1800 NW 49th Street
Fort Lauderdale, FL 33309

BID # 2026-0013
Architectural Services for Broward Health North Patient Floors 3-9 Renovation
REQUEST FOR QUALIFICATION (RFQ)

ADDENDUM NUMBER: ONE (1) **October 29, 2026**

THIS ADDENDUM IS ISSUED PRIOR TO THE ACCEPTANCE OF THE FORMAL RFQ's. THE FOLLOWING CLARIFICATIONS, AMENDMENTS, ADDITIONS, DELETIONS, REVISIONS, AND MODIFICATION FORM A PART OF THE CONTRACT DOCUMENTS ONLY IN THE MANNER AND TO THE EXTENT STATED.

Q&A

1. AHCA expertise through a specialist consultant: Section VI.A.d requires the Firm to have served as Architect of Record on at least two Florida acute-care hospital projects requiring AHCA plan review, including one progressing through final AHCA approval/inspection. Would a prime architectural firm with substantial healthcare, occupied-hospital renovation, and older-building renovation expertise satisfy this requirement by including an experienced AHCA architectural consultant responsible for regulatory assessment, design reviews, submission support, and inspection coordination? Or must the submitting prime firm independently possess the specified AHCA Architect of Record experience? Prime A/E firm OR joint-venture firm partner must have relevant AHCA experience. An additional AHCA sub-consultant itself would not be considered sufficient for relevant AHCA experience.

2. Qualifications through an architectural teaming arrangement: Under Section VI.A, may minimum firm experience requirements be satisfied collectively through a joint venture or a prime architect teaming with an architectural associate/subconsultant that possesses the required project experience? Please clarify acceptable contractual arrangements, required allocation of Architect of Record responsibilities, and supporting documentation. Broward Health would consider at least one of the joint-venture firms with required experience sufficient.

3. Experience gained at previous firms: May projects completed by proposed principals or key personnel while employed by another firm count toward minimum firm experience requirements, or will they count only toward individual personnel qualifications? Either will be considered for minimum requirements. However, Broward Health may give preference to firms that demonstrate both relevant firm experience and relevant experience of their proposed project team.

4. Consideration of firms new to Broward Health: Please confirm that firms with relevant healthcare and occupied-hospital renovation experience, but no prior projects with Broward Health or working relationship with the selection committee, will receive full consideration based on their qualifications, proposed personnel, and project approach. Is prior Broward Health experience a formal evaluation factor or preference? Qualified A/E firms will be considered with or without prior Broward Health experience.

5. Consultants required in the initial submission: Section VI.A.f identifies the minimum design team, while Section V identifies additional consultant services. Which disciplines must be named in the initial qualification's submission, and which may be selected following award? Specifically, must respondents identify civil, low-voltage, elevator, medical equipment planning, interior design, signage/wayfinding, cost estimating, and independent testing consultants at this stage? Please clarify the anticipated civil and elevator scope and responsibility for independent testing and special inspections. Please submit all recommended sub-consultants that the firm believes would be required for the success of a project. Inclusion or exclusion or sub-consultants will be negotiated at a later date.

6. Qualifying project size and completion status: For the 30,000-SF minimum in Section VI.A.e, must the area consist entirely of inpatient renovation, or may it include other acute-care hospital areas within the same project? May multiple phases of one project be combined? Must qualifying projects be completed, or are projects under construction acceptable? Areas of the qualifying project are not required to be entirely inpatient renovations. However, the qualifying project should be focused primarily towards the in-patient renovation. Due to the subjectivity, Broward Health recommends presenting qualifying projects that the firm believes meets our intent. Qualifying projects in construction will be considered.

7. Small business participation and scoring: How is the mandatory 10% certified small business subcontracting requirement calculated, including the applicable fee base and treatment of reimbursables? As noted in the Summary Section I-J, the CSBV subcontracting requirement is for the rendering of services and/or provision of goods required under this RFQ. Therefore, the full project / contract amount is currently used. Does a certified small business prime's own work count toward this requirement? Projects awarded to CSBV Primes are considered full CSBV projects (100%). Please also clarify how the separate 10% small business evaluation points are allocated and how respondents should state planned subcontract dollar values before the professional fee is negotiated. Section VII B (7) notes firms may be eligible for Small Business Scoring Enhancement points if: (1) the Firm has been designated as a Certified Small Business Vendor by Broward Health or one of its recognized Certification Partners; or (2) the Firm has not been designated a Certified Small Business Vendor, but is otherwise able to document the solicitation and utilization of Certified and non-Certified Small Business Vendors (both past and planned for this RFQ). Section VII B (7) (b) goes on to note the Alternate Methods of Eligibility for Non-CSBVs (Past Utilization, Solicitation, & Planned Utilization). The 10% CSBV subcontractor requirement for Planned Utilization would align with the stated SOW in the RFQ and industry estimated standards for project type. Section IV(26) (b) provides further details on providing list of CSBV subcontractors once Notice to Proceed or PO is issued.

8. Patient-bed program and capacity: Please provide existing and target bed counts by floor and service line. Is maintaining the existing licensed bed count required, or is a reduction in beds acceptable to achieve private patient accommodations? Program and design criteria will be provided to the short-listed A/E firms at a later date.

9. Renovation limits and support spaces: Does the approximately 101,300-SF scope encompass the entirety of Floors 3–9 or selected areas? Please identify anticipated limits by floor and clarify whether nursing stations, patient toilets, corridors, support rooms, and staff spaces are

intended for comprehensive renovation or modification only as necessary to support private rooms and regulatory compliance. The ~101,300sf includes all floors (3-9) in the west tower.

10. Budget and funding priorities: Please provide the anticipated construction budget and total project budget, and clarify whether funding has been allocated for all seven floors. If available funding cannot accommodate all identified improvements, what priorities should guide the proposed approach. To be provided at a later date.

11. Schedule and accelerated delivery: Please provide anticipated contract execution, design milestones, initial permit submission, construction start, and final completion dates. Are specific early-release packages or floor completion dates required? We anticipate award and contract execution in December 2026. Additional planning will be required to establish other milestones.

12. Phasing and continued hospital operations: Will entire floors or nursing units be vacated for construction, or must portions remain operational? Please identify available patient relocation or swing space, allowable temporary bed reductions, and any established sequencing or shutdown restrictions. All phasing will need to be coordinated. We anticipate one full floor shutdown per phase. Swing spaces may be required on a case-to-case basis, however there is an expectation that each floor will not be required to be fully relocated for that specific phase. More information is to be provided at a later date.

13. Existing systems and infrastructure outside the renovation areas: Are the required comprehensive existing-system studies limited to systems within Floors 3–9, or do they extend to central plant equipment, electrical distribution, emergency power, medical gas sources, risers, and other infrastructure serving these floors? Is design of resulting off-floor upgrades included in the anticipated scope? Per the information below “Work & Deliverables” section, additional scope of work beyond the patient floor renovations will need to be evaluated. We anticipate this effort of site due diligence to be jointly coordinated with A/E firm, owner, and CM pre-construction team.

14. Cost estimating responsibilities: The scope matrix assigns preconstruction estimating to the Construction Manager/Independent Estimator, while other provisions require A/E cost modeling and budget control. Will Broward Health retain the estimator directly, or must the Architect include an independent cost consultant? What estimates are required at each design phase? Broward Health does not require the A/E firms to provide independent cost estimating consultants. However, there is an expectation to jointly coordinate with the project delivery teams to assist with cost estimating and cost control.

15. Shortlist site visit and access to information: Section V.A anticipates a required shortlisted-firm site visit during the week of November 30, 2026. Please confirm the date, attendance requirements, and relationship to oral presentations. The site visit is tentatively scheduled for December 1, 2026, and is subject to change. Site visits are intended to provide shortlisted firms with an opportunity to observe the project area and existing conditions in advance of and in preparation for their scheduled oral presentations and interviews. Following execution of the NDA, will shortlisted firms receive drawings and existing-condition information sufficiently

in advance of the visit and presentations? Existing conditions and other documents will be provided to the short-listed A/E firms.

16. Please provide the proposed Owner–Architect agreement and any required consultant agreement forms. Agreements will be provided at a later date.

17. Please clarify the anticipated construction duration, required frequency of site visits and meetings, and whether dedicated on-site A/E representation is expected. Construction duration needs to be established. We are anticipating six to nine months per floor. Broward Health is asking A/E firms to provide recommendations for frequency of site visits and meetings for project success. These recommendations may be negotiated later.

18. Does Broward Health work with a signage vendor for interior signage and wayfinding, or is the approach for this renovation to onboard a signage and wayfinding designer to redesign signage in the tower renovation? Broward Health does not recommend a signage design sub-consultant as recent updated standards have been established.

19. What will be the delivery method of this project? Design/Bid/Build, CMAR or other? When will Broward Health have preconstruction services engaged for pricing? Broward Health intends this project to be CM At-Risk. CM for pre-construction services will be on-boarded in early design.

20. The list of potential consultants on page 35 notes that FFE planning, acquisition and activation support will be direct with Owner. Does this include furniture design and specification, or should the design team include this in our services? Broward Health recommends providing furniture design in your services. These services can be negotiated at a later date.

21. Does Broward Health anticipate any need to include services to consider pharmacy, lab or other support service review that might be impacted by this renovation? Not at this time. However, Broward Health recognizes there may be some primary & ancillary services that will be required to address during the design phase.

22. Are there any key milestones/dates that Broward Health needs to meet to maintain this project? Broward Health has developed an early working schedule. This schedule will need to be updated as consultants are on boarded. Key milestones will be identified at a later date.

23. Has the Owner compiled a room-by-room program for the renovated spaces, or will the selected design team be required to develop and obtain approval on a space program? Room-by-room program will need to be developed for this project.

24. Please clarify whether the two projects required under Comparable Acute-Care Experience must be completed projects, or whether ongoing projects within the past ten (10) years may also qualify, provided the Firm is serving as Architect of Record and the project otherwise meets the stated acute-care and inpatient requirements. Broward Health would consider the experience relevant if the design and all regulatory reviews of the design have been completed, regardless of the status of construction or completeness of the project.

25. May ongoing projects be submitted to satisfy the Summary of Project Experience requirement, provided they are located in Florida and are similar in size, scope, and complexity to this RFQ? If so, may the anticipated completion date be provided in lieu of the completion date? Broward Health would consider the experience relevant if the design and all regulatory reviews of the design have been completed, regardless of the status of construction or completeness of the project.

END ADDENDUM