 of Schedule 10-8 of this Appendix 10.

2.2 General Management Services

- (a) Describe and provide details of:
 - Proponent's proposed management structure, and the reporting responsibilities within that structure.
 - Proposed establishment of the Project Management Oversight Committee and the Project Operations Committee (as defined in the Project Agreement), and the composition of each, to ensure efficient communication links between the Proponent and Health Co.
 - Proposed Performance Monitoring System and how the Proponent will ensure the integrity of the systems information, in both collection and presentation.
 - Processes for developing Policies and Procedure documentation for each of the FM Services.
 - Interface issues between the Proponent and Health Co, and how the Proponent proposes to manage these.
 - Proponent's approach to ensuring quality assurance and continuous improvement throughout the duration of the Project Agreement for each FM Service.
- (b) Summarize and describe the qualifications and experience of the personnel proposed to provide the General Management Services on Site, and the manner by which the will ensure they are employed by the time the Facility is operational.
- (c) Describe and provide details of the Proponent's philosophy and strategy for Human Resources Management, including the Proponent's approach to meet the requirements outlined in the FM Specifications with respect to:
 - Management of its staff, and that of its subcontractors, at the AHCC.

- Development of Policy and Procedure Manuals to provide clear and unambiguous direction as to how and when the FM Services will be provided.
 - Recruitment and retention strategies of staff to provide the FM Services.
 - Training and Development of staff to provide the FM Services.
 - Labour relations and its strategy for dealing with a unionized labour force, while guaranteeing Service levels for the provision of FM Services.
 - Ensuring that labour disruptions related to its staff, or to its subcontractors, will not disrupt or adversely affect the provision of the Clinical Services and Non-Clinical Services by the Health Authorities at the AHCC.
 - The use of management and other personnel to provide FM Services during periods, if any, of labour disruptions by its staff or by that of its subcontractors.
 - Occupational Health and Safety strategies for the FM Services, and the integration of those strategies with Health Co and the Health Authorities.
 - Horizontal integration/interface management and the seamless transition between the public and private sector.
 - Demobilization and Mobilization Plan for both the existing MSA Hospital and the AHCC.
 - Ensuring compliance with all Applicable Law and the requirements of all Authorities Having Jurisdiction in such a manner that will not disrupt or adversely affect the provision of the Clinical Services and Non-Clinical Services by the Health Authorities at the AHCC.
- (d) Identify each of the FM Service providers, when each of them proposes to assume responsibility for the FM Services at the AHCC, and how they will be managed by the Proponent to perform and act as if a single, integrated, seamless organization.
- (e) If not included within the Demobilization and Mobilization Plan for the existing MSA Hospital identified above, provide detailed plans on how the Proponent will assist FHA to address demobilization and other Human Resources issues at the MSA Hospital, including how Proponents will assist FHA to retain its workers at the MSA Hospital until AHCC occupancy commences. The feasibility and desirability of Project Co assuming management or other responsibility for the provision of some or all facility management services at the MSA Hospital prior to opening of the AHCC should be considered and discussed.

2.3 Help Desk Services

- (a) Describe and provide details of:
- The proposed operational service plan, outlining the way in which the Proponent intends to deliver the Help Desk Services in accordance with the requirements as outlined in the FM Output Specifications.

- Manpower structure and staffing levels, including hours of operation.
 - Method of logging and storing accurate records of the inquiries and calls to the Help Desk, and the information required for preparation of accurate activity reports.
 - Method of ensuring that all data captured as part of the Help Desk Services is secure and cannot be amended without recording the necessary information as outlined in the FM Output Specifications.
 - The way in which call response times will be measured as required by the Service Standards.
 - The way in which all emailed requests for service will be acknowledged within the requisite time period as specified in the Service Standards.
 - How the Help Desk will interface with the delivery of the other FM Services such that the requisite Response and Rectification Times will be met in the case of a Service Failure.
- (b) Summarize and describe the qualifications and experience of the personnel proposed to provide the Help Desk Services on Site, and the service specific training program that Project Co will provide to these personnel, including:
- Minimum qualifications for Help Desk personnel (per job description).
 - Type of training that will be provided to Help Desk personnel, both before they begin work in the Site and during the time for which they assist in delivering any of the Help Desk Services.
 - The type and length of experience that will be required for Help Desk personnel (per job description).
 - Personal attributes required for Help Desk personnel.

2.4 Biomedical Engineering Services

- (a) Describe and provide details of:
- The operational service plan, outlining the way in which the Proponent proposes to deliver the Biomedical Services to meet the requirements as outlined in the FM Output Specifications.
 - Manpower structure and staffing levels, including hours of operation.
 - Sample schedules of Biomedical Maintenance, including expected frequencies.
 - How the Biomedical Service will interface with the Clinical Service provision of AHCC.

- (b) With regard to scheduled maintenance of medical equipment requiring Biomedical maintenance, describe and provide details of:
- Expected service life of medical equipment.
 - Methodology proposed to provide routine Biomedical maintenance including:
 - The nature, scope and scale of scheduled Biomedical maintenance.
 - The time required to undertake scheduled maintenance and any Functional Area(s) which will be offline during the time of the scheduled maintenance.
 - The way in which the Proponent intends to minimize disruption to operation of the AHCC.
 - Proponent's approach to risk management and minimizing the functionality of the Biomedical equipment after servicing, inclusive of quality management protocols.
 - Proponent's proposed process for interacting with AHCC staff in providing the service and, particularly, the ability to meet the Response and Rectification Times as described in the Section 4 of the Output Specifications.
- (c) Summarize and describe the Proponents methodology for providing reactive maintenance in order to meet the Response and Rectification Times outlined in Section 4 of the Output Specifications.

2.5 Food Services - Patient and Non-Patient Services

- (a) Describe and provide details of:
- Operational service plan, outlining the way in which the Proponent intends to deliver the Food Services in accordance with requirements as outlined in the FM Output Specifications.
 - Expected equipment resources.
 - Manpower structure and staffing levels, including hours of operation.
 - Expected qualifications of staff, including how the Proponent intends to achieve the Food Safe Level 1 and Level 2 Certificates.
 - Demonstrated knowledge of and adherence to the requirements of the Hazard Analysis Critical Control Points (HACCP) and Canadian Food Inspection Agency (CFIA) Standards.
 - Measures for ensuring dietary requirements of all patients are identified and maintained.
 - Sample menus meeting the 14/28 cycle requirement.
 - Interface and involvement with portering.

- Process for distribution and delivery of food in order to meet the Meal Service Time Guideline as described in Section 4 of the Output Specifications.
 - How the Food Service will interface with the provision of Clinical Services and Non-Clinical Services.
- (b) Summarize and describe the process by which Proponent's propose to provide the non-patient food service, including:
- Type of Retail Food Services proposed.
 - How the non-patient food service requirements of Section 4 of the Output Specifications will be met.
 - Forecasted Revenue and Expenses for staff and visitor Retail Food Services as per the Output Specifications.

2.6 Housekeeping Services

2.6.1 Cleaning Services

- (a) Describe and provide details of:
- Operational service plan, outlining the way in which the Proponent proposes to deliver the Cleaning Services to meet the requirements as outlined in the FM Output Specifications.
 - Manpower structure and staffing levels, including hours of operation.
 - Sample schedules of cleaning, including frequencies for Routine and Periodic Planned Cleaning.
 - Proposed methodology for meeting the requirements of Reactive and Outbreak cleaning on advice from Health Co.
 - Proposed strategy to achieve the infection control requirements of AHCC and maintaining the required level of cleanliness.
 - Management, control and issue of housekeeping service consumables.
 - Detailed cleaning methodologies, describing how the "Functional Area Categorization" requirements will be met and how the windows will be cleaned.
 - How Housekeeping Services will interface with the provision of Clinical Services and Non-Clinical Services.
 - A Schedule of proposed cleaning materials.
 - Equipment proposals (type and quality).

2.6.2 Pest Control Services

- (a) Describe and provide details of:
- Pest Control Program, outlining the way in which the Proponent proposed to deliver the Pest Control Services in accordance with the requirements as outlined in the Services FM Output Specifications.
 - How the Pest Control Service will interface with the Clinical Services and Non-Clinical Services.
- (b) The Pest Control Program should as a minimum include and provide for:
- Weekly inspections of food service and kitchen areas for the presence of ants, cockroaches, rats, mice and stored product pests.
 - Monthly inspections of wards and common internal and external areas, such as fire hydrant cupboards, corridors, gardens, storage areas etc.
 - Night inspections carried out on a monthly basis by a qualified field biologist, primarily concentrating on food handling areas and areas of reported problems.
 - Manpower structure and staffing levels, including hours of operation.
 - Measures as to the way in which different vermin will be eliminated from the Facility and the Site.
 - Proposed reporting and record keeping arrangements in relation to inspections, infestations, treatment etc.
 - Confirmation of compliance with HASEP requirements.
- (c) Summarize and describe the qualifications and experience of the personnel proposed to provide the Pest Control Services on Site, and the service specific training program that Project Co will provide to these personnel, including:
- Minimum qualifications and the type and length of experience for Pest Control personnel (per job description).
 - Type of training that will be provided to Pest Control personnel, both before they begin work at the Site and during the time for which they assist in delivering any of the Pest Control Services.

2.6.3 Waste Management

- (a) Describe and provide details of:
- Operational service plan, outlining the way in which the Proponent proposes to deliver the Waste Management Services to meet the requirements as outlined in the FM Output Specifications.
 - How the Waste Management Service will interface with the Clinical Services, Non-Clinical Services and the external biomedical waste services provider.

- Manpower structure and staffing levels, including hours of operation.
- Sample schedules of collection, including how recycling is to be addressed.
- Proposed methodology for segregating and transporting the range of medical wastes without endangering the users of the Facility.

2.7 Laundry/Linen Services

(a) Describe and provide details of:

- Operational service plan, outlining the way in which the Proponent proposes to deliver the Laundry and Linen Services (either on Site or off Site) to meet the requirements as outlined in the FM Output Specifications.
- How the Laundry and Linen Service will interface with the Clinical Services and Non-Clinical Services.
- Manpower structure and staffing levels, including hours of operation.
- Proposed methodology for meeting the requirements of Reactive provision of Linen on advice from Health Co.
- Proposed strategy for achieving the infection control requirements of AHCC and maintaining this level of cleanliness within the Linen and Laundry Service.
- Management, control and issue of linen at AHCC and how the Proponent proposes to maintain a continuous supply of clean linen to enable the Health Authorities to provide the Clinical Services and Non-Clinical Services.
- Detailed methodologies, describing how the pack making and custom cart stocking is to be undertaken, ensuring the accuracy rates in the FM Output Specifications are met.
- Where any part of the Laundry/Linen Service is to be provided at the Site, describe and provide details of the proposed equipment (type and quality).

2.8 Materiel Services

2.8.1 Purchasing and Stores Management

(a) Describe and provide details of:

- Operational service plan, outlining the way in which the Proponent proposes to deliver the Purchasing and Stores Management Services (defined as Acquisition and Storage of Material, Equipment and Furnishings, and Receipt and Distribution of Material) in accordance with requirements as outlined in the FM Output Specifications.
- Expected equipment resources, identifying proposed Purchasing, Stock Control and Equipment Management computer systems that the Proponent

proposed to use to enable it to meet its obligations as defined in the FM Output Specifications and, more particularly, integration within the computer systems of the Health Authorities.

- Manpower structure, including numbers and hours of operation.
- Interface and involvement with portering.
- Process for distribution and delivery of stores items in order to meet the Service Time Guidelines as described in Section 4 of the Output Specifications for this service.
- How the Purchasing and Stores Management Service will interface with the Clinical Services and Non-Clinical Services.

2.8.2 Portering Services

(a) Describe and provide details of:

- Operational service plan, outlining the way in which the Proponent proposed to deliver the Portering Services in accordance with requirements as outlined in the FM Output Specifications, including:
 - Movement of patients.
 - Movement of deceased patients and mortuary duties.
 - Movement of specimens and laboratory and pharmacy items.
 - Interface with Food Services.
 - Delivery and collection duties of Stock and Non-Stock items.
 - Movement of equipment, etc.
 - Movement of health records.
 - Mail service.
 - Distribution of portable medical gas bottles.
 - Other tasks as identified.
- Expected equipment resources that the Proponent proposes to use to enable it to meet its obligations as defined in the FM Output Specifications.
- Manpower structure and staffing levels, including hours of operation.
- Interface and involvement with other FM Services.
- Process for the delivery of Portering Service in order to meet the Service Response Times as described in the FM Output Specifications for this service.
- How the Portering Service will interface with the Clinical Services and Non-Clinical Services.

2.9 Plant Services

2.9.1 General

- (a) *[Note: Proponents should note that the standard of permitted wear and tear will be applied consistently across each Functional Area within the Facility, i.e. there will be no more wear and tear tolerated for the Emergency Department and the Adult Mental Health Department as compared to the Obstetrics and Special Care Nursery Departments. Proponents must therefore, consider the normal wear and tear that the Facility and associated equipment may undergo in light of normal operations by AHCC and other Facility Users, and the differing demands that will be placed upon each different Functional Area within the Facility and equipment contained therein.]*
- (b) Describe and provide details of the Plant Services that will be provided by the Proponent, including:
- Proponent's asset management philosophy for the Facility and how this will be implemented in terms of systems and practices.
 - How the Proponent will satisfy the requirements of Section 4E8 of the Output Specifications.

2.9.2 Scheduled Maintenance

- (a) Describe and provide details of:
- Operational service plan, outlining the way in which the Proponent proposes to deliver the Scheduled Maintenance Services in accordance with requirements as outlined in the FM Output Specifications.
 - Expected equipment resources that the Proponent proposes to use to enable it to meet its obligations as defined in the FM Output Specifications.
 - Manpower structure and staffing levels, including numbers and hours of operation.
- (b) Describe and provide details of the methodology proposed for preventative maintenance and refurbishment, including:
- Design life of all major elements, service and equipment components.
 - Nature, scope and scale of routine maintenance/refurbishment for each Functional Area over the duration of the Project Agreement.
 - Means by which the Proponent will minimize disruption to operation of the AHCC.
 - Annual cost of maintenance, refurbishment and replacement over the duration of the Project Agreement, by type of maintenance and refurbishment.
- (c) In responding to the above, Proponents must clearly identify the asset life and replacement schedule for all types of Plant and Equipment for which Project Co is

responsible for (for example, patient chairs, floor coverings, HVAC systems, etc) per Functional Area.

2.9.3 Demand Maintenance

- (a) Describe and provide details of Proponents methodology for providing Demand Maintenance in order to meet the Response and Rectification Times outlined in Section 4 of the Output Specifications.

2.9.4 Grounds Maintenance Services

- (a) Describe and provide details of:
 - Operational service plan, outlining the way in which the Proponent proposes to deliver the Grounds Maintenance Services in accordance with the requirements as outlined in the FM Output Specifications.
 - Manpower structure and staffing levels, including hours of operation.
 - Any material and equipment that will be used by Project Co to deliver the Ground Maintenance Services.
 - How the delivery of the Ground Maintenance Services will interface with the delivery of other FM Services, and in particular the delivery of the External Cleaning Services.

2.10 Protection Services

- (a) Describe and provide details of:
 - Operational service plan, outlining the way in which the Proponent proposes to deliver the Protection Services in accordance with requirements as outlined in the FM Output Specifications.
 - Manpower structure and staffing levels, including numbers and hours of operation.
 - Demonstrated knowledge of and adherence to the requirements of standards and to the written policies and/or guidelines of Health Co and the Health Authorities.
 - Process for delivering the Occupational First Aid Level 2 Services, in accordance with the requirements of the WCB for both Project Co and Health Co.
 - Measures for access control.
 - Process for control, restraint and detainment in a health care setting.
 - Interface and involvement with all FM Services.

- Interface and involvement with other AHCC staff, including the Protection Services' representative, evening nursing supervisor(s) and the AHCC Facility Manager (as required).
 - Proposal for liaison with local police and other emergency services personnel.
 - Proposed involvement in emergency (Code) response procedures.
- (b) Summarize and describe the qualifications and experience of the personnel proposed to provide the Protection Services on Site, and the service specific training program that Project Co will provide to these personnel, including:
- Minimum qualifications and the type and length of experience required for Protection Services personnel (per job description).
 - Type of training that will be provided to Protection Services personnel, both before they begin work at the Site and during the time for which they assist in delivering any of the FM Services.
 - Personal attributes required for Protection Services personnel.

2.11 Transcription Services

- (a) *[Note: In developing the Transcription Services, Proponents should base the Transcription Services on the following assumptions:*
- *An electronic medical record and centralized cores of patient information will be used by the Health Authorities.*
 - *Access to these cores will be made available to the Health Authorities with fully integrated systems that need to be developed at the Site to provide "access at point of service".*
 - *To facilitate provision of cancer services, there will need to be uploads and downloads of information between the information systems of the each of the different Health Authorities.*
 - *Integration across systems at the AHCC will require a unique identifier strategy (Personal Health Number) to be used at the AHCC to link personal information.]*
- (b) Describe and provide details of:
- The way in which the Proponent proposes to deliver the Transcription Services in accordance with the requirements as outlined in the Services FM Output Specifications.
 - How the Transcription Services will interface with other FM Services, as well as with the Clinical Services and Non-Clinical Services.
 - Manpower structure and staffing levels, including hours of operation.

- Proposed measures to ensure security and privacy of patient information and its distribution are preserved.
 - How the accuracy and time requirements of the FM Output Specifications will be met by the Proponent.
 - Expected equipment resources that the Proponent proposes to use to enable it to meet its obligations as defined in the FM Output Specifications, with particular reference to the proposed electronic distribution within the AHCC for secure movement of patient reports.
- (c) Summarize and describe the qualifications and experience of the personnel proposed to provide the Transcription Services, and the service specific training program that Project Co will provide to these personnel, including:
- Minimum qualifications, and type and length of experience, for Transcription Services personnel (per job description).
 - Type of training that will be provided to Transcription Services personnel, both before they begin work and during the time for which they assist in delivering any of the FM Services.

2.12 Utility Management Services

- (a) Describe and provide details of how the Proponent proposes to deliver the Utility Management Services in accordance with the requirements as outlined in the FM Output Specifications.

2.12.2 Utility Energy Efficiency

- (a) Describe and provide details of the proposed means for monitoring and controlling energy systems to minimize energy consumption, including how the LEEDSTM silver level as outlined in Section 5 of the Output Specification will be achieved.
- (b) Confirm whether the Facility will meet the maximum energy consumption set for the Project of 1.3Gj/m² per annum.
- (c) Describe any energy guarantees the Proponent is prepared to provide in addition to any that may be specified in the Project Agreement. Provide details of how the Proponent proposes its satisfaction of such energy guarantees will be measured or determined, and the consequences of failing to satisfy the guarantees.

2.13 Parking Services

- (a) Describe and provide details of:
- Operational service plan, outlining the way in which the Proponent proposes to provide the Parking Service in accordance with the requirements as outlined in the FM Output Specifications.

- Manpower structure and staffing levels, including hours of operation.
- Methods of managing parking permit system.
- Methods of dealing with vehicles causing obstruction.
- Methods of dealing with parking offenders.
- Methods of controlling access to the car park.
- Methods of collecting fees.
- Proposed tariff structure for all parking over the duration of the Project Agreement.
- Forecasted Revenue and Expenses for Parking.

2.14 Performance Monitoring Methodology

- (a) For each Performance Indicator in Section 4 of the Output Specifications, describe and provide details how the Proponent proposes to monitor and account for Project Co in terms of meeting the requirements and standards prescribed in:
- Section 4 of the Output Specifications.
 - The Performance Monitoring Program.
 - The reporting requirements to Health Co.
- (b) *[Note: The balance of this Section 2.14 provides examples of types of monitoring methods that a Proponent may wish to consider, and tables for each of the FM Services that include a column where Proponents can indicate which of the proposed monitoring methods will be used for each Performance Indicator. The tables for each of the FM Services are included here solely for ease of reference, but Proponents should use the latest versions of these tables as they appear in Section 4 of the Output Specifications prior to the Closing Time for submission of Proposals.]*

Example of Monitoring Method:

Method	Description
M1	Service Area Inspection - physical inspection of service departments and observation of operational activities, to determine performance quality against the specified output standards.
M2	Service User Questionnaires - distribution of a structured questionnaire, which includes defined ratings for scoring. Questionnaires should be distributed widely at agreed intervals for return to a central point for collation and scoring.
M3	Service User Comment Form - issued/available to all service users, inviting their comments and rating of performance quality against given quality statements.

Method	Description
M4	Service User Unsolicited Complaints/Compliments - <i>open invitation/opportunity for service users to make written complaints or compliments.</i>
M5	Physical Measurement - <i>measurement of quantitative elements within individual specification standards will include such elements as:</i> <ul style="list-style-type: none"> · <i>time.</i> · <i>temperature.</i> · <i>quantity.</i> · <i>bacteriology, (TVC), etc.</i>
M6	Waste Survey - <i>physical measurement of any service element of which waste may be an indicator of service quality/user satisfaction of quality, e.g., food, returned (unused) linen, etc.</i>
M7	Qualitative and Quantitative Measurement and Recording - <i>checking of documentation and records for comparison with contractual requirements, including infection control/policies compliance audit.</i>
M8	Service User Interviews - <i>direct contact with service users through face-to-face or telephone interviews to determine their perception/rating of service quality.</i>
M9	Other (<i>Specify</i>).

For each of the tables of Performance Indicators in Section 4E1 to 4E12 of the Output Specifications, add a new column to the end of each table entitled “Monitoring Method” and, under that column, indicate which proposed monitoring method (e.g. M1 to M9 in the above example) will be used for each Performance Indicator. The general format for each table should appear as follows (using 4E1 General Management Services as a typical example, with the shaded portion representing the information from Section 4 of the Output Specifications):

E1 General Management Services

Ref	Parameter	SF Type	Category	Response	Rectification	Recording Freq.	Monitoring Method
<i>Management and Administration</i>							
GP01a	Project Co shall maintain, appropriate management and exception reporting; reports are available to Health Co at all times.	QF	Medium	N/A	N/A	M	
GP01b	[Complete balance of table from Section 4 of the Output Specifications.]						

2.15 Health Co Demand Variation

- (a) [Note: Over the term of the Project Agreement, health care and the provision of inpatient/outpatient services is expected to change with the trend toward shorter length of stay and increased incidence of day stay procedures. Alternatively, the capacity of the AHCC may be reduced after the Facility is completed or expanded beyond the 300 beds, all as identified in the RFP and as required by demand considerations. Cost/Pricing impacts are requested in Section 8.3.14 of Schedule 10-8.]
- (b) Describe and provide details of how the Proponent will assist Health Co and the Health Authorities to address capacity changes over time, including for an occupancy range from 230 beds to 300 beds, including:
- Impact on the provision of the FM Services, in terms of staffing levels and any cost implications to Health Co.
 - Impact, if any, on the Service Level Standards
 - Impact, if any, on the Refurbishment and Maintenance Schedules and implications for the Annual and 5 Year Rolling Asset Management Plans.
 - Any other impacts that are identifiable.

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SCHEDULE 10-3 CONSTRUCTION

3. CONSTRUCTION

3.1 Project Delivery Approach

3.1.1 Outline Management Plan

- (a) Describe and provide Proponent's outline management plan for the integration of the design and construction phases of the Project, showing and identifying:
- Construction methodology and general approach to be adopted for the Project. Indicate the Proponent's understanding of the Project processes and roles of both Health Co and Project Co.
 - Information and an organization chart specifying the structure and roles of participants who will be assigned to the Project for all phases related to the design and construction, including pre-construction, construction and post construction.
 - Key construction personnel (attach their curriculum vitae), including their experience on healthcare projects of a similar size and nature. Provide information regarding previous similar projects completed by the assigned staff, including their actual role, participation and duration of involvement in the project.
 - A summary of current project workload of the Proponent's construction team, including a detailed list of current key staff and manpower available for this Project. List the specified personnel who will be assigned and their anticipated commitment levels.
 - The names and telephone numbers of at least 3 references for similar projects and for your team, including both the owner/client and the managing consultant of those previous referenced projects.
 - A description of the Proponent's understanding of project management and value management concepts, including a description of techniques and approaches to managing schedules, costs and changes.
 - Information that demonstrates the Proponent's ability to lead and direct in a manner that produces positive outcomes in a timely and efficient manner. Include statements about the Proponent's abilities to be flexible and creative in performing the services related to the communication, interpersonal, and conflict resolution skills of its members.
 - The quality assurance and quality control procedures that will be employed during the design and construction of the Facility to provide quality

assurances to Health Co. Demonstrate techniques for maintaining workmanship and material quality control.

- Proposed procurement processes for trade packages.
- Proposed program, identifying milestone dates, approval and sign off activities.

3.2 Construction Methodology

- (a) Describe and provide details of the method and approach to construction of the new AHCC facilities.
- (b) Describe and provide details of:
 - Construction methodology, with an explanation of the process of design being transformed to construction and input of the various user groups.
 - Selection, use and monitoring of subcontractors.
 - Construction project management regime proposed.
 - Methodology for managing industrial relations risk.
 - Description of construction safety program and written evidence of both the Proponent's and the Constructor's safety record.
 - Use of the City's certification system and managing of all Proponent Team Members through the design and construction phase.
 - How facilities will be developed and the process by which commissioning will be undertaken.
 - Proposed timeframe for commissioning of facilities.

3.3 Works Program and Milestones

3.3.1 Works Program

- (a) Provide and describe the detailed works program covering design, construction and commissioning activities ("Works Program"), showing the timeline for all major activities envisaged during pre-construction, construction and commissioning and including:
 - Site establishment and Site work activities.
 - Design development (including demonstrating due regard and allowance for the time required to obtain the necessary input from the Health Authorities).
 - Construction by stage of building.
 - Critical path elements.

- Procurement activities, including procurement of building fixtures and fittings (including plant) and equipment.
- Facility commissioning plan.
 - Building commissioning.
 - Obtaining approvals.
- Operational commissioning for AHCC staff.
 - AHCC access and Proponent establishment on Site.
 - Training AHCC staff.
 - Testing of all medical and non-medical equipment for performance.
- Key Milestones.

3.3.2 Milestones

- (a) Provide dates using the table below for each of the Milestones indicated, which Proponents by submission of their Proposals confirm that they will achieve. If additional and/or different Milestones are proposed, submit them in the same format and indicate these changes in the Schedule of Departures in Schedule 10-9 of this Appendix 10.

Proposed Milestone		Date
1	Site Establishment	
2	Completion of first above grade Floor Slab	
3	Completion of Upper Floor Slab	
4	Completion of Exterior Walls	
5	Completion of Building Roof	
6	Completion of Services Rough In	
7	Completion of All Internal Wall and Ceiling Linings	
8	Commissioning – Building – Project Co	
9	Substantial Completion	
10	Commissioning – Health Co/Project Co Operations	
11	Practical Completion	
12	Final Completion	

3.3.3 Determination of Variation Overheads - Construction and Operating Phases

- (a) Describe and provide details of Proponent's proposed methodology for determining Overhead Variation costs during the Construction and Operating Phases of the Project Agreement, including:
- Approval process for Health Co accepting/declining Variations proposed by Project Co.
 - Distribution of percentage Overhead as described in Section 8.4 of Schedule 10-8 of Appendix 10.

SCHEDULE 10-4 FINANCIAL MATTERS

4. FINANCIAL MATTERS

4.1 Introduction

- (a) *[Note: Where prices are requested in this Schedule 10-4 or in Schedule 10-8, those prices are to be submitted in September 2003 Canadian dollars except where otherwise expressly indicated in Schedule 10-4 or Schedule 10-8.]*
- (b) The financial portion of each Proposal is to comprise:
- A detailed financing plan.
 - A schedule of key dates and programme to close.
 - A full financial model.
 - Letters of support from all Funders, subcontractors and guarantors.
 - Detailed capital cost schedules and the proforma information requested in Schedule 10-8.

Further details of the submission requirements are set out in this Schedule 10-4.

4.1.2 Basis of Financial Submission

- (a) Price Validity:
- With the exception of an adjustment for movement in the relevant reference interest rate, all prices in Proposals must remain valid for the period specified in the RFP. Thereafter, Proponents should indicate the monthly incremental change in those prices or the detailed mechanism for determining the change in the price.
 - To the extent that there are any caveats or conditions to any prices in a Proposal, these must be clearly identified together with the financial impact of each on the Annual Service Payment.
- (b) Duration of Project Agreement:
- The Project Agreement provides for an Expiry Date of 30 years from the Scheduled Practical Completion Date specified in the Project Agreement. Assuming a three year design and construction period following award of the Project Agreement, the length of the Project Agreement is approximately 33 years from the date of award of the Project Agreement.
- (c) Inflation:

- Proposals should assume that only the “FM Services” element of the Annual Service Payment will be indexed using the CPI. For modeling and forecasting purposes, CPI is to be assumed to be at a rate of 2.0% per annum and indexation will be applied on an annual basis starting on April 1st and ending on March 31st.
- Proposals should identify the element of the Annual Service Payment that is to remain fixed and not subject to indexation, and the Indexation Factor that will apply to ensure that the “FM Services” element alone is subject to indexation. The Indexation Factor is to be a fixed percentage of the Annual Service payment that will account for the percentage of the Annual Service Payment that is fixed and not subject to adjustment by the CPI for inflation.

(d) Interest Rates:

- In accordance with Section 4.2.2(a) of this Schedule 10-4, Proponents will submit their benchmark rates four weeks prior to the Closing Time, and Proponents will be given a table of interest rates and benchmark rates by Health Co to factor into the cost of funds two weeks prior to the Closing Time. The interest rates and benchmark rates given by Health Co must be used in the calculation of the Annual Service Payment.

4.2 Detailed Financing Submission Requirements

4.2.1 Funding Strategy

(a) Provide for any and all funding structures:

- A detailed financing plan.
- A detailed Financial Model and assumptions used in the model.

(b) Describe and provide for each financing plan:

- Details of each source of financing, including equity, any construction or standby facilities, subordinated debt, capital markets debt, variation facilities and internally generated funds (separated into interest earned on deposits, reserve accounts, and third party income). Proponents should provide full details of the Funder for each of the sources of financing.
- All assumptions concerning refinancing during the Project Term.
- Details (including, where applicable, copies of all relevant agreements) evidencing and confirming the extent of support (including performance guarantees) that will be provided in respect of the obligations and liabilities of Project Co by each of Project Co’s shareholders, subcontractors and associated third parties. Include details of the parent and ultimate parent company involvement in any and all such elements of support.
- Updated financial information on each of Project Co’s shareholders and major contractors (construction, facilities management and funding). Such

information will be used to assess the ability of Project Co to secure the funding proposed in the response. The Proposal Evaluation Committee and Health Co will refer to the financial information which was submitted in the Expressions of Interest previously submitted. Proponents should provide all financial information requested in the Request for Expressions of Interest, updated to the Closing Time, or such other information sufficient to enable the Proposal Evaluation Committee and the AHCC Advisors to be able to assess the Proponent's ability to secure the funding proposed. The Proposal Evaluation Committee reserves the right to extract and use the financial information previously submitted as part of the Request for Expressions of Interest for this evaluation but it is requested that Proponents resubmit all of that information for the convenience of reference of the Proposal Evaluation Committee.

- The principal terms and conditions for each source of financing, including a detailed term sheet.
- (c) Provide clear and express written statements of support directly from all proposed Funders (including equity providers), each of which as a minimum should confirm:
- The Funder has reviewed and accepted the Financial Model (stating version number).
 - The Funder has reviewed and accepted the Initial Form of Project Agreement, including the Payment Mechanism, and has provided detailed comments to the Proponent (and which detailed comments the Proponent should confirm have been incorporated by the Proponent in the Proposal).
 - The Funder has reviewed and accepted the risk allocation within the Proponent and among the Proponent and Proponent Team Members.
 - The level of approval obtained from the Funder.
 - The process necessary to provide committed funds at Financial Close, and the likely timetable for that process.
 - That the funds can be committed within the timetable for the Project as set out in this RFP.

4.2.2 Senior Debt Interest Rates

- (a) Provide the set of benchmark rates assumed and used by Project Co in its initial calculations to Health Co (through the Contact Person) four weeks prior to the Closing Time. Two weeks prior to the Closing Time all Proponents will be provided by Health Co with a set of benchmark rates and yields that all Proponents are to use to determine their cost of funds. These rates as provided by Health Co must be used in the calculation of the Annual Service Payment.
- (b) Health Co will take the risk of any changes in the benchmark rates provided by Health Co from and after the Closing Time until Financial Close. Proponents must

clearly identify the interest rates in their financial model which are subject to movement after the Closing Time and prior to Financial Close.

- (c) Describe and provide details and explanations of any credit spread, Funders' margins and other adjustments to interest rate costs that the Proponent considers appropriate. Any other adjustments to interest rates not expressly identified and set out in the Proposal will remain the sole risk of Project Co.

4.2.3 Interest Rate Hedging Strategy:

- (a) Describe and provide details of the Proponent's proposed interest rate hedging strategy that may be used, if any, including the time period over which a hedge is expected to be in place and the proportion of the debt repayments that are to be hedged.

4.2.4 Inflation Rate Hedging Strategy:

- (a) The risk of inflation rests entirely with Proponents from and after the Closing Time and to Financial Close.
- (b) Describe and provide details of the Proponent's proposed inflation rate hedging strategy, if any.

4.2.5 Guarantees and/or Performance Bonds

- (a) Describe and provide full details of any and all Parent Company Guarantees and/or Performance Bonds which will be provided to Health Co and enforceable directly by Health Co, including:
 - The full name and any unique identification numbers of the organizations that will provide the proposed guarantee or bond.
 - The scope of each guarantee or bond, and how this guarantee or bond will work in practice if called on.
 - The proposed level of the guarantee or bond.
 - The duration of the guarantee or bond.

4.2.6 Third Party Income

- (a) If a level of third party income has been assumed in the financial model by the Proponent to achieve a specified Annual Service Payment, describe and provide:
 - Details of the assumed third party income (source and amounts).
 - Evidence of any arrangement that the Proponent has with a third party to underwrite this level of third party income.

- Confirmation that the levels of third party income assumed in the model are underwritten by the Proponent, and how any third party income above this level will be shared with Health Co.

4.2.7 Insurance

- (a) Describe and provide details of the Proponent's proposed insurance programs, as set out in the Project Agreement (see also Section 6.3 of Schedule 10-6).

4.2.8 Equipment

- (a) Confirm that the cash allowances for equipment as specified in the RFP are used in the financial model.
- (b) For the purpose of their Proposals and calculating the Annual Service Payment, Proponents are to assume the full amount of the cash allowance will be paid by Health Co on Practical Completion.

4.2.9 Tax

- (a) Proponents are solely responsible for satisfying themselves regarding all matters related to taxation and tax treatments.
- (b) Describe and provide details of the assumptions made by Proponents regarding taxation. Proponents are solely responsible for the completeness and correctness of these assumptions. These are to be provided to demonstrate to the Proposal Evaluation Committee and Health Co that the Proponent has actively considered all tax implications of the Project Agreement on the Proponent.

4.2.10 Payment Mechanism

- (a) The Payment Mechanism included as Schedule 23 of the Project Agreement is to be used without exception for the Base Proposal.
- (b) If any departures are proposed to the Payment Mechanism, these must be in an Alternate Proposal and the departures must be identified in the Schedule of Departures specified in Schedule 10-10.

4.2.11 Refinancing

- (a) Proponents are to provide full details of any refinancing anticipated within the financing plan.
- (b) Any and all refinancing after Financial Close will be subject to Schedule 31 of the Project Agreement.

4.2.12 Accounting Treatment

- (a) It is the intention of Partnerships British Columbia and the Health Authorities to not consolidate Project Co within their accounts. Proponents should provide full details of the accounting of Project Co within the accounts of the shareholders of Project Co in order to demonstrate that Partnerships British Columbia and the Health Authorities will not be obliged to consolidate Project Co in their accounts under the Accounting Guidelines 15 – Consolidation of Variable Interest Entities Guideline issued by CICA in June 2003.

4.3 Proforma Information

- (a) Provide the proforma financial information and cost breakdowns requested in Schedule 10-8 of Appendix 10.
- (b) If any costs or income taken into account by the Proponent in its financial model and used to derive the Annual Service Payment are not adequately described in the proforma set out in Schedule 10-8, the Proponents should describe and provide details of each of those other costs and income, using a format similar to that specified in Schedule 10-8 of Appendix 10.

4.4 Fraser Valley Regional Hospital District Funding Contribution

- (a) Refer to Section 6.2 of the RFP for the funding contribution of the Fraser Valley Regional Hospital District, which is to be taken into account in the financial modeling and calculation of the Annual Service Payment.
- (b) Any proposal to advance the Regional Hospital District funding prior to Practical Completion. The proposal must include a table outlining the timing and amounts to be advanced (consistent with that outlined in Section 6.2 of the RFP). The amount of RHD funding which is actually advanced to Project Co will be the lesser of:
 - (i) the amount of the RHD funding actually received by Health Co from the RHD from time to time; and
 - (ii) the relevant percentage of the total construction costs incurred by Project Co prior to the date on which each advance of the RHD funding will be made.

The relevant percentage used will be calculated from the ratio that the total available RHD funding for the Project bears to the sum of the total senior debt funding obtained by Project Co and the total available RHD funding, all of which will be agreed by Health Co and Project Co at the time the Project Agreement is finalized for execution; and

- (c) The details of the security to be offered to Health Co as per Section 6.2 of the RFP.

4.5 Financial Model

4.5.1 General Financial Model Requirements

- (a) Provide the computer model used by Proponents and which is proposed by Proponents to be used to provide the Financial Model under the Project Agreement, including:
 - Electronically, on CD (which must be free of viruses), include a print option macro, and which must allow the viewer access to all internal formulas, data and assumptions.
 - Full print out of all model sheets.
- (b) The proposed Financial Model must:
 - Be compatible with Microsoft Excel 2000.
 - Provide financial projections (cost and revenue projections) on a semi-annual basis (for each period ending 31 March and 30 September) from Financial Close until the end of the Project Term.
 - Incorporate no password protection (or the password must be disclosed).
 - Contain no protected macros.
 - Be expressed in Canadian dollars and be able to be presented in both real terms and nominal terms.
 - Reconcile cost inputs to the proformas set out in Section 4.3.
- (c) Provide financial projections for each year of the Project Term using the proposed Financial Model.
- (d) Note that the proposed Financial Model will be reviewed and verified prior to Financial Close. As the complete review and final verification will only be performed by Health Co prior to Financial Close for the Preferred Proponent's proposed Financial Model, Proponents accept the risk of errors, omissions, defects and deficiencies in their model which may be discovered at any time prior to Financial Close, and may not increase the Annual Service Payment specified in their Proposals or pass on any additional costs to Health Co.

4.5.2 Specific Financial Model Requirements

- (a) The proposed Financial Model must, as a minimum, include and provide:
 - A Schedule of payments by Health Co that sets out the expected date of payment and the amount to be paid by Health Co, in both real and nominal terms.

- The proposed funding structure, with funding schedules that specify the expected debt repayment dates and the amount of debt service, in nominal terms only, to be repaid.
 - The calculation of Project returns for the different elements of financing.
 - Assumption input schedule.
 - Projected profit and loss accounts.
 - Balance sheet projections.
 - Cash flow projections.
 - Cash cascade in order of seniority (which must be consistent with any funding term sheets).
 - Supporting schedules.
- (b) The proposed Financial Model must, as a minimum, produce the following outputs (on a semi-annual basis):
- Project IRR, before financing and tax, in both real terms and nominal terms.
 - Return on equity and sub-debt, in both real terms and nominal terms, and a blended equity return, that incorporates all sub-senior debt finance.
 - Debt to equity ratio at the time of Financial Close and at Practical Completion, defined as total financial debt divided by total shareholders funds.
 - Draw-down schedules, including dates and amounts for all sources of finance.
 - Weighted average cost of capital.
 - Annual debt service cover ratio and loan life cover ratio for each Contract Year, with minimum and average ratios.
 - Any other ratios that are considered relevant to the proposed financial structure, financial covenants or financing agreements.
 - The precise timing of any equity injections and details of the phasing, if appropriate.
 - NPV of real Annual Service Payments, assuming no deductions for Service Failures. The NPV calculation must be discounted (at 6% real) back to the base date of cost inputs, which is September 2003.
 - Summary financial statements, in nominal terms only, for each year of the Project Term up to the Expiry Date of the Project Agreement, in accordance with Canadian Generally Accepted Accounting Practice (GAAP).
 - The construction price that is included in the Financial Model must be the Proponents' estimated out-turn construction price at Financial Close as requested in Schedule 10-8 of Appendix 10.

- Life cycle costs, analyzed into the categories as requested in Schedule 10-8 of Appendix 10.
- Development costs as requested in Schedule 10-8 of Appendix 10.
- Facilities management expenditure, analyzed into the elements as requested in Schedule 10-8 of Appendix 10.
- SPV running costs as requested Schedule 10-8 of Appendix 10.
- Other operating costs.
- Net income from third party income (including catering and retail), analyzed by activity, including as requested in Schedule 10-8 of Appendix 10.
- Revenue or profit share payments, where relevant.

4.6 Sensitivity Analyses

- (a) During the review and evaluation of Proposals, the Proposal Evaluation Committee and its AHCC Advisors may request Proponents to perform a reasonable number of sensitivity analyses using their proposed Financial Models and to provide the results of these sensitivity analyses to the Proposal Evaluation Committee or the AHCC Advisors, as applicable (through the Contact Person) for further analysis. Sensitivity analyses to be performed by Proponents are likely to review the effect of the following, either individually or in the combinations requested by the Proposal Evaluation Committee or the AHCC Advisors:
- Capital cost overruns not covered by the Project Agreement.
 - Operating cost increases.
 - Maintenance/life-cycle cost increases.
 - Reduction in performance levels.
 - Changes in interest rate assumptions.
 - Changes in inflation rate assumptions.
 - Changes in taxation assumptions.
 - Changes in working capital assumptions.
 - Changes in the financing structure.

4.6.2 Financial Model Specification Booklet

- (a) Provide a detailed and comprehensive Financial Model specification booklet, which as a minimum includes:
- Instructions for using the Financial Model, including:
 - How changes to input variables should be entered.
 - How to run the model following changes to inputs.

- Details of all macros, if any, contained in the model.
- How to print key reports and the entire model.
- Construction of the model, including:
 - Contents list of sheets and data contained within.
 - Details of complex or unusual formulae.

4.6.3 Assumptions Booklet

- (a) Provide a detailed and comprehensive booklet of assumptions (i.e. an “Assumptions Booklet”) which as a minimum identifies and provides details of all assumptions used in the Financial Model, including:
- For each source of finance: the drawdown timetable; grace period; repayment schedules; debt maturity profile; costs of finance, including margins and fees and all success fees; and any variations to margins or fees over the life of the loans.
 - Macro-economic assumptions, including interest and inflation rates.
 - Taxation assumptions, including corporation tax, capital allowances and deductible expenses (with assets categorized between the various types of allowances, as appropriate) and customs and excise duties.
 - The assumptions made in relation to the GST and PST liabilities and recoverability.
 - The extent to which the use of group or consortium relief has been reflected in a reduction of the Annual Service Payment.
 - Accounting policies, including depreciation by asset type, and working capital requirements.

SCHEDULE 10-5 PARTNERING RELATIONSHIPS

5. PARTNERING RELATIONSHIPS

5.1 Relationship between Project Co, Health Co and the Health Authorities

(a) Describe and provide details of:

- Proponent's proposed vision, mission and strategy statements, having regard for the criteria described for this Evaluation Category in Appendix 2 of the RFP.
- Proposed management/interface structures, identifying management roles and responsibilities and reporting/communication lines with Health Co and the Health Authorities.
- Direct communications links with Health Co and expected responsibilities and decision-making processes required by the Proponent.
- How the Proponent will foster and promote a long-term relationship with Health Co and the Health Authorities to enhance the long-term benefits accruing to all parties.

5.2 Integration

(a) Describe and provide details of:

- How the Proponent will ensure there is appropriate integration between the provision of the FM Services by Project Co and the provision by the Health Authorities of the Clinical Services and Non-Clinical Services to ensure a seamless service delivery process.
- How the Proponent will ensure that the tracking and exchange of equipment through patient transfers to other facilities of the Health Authorities is monitored and losses kept to a minimum.
- The provision of an equipment inventory system for the AHCC in those areas where Project Co is responsible for equipment.
- How the Proponent proposes to create a responsive environment to end-users' needs on 24/7 basis.
- Any quantifiable benefits which can be realized by any proposed horizontal integration with any of the services provided by the Health Authorities.

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SCHEDULE 10-6 RISK TRANSFER AND COMMERCIAL CONSIDERATIONS

6. RISK TRANSFER AND COMMERCIAL CONSIDERATIONS

6.1 General

- (a) Describe and provide details of:
 - How the Proponent will manage the risk transferred and allocated to Project Co under the Form of Project Agreement and the Output Specifications.
 - The proposed method for obtaining acceptance by the Funders of the risk allocation and contractual issues in the Form of Project Agreement and Output Specifications.
- (b) Provide sufficient information to demonstrate that the Proponent will be able to successfully conclude a Project Agreement with Health Co based on the Proposal.
- (c) Provide draft heads of agreement executed by all applicable parties for all major contractors including, at a minimum, design, construction, facility management, and hospital equipment.

6.2 Proposal Departures

- (a) *[Note: Refer to the RFP. Departures from the Form of Project Agreement and the Output Specifications are only allowed as Priced Options or as part of Alternate Proposals.]*

6.3 Insurance

- (a) (See also Section 4.2.7 of Schedule 10-4). Provide details of the Proponent's proposed insurance program, as required by the Project Agreement, including Certificates of Insurance (where applicable). Demonstrate that the Proponent is able to obtain a comprehensive general liability policy with a minimum \$10 million of coverage from and after Substantial Completion. Also provide a Priced Option for a \$10 million excess liability policy, excess to the basic comprehensive general liability policy.
- (b) Summarize and provide copies of any additional insurance and/or policies Proponents may consider relevant and appropriate.

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SCHEDULE 10-7 TEAM INTEGRATION AND DELIVERY

7. TEAM INTEGRATION AND DELIVERY

7.1 Project Delivery Approach

7.1.1 Outline Management Plan

- (a) Describe and provide Proponent's outline management plan for the integration of the design and construction phases of the Project, showing and identifying:
- Structure and roles of participants.
 - Methodology to be adopted.
 - Key personnel (attach their curriculum vitae).
 - Anticipated commitment levels of key personnel.
 - Proposed program, identifying milestone dates, approval and sign off activities.

7.2 Commissioning Plan

- (a) Provide a summary of the proposed Commissioning Plans, complying with the Output Specifications, should be provided for commissioning the Facility and for commissioning the FM Services.

7.2.2 Facility Commissioning – Substantial Completion Tests

- (a) Describe and provide a preliminary proposal for developing the Commissioning Plan for the Facility, including:
- Methodology to be used.
 - A program indicating services to be tested and proposed time lines to be complied with.
 - Roles of the Proponent, each Proponent Team Member (and their primary subcontractors), Health Co and the Health Authorities.
 - Reporting mechanisms and approval processes.
 - Proposed Commissioning Team.
- (b) The proposal for the process of establishing the Commissioning Plan should include:
- Tests and certifications to confirm whether buildings and plant and engineering services perform on a basis equal to or better than the standards specified in the Output Specifications and other parts of the Project

Agreement, and also to confirm that they meet and satisfy all relevant or applicable codes, standards, practices and manufacturer's requirements, etc.

- Levels of performance to be achieved or demonstrated by each test regarded as necessary to achieve and demonstrate "best practice" outcomes.
- Provision to Health Co, not earlier than 12 months but not later than 16 months after Commissioning, of a post occupancy evaluation, incorporating and focusing on the reliability and adequacy of:
 - Building function, materials and form.
 - Furniture, fittings and equipment.
 - User group and staff assessment of functionality.
 - General building services.

7.2.3 Operational Commissioning – Health Co and Project Co

- (a) Describe and provide a preliminary proposal for developing the Commissioning Plan for the operation of the AHCC, including details of:
 - The requirements and processes considered necessary to ensure that all staff (including staff of Project Co and its contractors, Health Co and the Health Authorities) undertake:
 - An induction program(s), detailing the requirements to enable all staff to meet all their operational obligations.
 - Preparation of operating, maintenance and procedures manuals.
 - Testing of all medical and non-medical equipment to ensure all relevant and applicable codes, standards, practices and manufacturers' requirements are satisfied and to ensure that the equipment is operating as intended.
 - How and when all necessary approvals will be obtained.
 - Means by which the Proponent will demonstrate that all criteria defined in the Output Specifications and other parts of the Project Agreement have been satisfactorily achieved.
 - Timetable showing the proposed timing and manner of the delivery of each of the FM Services.
 - Program for meeting the operational readiness simulations.
- (b) Describe and provide details of how the Proponent will assist the Health Authorities to decommission the non-clinical services (medical records, transcription services, facility management services, etc) of the existing MSA Hospital and complete an orderly transition of these services from the existing MSA Hospital to the AHCC.

7.3 Quality Assurance

7.3.1 General

- (a) Describe and provide details of the Proponent's preliminary Quality Assurance protocol(s) for the Project, including (as applicable) design aspects, site planning, construction, as well as for the provision of FM Services. The preliminary Quality Assurance protocol should be sufficiently detailed to:
- Ensure that the design of all parts of the Facility will comply with the requirements of the Output Specifications and Project Agreement, and in addition will be to an acceptable industry standard sufficient to ensure that the Facility conforms to the accreditation requirements of and obtains accreditation from an organization approved by Health Co (Canadian Hospital Standards Accreditation).
 - Demonstrate how the Quality Assurance protocol will be monitored, managed and enforced during the design and construction phases of the Project.
 - Demonstrate how the Quality Assurance protocol will be monitored, managed and enforced during the operational phase of the Project.
 - Demonstrate the inter-relationship of quality control and quality assurance.
 - Demonstrate consistency with ISO 9001 or ISO 9002 as required by the Project Agreement.
- (b) Provide evidence of an accredited Quality Assurance system for the Constructor and for all key consultants (or cross-reference same if provided elsewhere in the Proposal), and describe how each system will be coordinated and managed for consistency.
- (c) Describe and provide details of how the Proponent proposes to develop and achieve an accredited Quality Assurance system which will be in place from and after the commencement of operation of the Facility, including for all FM Services, and provide the length of time the Proponent expects it will take for the Proponent to obtain this accreditation.

7.3.2 Design

- (a) Provide a preliminary Quality Assurance protocol for design (the Design Quality Plan) that will ensure that any and all design (regardless of the consultant or sub consultant who provided the design) is reviewed and meets the standards and requirements of the Project Agreement and Output Specifications.
- (b) As part of the preliminary Quality Assurance protocol for design, include and describe:
- Responsibility of the Proponent and each Design Team Member for Quality Assurance and Quality Control, and how the Proponent and Designer propose

to monitor, manage and enforce the quality outcomes of the consultants and sub-consultants.

- Proposed processes that will be implemented for checking, design reviews, reporting, non-conformances and rectification.
- Proposed management structure for delivery of the design, particularly the interface between Proponent Team Members for establishing lines of communication and approval processes.

7.3.3 Construction

- (a) Provide a preliminary Quality Assurance protocol for construction (the Construction Quality Plan) that will ensure that any and all construction meets the standards and requirements of the Project Agreement and Output Specifications, and that will ensure the useful life of the Facility will exceed by an adequate margin the proposed term of the Project Agreement.
- (b) As part of the preliminary Quality Assurance Protocol, include and describe:
 - Responsibility of the Constructor for Quality Assurance and Quality Control, and how the Constructor proposes to monitor, manage and enforce the quality outcomes of its sub-contractors.
 - Proposed processes that will be implemented for inspections, checking, reporting, non-conformances, reviews and rectification.
 - Proposed management structure for delivery of the construction phase of the Project, particularly the interface between Proponent Team Members for establishing lines of communication and approval processes.

7.3.4 Commissioning

- (a) Provide a preliminary Quality Assurance protocol for commissioning to ensure that all fittings, equipment etc., within the Facility conform to all relevant and applicable codes, standards and practices (Canadian and/or International codes, and standards) in order to achieve accreditation/certification from an organization approved by Health Co.
- (b) Describe and provide details as to how the preliminary Quality Assurance protocol will be monitored, managed and enforced.

7.3.5 FM Services

- (a) Provide a preliminary Quality Assurance protocol for the FM Services (the Services Quality Plan) to ensure that all FM Services are provided in accordance with the requirements of the Project Agreement and Output Specifications.
- (b) Describe and provide details as to how the Facility and the FM Services will provide an environment in which health care services can be delivered continuously by the

Health Authorities during the term of the Project Agreement, and how the preliminary Quality Assurance protocol will be achieved, implemented, maintained, monitored, managed and enforced throughout the term of the Project Agreement.

7.4 Relationship Management with Major Stakeholders

- (a) Describe and provide details as to how the Proponent will address and manage its relationships with each of the following major stakeholders in order to ensure the Project's success:
 - Health Co
 - Each of the Health Authorities
 - Various user groups (in both the design development process and throughout the Operations Period).
 - Local Community.
 - The City.
 - The press.
 - Others (Specify).
- (b) Describe and provide details as to how the Proponent will address and manage relationships with its contractors and their sub-contractors, including:
 - Constructor.
 - Design Team Members
 - Facilities Manager.
 - Protection Services, Food Services, Laundry/Linen, Maintenance providers, etc.
- (c) Describe and provide details of:
 - The risks involved with the management of each particular stakeholder, highlighting critical issues and how these will be managed.
 - Strategies to enhance stakeholder relationships.
 - Mechanisms to be put in place to drive stakeholder input and achieve successful outcomes.

7.5 Bilateral Meeting Process for Final Proposal Stage

- (a) Describe and provide details of the bilateral meeting regime which the Proponent, if it is selected as a Final Proponent, requests be implemented by Health Co in the Request for Final Proposals in order for the Proponent to prepare its Final Proposal.

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SCHEDULE 10-8 PRICING SCHEDULES

8. PRICING SCHEDULES FOR FACILITY DEVELOPMENT AND FM SERVICES

8.1 Pricing Information

- (a) Using the format of the tables in Sections 8.1.1 to 8.1.3, provide the Annual Service Payment and provide the cost breakdown for the Project used by the Proponent in the establishment of the Annual Service Payment.
- (b) All prices should be in September 2003 prices unless specifically stated otherwise.
- (c) Except where otherwise expressly indicated herein, include all taxes other than GST.

8.1.1 Annual Service Payment

- (a) Specify the Annual Service Payment, based on an Indexation Factor of 0.445.

Contract Year	Annual Service Payment
1 to 30	

- (b) If the Proposal contains a Priced Option of different Indexation Factors or payment profiles for the Annual Service Payment, complete the following table and provide the key assumptions used to derive the payment profile and the Financial Model that generated the payment profile.

Contract Year	Annual Service Payment For Indexation Factor =*____
1	
2	
3	
4	
5	
6	
[etc. to 30]	

8.1.2 Project Development Costs

- (a) Provide full details of the costs incurred in the development of the Project that are included in the Financial Model. Such costs should include:

Cost Item	Cost \$000
Project Co set up costs	
Proponent's Financial Costs	
Proponent's Legal Costs	
Proponent's Tax	
Proponent's overhead recovery – initial	
Proponent's overhead - construction	
Employers agent	
Independent Certifier	
Finance - arrangement fee	
Finance - Legal Costs	
Finance - Audit Costs	
Finance - Valuation Costs	
Finance - Monitoring (technical - pre completion)	
FM Services set up costs	
Insurance - Construction Phase	
Payment to Health Co upon Execution and Delivery of Project Agreement	[\$5,000]
Other costs 1 - please detail	
Other costs 2 - please detail	
TOTAL	

8.1.3 Project Co Running Costs

- (a) Provide full details of the annual running costs of Project Co. Such costs are to cover the operation of Project Co itself and are not to include any costs for the provision of the "FM Services". The costs should be broken into the following:

Cost Item	Cost \$000
Insurance	
Regulatory	
Staff	

Cost Item	Cost \$000
Accommodation	
Margin	
Technical	
Legal	
Audit/Tax	
Finance Fees	
Other costs 1 - please detail	
Other costs 2 etc as necessary	
TOTAL	

8.2 Facility Development, Construction and Maintenance Cost Breakdown

8.2.1 Total Facility Development and Capital Cost

- (a) Using the format of the following table, provide the cost breakdown for the development, construction and commissioning of the Facility used in the establishment of the Annual Service Payment. Building cost estimates should also describe the basis upon which the capital costs have been developed and must clearly identify any exclusions.

Element	Unit	Unit Cost \$	Total Cost \$ m	% of Total Cost
A1 Substructure	m²			
A11 Foundations A12 Basement Excavation				
A2 Structure	m²			
A21 Lowest Floor Construction A22 Upper Floor Construction A23 Roof Construction				
A3 Exterior Enclosure	m²			
A31 Walls Below Grade A32 Walls Above Grade A33 Windows & Entrances A34 Roof Covering A35 Projections				
B1 Partitions and Doors	m²			
B11 Partitions B12 Doors				

Element	Unit	Unit Cost \$	Total Cost \$ m	% of Total Cost
B2 Finishes	m ²			
B21 Floor Finishes B22 Ceiling Finishes B23 Wall Finishes				
B3 Fittings & Equipment	m ²			
B31 Fittings & Fixtures B32 Equipment B33 Conveying Systems				
C1 Mechanical	m ²			
C11 Plumbing & Drainage C12 Fire Protection C13 HVAC C14 Controls				
C2 Electrical	m ²			
C21 Service and Distribution C22 Lighting, Devices & Heating C23 Systems and Ancillaries Fire Alarm Communications Security Others				
D1 Sitework	m ²			
D12 Site Development Preparation Hard Surfaces Improvements Landscaping Surface Parking Parking Structure D12 Mechanical Site Services D13 Electrical Site Service				
D2 Ancillary Work	m ²			
D21 Demolition D22 Alterations				
Z1 General Requirements & Fee	m ²			
Z11 General Requirements Z12 Fee				
New Construction Total	m ²			

Element	Unit	Unit Cost \$	Total Cost \$ m	% of Total Cost
Z2 Contingencies	m ²			
Z22 Design Allowance				
Z23 Escalation Allowance				
Z24 Construction Allowance				
Z25 Delay Costs				
Construction Total	m ²			
Z3 Professional Fees	m ²			
Z4 Municipal Levies	m ²			
Z5 Project Administration	m ²			
Other				
Equipment				
IT				
Commissioning Costs				
Commissioning costs -building only				
Commissioning costs -other				
Total Project Facility and Development costs (excluding GST/PST)				
PST				
GST				
Total Facility Capital and Development costs (including PST & GST)				

8.2.2 Maintenance and Refurbishment Cost Plan

- (a) Using the format of the following table, provide the information requested, including the minimum design life for each item indicated. Where a specific design life is already specified in the table, this is a mandatory minimum design requirement but Proponents may specify a longer design life.

Component	Design Life (Min. Years)	Capital Cost (\$000)	Lifecycle Maintenance Cost		
			Year 1 (\$000)	Year 2 (\$000)	Year 3 (\$000)
Substructure	50				
Structure	50				
Lowest Floor	50				
Upper Floor	50				
Stairs	50				
Roof	50				
Exterior Enclosure					
Structural Walls Below Grade	50				
Walls Above Grade	50				
Curtain Walls					
Windows and Louvres					
Glazed Screens					
Doors					
Roof Covering					
Skylights					
Partitions & Doors					
Fixed Partitions					
Moveable Partitions					
Structural Partitions	50				
Doors					
Finishes					
Floor Finishes					
Ceiling Finishes					
Wall Finishes					
Fittings and Equipment					
Metals					
Millwork					
Specialties					

Component	Design Life (Min. Years)	Capital Cost (\$000)	Lifecycle Maintenance Cost		
			Year 1 (\$000)	Year 2 (\$000)	Year 3 (\$000)
Non-Medical Equipment Elevators Escalators & Moving Walkway Material Handling Systems					
Mechanical					
Plumbing and Fixtures Pumps Control Components Plumbing Fixtures Plumbing Trim Valves Tanks Medical Gas system					
Fire Protection Fire Pump					
Heating Equipment Boilers Unit Heaters/Force Flow Units Fan Coil Units					
Cooling Equipment Chillers Cooling Towers/ condensers					
Air Handlers					
HVAC Distribution Ductwork Dampers Air Terminal Boxes Fans Coils Heat Exchangers					
Controls					
Electrical Systems					
Service and Distribution					

Component	Design Life (Min. Years)	Capital Cost (\$000)	Lifecycle Maintenance Cost		
			Year 1 (\$000)	Year 2 (\$000)	Year 3 (\$000)
Lighting and Devices Fire Alarm and Public Address Nurse Call System Communications and Data Structured Cable System RFTV System CCTV System PABX (Telephone Exchange) Telephones Intercom Wireless Network Wireless Telephone Video Conferencing Code Blue System Security System Motors and control components Grounding System Standby Generator Battery systems (emergency lights where applicable) and UPS batteries					
Site Work					
Roadwork Walkways Site Furnishings Landscaping Mechanical Utilities Electrical Utilities Site Lighting	20 Years				
Equipment					
Medical (Generic Listing Required)					
Non-Medical (Generic Listing Required)					

Component	Design Life (Min. Years)	Capital Cost (\$000)	Lifecycle Maintenance Cost		
			Year 1 (\$000)	Year 2 (\$000)	Year 3 (\$000)
TOTAL LIFECYCLE COSTS (PER ANNUM)					

Notes:

1. Fill in the minimum design life for each item.
2. The capital cost of the element of the building should reconcile with the total in Section 8.2.1.
3. The annual estimated lifecycle maintenance per annum should be broken down by at least the main components (i.e. those rows in bold in the table above).

8.3 FM Services Cost and Revenue Breakdown

For each of Sections 8.3.1 to 8.3.12, using the indicated table formats provide a summary of the costs and revenues (as applicable) indicated for the provision of the applicable FM Service for the first full Contract Year.

8.3.1 Summary Analysis of Facility Management Service Costs

FM Service		First Full Contract Year (\$ m)
E1	General Management Services	
E2	Biomedical Engineering Services	
E3/ E4	Food Services – Patient and Non-Patient	
E5	Housekeeping Services	
E6	Laundry/Linen Services	
E7	Materiel Services	
E8	Plant Services	
E9	Protection Services	
E10	Transcription Services	
E11	Utility Management Services	
E12	Parking Services	

8.3.2 Summary Analysis of Volume Adjusted Facility Management Service Costs

(a) Laundry

Laundry Type	Number of Items or Weight of Laundry included in the Annual Laundry Price	Initial Annual Laundry Price (\$)
General Linen		
Linen Replacement		
Uniforms		
Operating Room Linen		

(b) Food Services

Meal Day Type	Number of Meal Days included in the Annual Meal Day Price	Initial Annual Meal Day Price (\$)
In-Patient Meal Days		
Out-Patient Meal Days		
Non-Patient Meal Days		
[Catering Meal]		[Agreed upon invoice cost]

(c) Housekeeping: Outbreak Cleaning

Outbreak Cleaning Unit	Number of Unit Hours included in the Annual Outbreak Cleaning Price	Initial Annual Outbreak Cleaning Price (\$ / hour, annually)
One Project Co Staff Hour ("Unit Hour")	Nil	

(d) Housekeeping: Bed-Services

Number of Open Beds in Payment Period	Bed Adjustment Value
175-200	
201-225	
226-250	
251-275	
276-300	

8.3.3 E1 General Management Services

General Management Services	Staff Numbers	Full Time Equivalent Staff	First Full Contract Year (\$ m)
Labour Cost			
Facilities Managers (specify)			
Clerical Support			
Help Desk Support			
Monitoring/Quality Officers			
Training Support			
Other			
Sub-Total Labour			
Other Expenditure			
Staff Training			
Equipment			
Uniforms			
Materials			
External Audit			
Miscellaneous			
Profit			
Sub-Total Other Expenditure			
Total General Management Services			

8.3.4 E2 Biomedical Engineering Services

Biomedical Engineering Services	Staff Numbers	Full Time Equivalent Staff	First Full Contract Year (\$ m)
Labour Cost			
Managers			
Biomedical Engineers - Equipment			
Biomedical Engineers - Imaging/Radiation			
Biomedical Technologists			
Other staff (specify)			
Sub-Total Labour			
Other Expenditure			
Materials			
Consumables			
Equipment			
External Contract Maintenance			
Training			
Administration			
Miscellaneous			
Profit			
Sub-Total Other Expenditure			
Total Biomedical Engineering Services			

8.3.5 E3 and 4 Food Services - Patient and Non-Patient

(a) Patient

Food Services	Staff Numbers	Full Time Equivalent Staff	First Full Contract Year (\$ m)
Labour Cost			
Managers/Supervisors			
Dietician			
Cooks			
Food Service Workers			
Other staff (specify)			
Other Expenditure			
Equipment			
Materials			
Consumables			
External Contracts			
Training, Transport, etc			
Administration			
Miscellaneous			
Profit			
Sub-Total Other Expenditure			
Total Food Services			

(b) Non-Patient

Retail Food Services	Staff Numbers	Full Time Equivalent Staff	First Full Contract Year (\$ m)
Labour Cost			
Managers/Supervisors			
Cooks			
Food Service Workers			
Other staff (specify)			
Other Expenditure			
Equipment			
Materials			
Consumables			
External Contracts			
Training, Transport, etc			
Administration			
Miscellaneous			
Profit			
Sub-Total Other Expenditure			
Revenues:			
Cafeteria			
Catering			
Other			
Sub Total Non-Patient Food Revenue			
Total Food Services Net Proceeds (Net Loss)			

8.3.6 E5 Housekeeping Services

(a) Housekeeping Services Summary

Housekeeping Services	Staff Numbers	Full Time Equivalent Staff	First Full Contract Year (\$ m)
Cleaning Services			
Pest Control Services			
Waste Management Services			
Total Housekeeping Services			

(b) Cleaning Services

Cleaning Services	Staff Numbers	Full Time Equivalent Staff	First Full Contract Year (\$ m)
Labour Cost			
Managers/Supervisors			
Cleaners			
Housekeeping Aides			
Other – (specify)			
Sub-Total Labour			
Other Expenditure			
Materials			
Consumables			
Equipment			
External Contracts			
Training			
Administration			
Miscellaneous			
Profit			
Sub-Total Other Expenditure			
Total Cleaning Services			

(c) Pest Control Services

Pest Control Services	Staff Numbers	Full Time Equivalent Staff	First Full Contract Year (\$ m)
Labour Cost			
Managers/Supervisors			
Other Staff – (specify)			
Sub-Total Labour			
Other Expenditure			
Materials			
Consumables			
Equipment			
External Contracts			
Training			
Administration			
Miscellaneous			
Profit			
Sub-Total Other Expenditure			
Total Pest Control Services			

(d) Waste Management Services

Waste Management Services	Staff Numbers	Full Time Equivalent Staff	First Full Contract Year (\$ m)
Labour Cost			
Managers/Supervisors			
Housekeeping Aides			
Cleaners			
Other Staff – (specify)			
Sub-Total Labour			
Other Expenditure			
Materials			
Consumables			
Equipment			
Uniforms			
External Contracts			
Training			
Administration			
Miscellaneous			
Profit			
Sub-Total Other Expenditure			
Total Waste Management Services			

8.3.7 E6 Laundry / Linen Services

Laundry / Linen Services	Staff Numbers	Full Time Equivalent Staff	First Full Contract Year (\$ m)
Labour Cost			
Managers/Supervisors			
Laundry workers			
Other Staff – (specify)			
Sub-Total Labour			
Other Expenditure			
Materials			
Equipment			
Uniforms			
External Contracts			
Training			
Administration			
Miscellaneous			
Profit			
Sub-Total Other Expenditure			
Total Laundry/ Linen Services			

8.3.8 E7 Materiel Services

(a) Materiel Services Summary

Materiel Service	Staff Numbers	Full Time Equivalent Staff	First Full Contract Year (\$ m)
Purchasing and Stores			
Portering			
Total Materiel Services			

(b) Purchasing and Stores

Purchasing and Stores Services	Staff Numbers	Full Time Equivalent Staff	First Full Contract Year (\$ m)
Labour Cost			
Managers/Supervisors			
Purchasing Officers			
Inventory Managers			
Receivers			
General Stores Workers			
Other – (specify)			
Sub-Total Labour			
Other Expenditure			
Materials			
Consumables			
Equipment			
Uniforms			
Training			
Administration			
Miscellaneous			
Profit			
Sub-Total Other Expenditure			
Total Purchasing and Stores Services			

(c) E7 Portering

Portering Services	Staff Numbers	Full Time Equivalent Staff	First Full Contract Year (\$ m)
Labour Cost			
Managers/Supervisors			
Porters			
Other – (specify)			
Sub-Total Labour			
Other Expenditure			
Materials			
Consumables			
Equipment			
Uniforms			
Training			
Administration			
Miscellaneous			
Profit			
Sub-Total Other Expenditure			
Total Portering Services			

8.3.9 E8 Plant Services

(a) Plant Services Summary

Facilities Maintenance	Staff Numbers	Full Time Equivalent Staff	First Full Contract Year (\$ m)
Facilities Management Services			
Grounds Maintenance Services			
Total Plant Services			

(b) E8 Facilities Maintenance Services

Facilities Maintenance	Staff Numbers	Full Time Equivalent Staff	First Full Contract Year (\$ m)
Labour Cost			
Managers/Supervisors			
Trades – (specify)			
Maintenance Workers			
Clerical Support			
Other – (specify)			
Sub-Total Labour			
Other Expenditure			
Equipment			
Materials			
External Contract Maintenance			
Transport, IT etc			
Uniforms			
Training			
Administration			
Miscellaneous			
Profit			
Sub-Total Other Expenditure			
Total Facilities Maintenance			

(c) E8 Ground Maintenance Services

Ground Maintenance Services	Staff Numbers	Full Time Equivalent Staff	First Full Contract Year (\$ m)
Labour Cost			
Managers/Supervisors			
Groundskeepers			
Other – (specify)			
Sub-Total Labour			
Other Expenditure			
Equipment			
Materials			
External Contracts			
Training, Transport, IT etc			
Uniforms			
Administration			
Miscellaneous			
Profit			
Sub-Total Other Expenditure			
Total Ground Maintenance Services			

8.3.10 E9 Protection Services

Protection Services	Staff Numbers	Full Time Equivalent Staff	First Full Contract Year (\$ m)
Labour Cost			
Security Manager/Supervisor			
Security Guards			
Other – (specify)			
Sub-Total Labour			
Other Expenditure			
Equipment			
Uniforms			
Alarms			
Training			
Administration			
Miscellaneous			
Profit			
Sub-Total Other Expenditure			
Total Protection Services			

8.3.11 E10 Transcription Services

Transcription Services	Staff Numbers	Full Time Equivalent Staff	First Full Contract Year (\$ m)
Labour Cost			
Managers/Supervisors			
Transcription Staff			
Other – (specify)			
Sub-Total Labour			
Other Expenditure			
Materials			
Consumables			
Equipment			
Uniforms			
Training			
Administration			
Miscellaneous			
Profit			
Sub-Total Other Expenditure			
Total Transcription Services			

8.3.12 E11 Utility Management Services

(a) General

Utility Management Services	Staff Numbers	Full Time Equivalent Staff	First Full Contract Year (\$ m)
Labour Cost			
Managers/Supervisors			
Trades – (specify)			
Other – (specify)			
Sub-Total Labour			
Other Expenditure			
Materials			
Consumables			
Uniforms			
Training			
Administration			
Miscellaneous			
Profit			
Sub-Total Other Expenditure			
Total Utility Management Services			

(b) Energy Consumption

Electricity / Gas	Gj/hr	Gj/m ²	First Full Contract Year (G/J)(G/Ltr)
Chillers (space cooling) Chillers Avx (pumps, fans etc) Boilers Avx (pumps, fans, etc) Fans Lights Power Elevators			
Electricity Usage			
Gas Boilers (space heating) DHW			
Gas Usage			
Water/Sewer		Gltr/m²	
Water			
Water Usage			
Sewer			
Sewer Usage			

(c) Energy Efficiency

Department	Proposed GJ/m ² Per Annum
Inpatient Wards	
Medical Imaging	
Radiotherapy	
(List other major departments)	

8.3.13 E12 Parking Services

Parking Services	Staff Numbers	Full Time Equivalent Staff	First Full Contract Year (\$ m)
Labour Cost			
Managers/Supervisors			
Parking Attendants			
Sub-Total Labour			
Other Expenditure			
Materials			
Consumables			
Equipment (maintenance of ticketing machines)			
External Contracts			
Uniforms			
Training			
Administration			
Miscellaneous			
Profit			
Sub-Total Other Expenditure			
Revenues			
Daily parking revenues			
Monthly parking revenues			
Fine revenues			
SubTotal Revenue			
Total Car Parking Services Net Proceeds (Net Loss)			

8.3.14 Health Co Demand Variation

- (c) *[Note: Over the term of the Project Agreement, health care and the provision of inpatient/outpatient services is expected to change with the trend toward shorter length of stay and increased incidence of day stay procedures. Alternatively, the capacity of the AHCC may be reduced after the Facility is completed or expanded beyond the 300 beds, all as identified in the RFP and as required by demand considerations.]*
- (d) Refer to Section 2.15 of Schedule 10-2. To address capacity changes over time, including for an occupancy range from 230 beds to 300 beds and, after any future expansion of the Facility, for an occupancy range from 230 beds to the expanded capacity, provide:
- Cost impact on the provision of the FM Services, in terms of staffing levels and any cost implications to Health Co.
 - Cost impact, if any, on the Service Level Standards.
 - Cost impact, if any, on the Refurbishment and Maintenance Schedules and cost implications for the Annual and 5 Year Rolling Asset Management Plans.
 - Any other cost impacts that are identifiable.

8.4 Variations Cost Breakdown

- (a) Using the format of the following table, provide overhead costs and profit of undertaking any Variation throughout the term of the Project Agreement.

Overhead Type	% of Variation Cost
Construction Phase (Including Construction Equipment but not other Equipment)	
<i>Project Co Costs:</i>	
Administration/Management	
Financing	
Profit	
<i>Constructor's Costs</i>	
Administration/Management	
Financing	
Profit	
Total Variation Overhead and Profit %	

Overhead Type	% of Variation Cost
Equipment Only - Construction and Operating Phases (Excluding Construction Equipment)	
<i>Project Co Costs:</i>	
Administration/Management	
Financing	
Profit	
Total Variation Overhead and Profit %	

SCHEDULE 10-9 SCHEDULE OF DEPARTURES

9. SCHEDULE OF DEPARTURES

9.1 General

- (a) Clearly identify, describe and provide details of any aspect of the Proposal that involves a departure from, or variation to, any requirement specified in the Request for Proposal, the Form of Project Agreement or the Output Specifications, using the following format. **Note that any and all proposed departures from the Form of Project Agreement may only be submitted as part of an Option (refer to Sections 11 to 13 of the RFP for further details).**

Ref.	Requirement	Departure	Reason for Departure and Advantages and Disadvantages to Health Co and Health Authorities

Notes:

“Ref.” is the reference to the Section of the Project Agreement, Output Specifications, RFP or other provision which the Proponent proposes to vary.

“Requirement” is a summary of the requirement of the Project Agreement, Output Specifications or RFP which the Proponent proposes to vary.

“Departure” is a description of the proposed departure to or variation of the indicated requirement.

“Reason for Departure and Advantages and Disadvantages to Health Co and Health Authorities” is a description of the rationale for the proposed departure, the advantages and disadvantages that will accrue to Health Co and the Health Authorities as a result of the proposed departure, and the effect, if any, on the Annual Service Payment.

- (b) A separate Schedule of Departures must be submitted with each Alternate Proposal, provided that the Schedule of Departures for an Alternate Proposal can by reference

incorporate and amend the Schedule of Departures in the Base Proposal or in another Alternate Proposal submitted by the same Proponent.

- (c) Where a Base Proposal or Alternate Proposal includes an Option, details of the Option should be provided using the same format but with the table clearly identifying that it is solely for purposes of the Option indicated by the Proponent.

9.2 Departures from Output Specifications

- (a) To facilitate review, evaluation and consideration of proposed departures to the Output Specifications, the Schedule of Departures to the Output Specifications should be broken up into separate schedules as follows:
 - Technical Output Specifications.
 - Clinical Output Specifications.
 - FM Output Specifications.

9.3 Departures from Project Agreement

- (a) To facilitate review, evaluation and consideration of an Option for proposed departures to the Form of Project Agreement, the Schedule of Departures to the Form of Project Agreement should be broken up into separate schedules as follows:
 - Project Agreement, excluding Schedules to the Project Agreement.
 - Each schedule of the Project Agreement (i.e. a separate Schedule of Departures for each schedule of the Project Agreement).
- (b) Proposed departures to the Form of Project Agreement should include a marked-up copy of the Project Agreement which shows the actual language of the proposed amendments to the Form of Project Agreement. In drafting any proposed amendments to the Form of Project Agreement, Proponents must provide a plain language explanation of the drafting amendments, and the reasons for the requested changes.